

intelligence, academic performance, communicative status, and motor abilities; and

- assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are used.

34 CFR § 300.304; Wis. Stat. §§ 115.782(2) and 3(b).

The evaluation report includes documentation of determination of eligibility for special education. A copy of the evaluation report, including the documentation of eligibility is given to the child's parents.

In evaluating each child with a disability, the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs whether or not commonly linked to the disability category in which the child has been classified. 34 CFR §§ 300.304 (c)(6)-(7).

The local educational agency ensures assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those designed to provide a single general intelligence quotient. 34 CFR § 300.304(c)(2).

The local educational agency ensures assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the skills the test purports to measure). 34 CFR § 300.304(c)(3).

### **Additional Requirements for Specific Learning Disabilities**

When a school begins to use data from a multi-level system of support to consider if the student meets the Insufficient Progress criterion, the IEP team shall include the following additional members:

- at least one licensed person who is qualified to assess data on individual rate of progress using a psychometrically valid and reliable methodology;
- at least one licensed person who has implemented scientific, research-based or evidence-based, intensive interventions with the referred pupil
- at least one licensed person who is qualified to conduct individual diagnostic evaluations of children; and
- if the child does not have a licensed general education teacher, a general education classroom teacher licensed to teach a child of the same age, or for a

[Back to Table of Contents](#)



child of less than school age, an individual qualified by the Department of Public Instruction to teach a child of his or her age.

Wis. Admin. Code PI § 11.36(6).

For a child suspected of having a specific learning disability, the documentation of the determination of eligibility shall include:

- whether the child has a specific learning disability;
- the basis for making that determination, including an assurance that the eligibility determination was based on a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior; and that the information obtained from all of these sources is documented and carefully considered;
- the relevant behavior, if any, noted during observation of the child and the relationship of that behavior to the child's academic functioning in the area of potential specific learning disability;
- documentation that the intensive intervention was applied in a manner highly consistent with its design, was closely aligned to pupil need, and was culturally appropriate;
- the educationally relevant medical findings, if any;
- whether the child does not achieve adequately for the child's age or to meet state approved grade-level standards and the child does not make sufficient progress to meet age or State-approved grade-level standards; the determination of the team concerning the effects of a visual, hearing, or motor disability; intellectual disability; emotional behavioral disability; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level; and
- if the child has participated in a process that assesses the child's response to scientific, research-based intervention, documentation that the child's parents were notified about the following:
  - the progress monitoring data collected;
  - strategies for increasing the child's rate of learning including the intensive interventions used, and
  - the parents' right to request an evaluation.



- The child does not require specially designed instruction.

34 CFR § 300.306(b); Wis. Stat. § 115.782(3)(a).

## **Disability Categories**

All provisions in these policies shall be construed consistent with 20 U.S.C. § 1400 et. seq. and the regulations promulgated thereunder. Wis. Admin. Code § PI 11.36.

### **Autism**

Autism means a developmental disability significantly affecting a child's social interaction and verbal and nonverbal communication, generally evident before age 3 that adversely affects learning and educational performance. Wis. Admin. Code § PI 11.36(8). Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional behavioral disability as defined in Wis. Admin. Code § PI 11.36(7).

The results of standardized or norm-referenced instruments used to evaluate and identify a child under this paragraph may not be reliable or valid. Therefore, alternative means of evaluation, such as criterion-referenced assessments, achievement assessments, observation and work samples shall be considered to identify a child under this paragraph. Augmentative communication strategies, such as facilitated communication, picture boards or signing shall be considered when evaluating a child under this paragraph. To identify a child as a child with autism, the criteria under 1. and 2. and one or more criteria under 3. through 6. shall be met.

1. The child displays difficulties or differences or both in interacting with people and events. The child may be unable to establish and maintain reciprocal relationships with people. The child may seek consistency in environmental events to the point of exhibiting rigidity in routines.
2. The child displays problems which extend beyond speech and language to other aspects of social communication, both receptively and expressively. The child's verbal language may be absent or, if present, lacks the usual communicative form which may involve deviance or delay or both. The child may have a speech or language disorder or both in addition to communication difficulties associated with autism.
3. The child exhibits delays, arrests, or regressions in motor, sensory, social, or learning skills. The child may exhibit precocious or advanced skill development, while other

skills may develop at normal or extremely depressed rates. The child may not follow normal developmental patterns in the acquisition of skills.

4. The child exhibits abnormalities in the thinking process and in generalizing. The child exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness, and judgment. Perseverant thinking and impaired ability to process symbolic information may be present.
5. The child exhibits unusual, inconsistent, repetitive, or unconventional responses to sounds, sights, smells, tastes, touch, or movement. The child may have a visual or hearing impairment or both in addition to sensory processing difficulties associated with autism.
6. The child displays marked distress over changes, insistence on following routines and a persistent preoccupation with or attachment to objects. The child's capacity to use objects in an age-appropriate or functional manner may be absent, arrested or delayed. The child may have difficulty displaying a range of interests or imaginative activities or both. The child may exhibit stereotyped body movements.

## **Blind and Visually Impaired**

Blind and visually impaired means even after correction a child's visual functioning adversely affects educational performance. Wis. Admin. Code § PI 11.36(3).

The IEP team may identify a child as blind and visually impaired after all of the following events occur:

1. A teacher of the blind and visually impaired licensed under Wis. Admin. Code § PI 34.051 conducts a functional vision evaluation which includes a review of medical information from an ophthalmologist or optometrist, formal and informal tests of visual functioning, and a determination of the implications of the blindness or visual impairment on the educational and curricular needs of the child.
2. An orientation and mobility specialist licensed under Wis. Admin. Code § PI 34.089 evaluates the child to determine if there are related orientation and mobility needs in home, school, or community environments. A child may meet this criteria even if they do not have orientation and mobility needs.

Upon reevaluation, a child who met initial identification criteria and continues to demonstrate a need for special education under Wis. Admin. Code § PI 11.35, including specially designed instruction, is a child with a disability under this section.

## **Deaf and Hard of Hearing**

Deaf and hard of hearing means a decreased ability to detect sound in one or both ears with or without amplification, whether permanent or chronically fluctuating, which adversely affects a child's educational performance. Wis. Admin. Code § PI 11.36(4). This includes academic performance, speech perception, speech production, or communication including language acquisition or expression.

A current evaluation by an audiologist licensed under chapter 459, Stats., shall be one of the components for an initial evaluation of a child with suspected hearing loss. A teacher of the deaf or hard of hearing licensed under Wis. Admin. Code § PI 34.050 must be a member of the IEP team when determining eligibility.

Upon reevaluation, a child who met initial identification criteria and continues to demonstrate a need for special education under Wis. Admin. Code § PI 11.35, including specially designed instruction, is a child with a disability under this section.

## **Deafblind**

Deafblind means concomitantly deaf or hard of hearing and blind or visually impaired, the combination of which causes severe communication and other developmental and educational needs such that the individual disability-related needs of the student extend beyond the instruction and supports required for a student who is solely deaf or hard of hearing or blind or visually impaired. Wis. Admin. Code § PI 11.36(4m). Upon reevaluation, a child who met initial identification criteria and continues to demonstrate a need for special education under Wis. Admin. Code § PI 11.35, including specially designed instruction, is a child with a disability under this section.

## **Emotional Behavioral Disability**

Emotional behavioral disability, pursuant to Wis. Stat. § 115.76(5)(a)5, means a condition in which a child demonstrates frequent and intense observable behaviors, either over a long period of time or of sudden onset due to an emerging mental health condition which includes a diagnosis by a licensed mental health professional, which adversely affects the child's educational performance. Wis. Admin. Code § PI 11.36(7). The behaviors shall occur in an academic setting in school, in a non-academic setting in school and in the child's home or community.

The IEP team may identify a child as having an emotional behavioral disability if the child exhibits at least one of the following:

1. Behaviors that interfere with the development and maintenance of age and grade appropriate interpersonal relationships.

2. Observable affective or behavioral responses during routine daily activities inconsistent with the norms of the child or the child's community.
3. Pervasive unhappiness, depression or anxiety.
4. Physical symptoms or fears associated with personal or school problems.
5. Insufficient progress toward meeting age or grade level academic standards that cannot be explained by intellectual, sensory, or health factors.
6. Isolation from peers or avoidance of social interactions impacting the child's access and engagement in instructional activities.
7. Patterns of behaviors across settings and individuals presenting risks to the physical safety of the child or others.

The IEP team shall conduct a comprehensive evaluation and shall consider current data from all of the following:

1. The results of evidence-based positive behavioral interventions implemented within general education settings.
2. Systematic observations of the child in both academic and non-academic settings documenting intensity, frequency, rate or duration of observable target behaviors, as well as other ecological factors that may be impacting the child's behavior.
3. Interviews of the child and parent or family that include gathering information regarding the child and family's norms and values, as well as other ecological factors that may impact the child's behavior.
4. Interviews of the child's teachers that include gathering information regarding the child's strengths and ecological factors that may impact the child's behavior.
5. Interview of an LEA staff member, identified by the child when possible, as having the most positive or a positive relationship with the child, that includes gathering information regarding the child's strengths and ecological factors that may impact the child's behavior, unless the LEA staff member has already been interviewed.
6. Review of educational information maintained by the LEA, including health, academic and disciplinary records.
7. Results of standardized behavior rating scales, which are normed using nationally representative samples, from a minimum of 2 sources from school and one source from the home or community. If only one source from the school is familiar enough with the student to obtain valid rating scale results, as defined by publisher



recommendations for the individual rating scale, then that shall be documented in the evaluation report. Nationally normed behavior rating scales shall include, when available, normative data that reflects the child's background. If the child's background is not included in the normative data of a standardized rating scale used, the evaluation report shall include an explanation.

The IEP team shall consider the effects of any known history of trauma or mental health disorder on the child's functioning. The IEP team may not identify or refuse to identify a child as a child with an emotional behavioral disability based solely on a known history of trauma or mental health disorder. The IEP team shall discuss and determine, based on information and data collected whether behaviors are a result of a difference between the norms of the child's family and community or an emotional behavioral disability. The IEP team may not identify a child as a child with an emotional behavioral disability when there is evidence that the difference is the primary causal factor of the behaviors. The IEP team for a child being evaluated for emotional behavioral disabilities may include the LEA staff member, identified by the child when possible, as having a positive or the most positive relationship with the child.

## **Intellectual Disability**

Intellectual disability means significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills and manifested during the developmental period that adversely affects the child's educational performance. Wis. Admin. Code § PI 11.36(1). The IEP team may identify a child as having an intellectual disability if the child meets the following criteria:

1. The child has a standard score of 2 or more standard deviations below the mean on an individually administered intelligence test which takes into account the child's mode of communication and is developed to assess intellectual functioning using this mode. More than one intelligence test may be used to produce a comprehensive result.
2. The child has significant limitations in adaptive behavior that are demonstrated by a standards score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments that include interviews of the parents, tests, and observations of the child in adaptive behavior which are relevant to the child's age, including at least one of the following:
  - a. Conceptual skills;
  - b. Social adaptive skills;
  - c. Practical adaptive skills; or

[Back to Table of Contents](#)

- d. An overall composite score on a standardized measure of conceptual, social, and practical skills.
- 3.
- a. The child is age 3 through 5 and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments, in the following areas: language development and communication, cognition, and general knowledge.
  - b. The child is age 6 through 21 and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments, in general information and at least 2 of the following areas: written language, reading, and mathematics.

When it is determined that reliable and valid assessment results are not possible due to the child's functioning level or age, a standardized developmental scale or a body of evidence including informal measures shall be used to assess the child.

Upon reevaluation, a child who met initial identification criteria and continues to demonstrate a need for special education under s. PI 11.35, including specially designed instruction, is a child with a disability under this section.

NOTE: Intellectual disabilities typically manifest before age 18. An etiology should be determined when possible, so the IEP team can use this information for program planning.

### **Orthopedic Impairment**

Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. Wis. Admin. Code § PI 11.36(2). The term includes but is not limited to impairments caused by congenital anomaly such as clubfoot or absence of some member; impairments caused by disease such as poliomyelitis or bone tuberculosis; and impairments from other causes such as cerebral palsy, amputations, and fractures or burns that cause contractures.

Upon reevaluation, a child who met initial identification criteria and continues to demonstrate a need for special education under Wis. Admin. Code § PI 11.35, including specially designed instruction, is a child with a disability under this section.

### **Other Health Impairment**

Other health impairment means having limited strength, vitality, or alertness due to chronic or acute health problems. 34 CFR § 300.8; Wis. Admin. Code § PI 11.36(10). The term includes but is not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, attention deficit disorder or attention deficit hyperactivity disorder, sickle cell anemia, Tourette syndrome, hemophilia, epilepsy, lead poisoning, leukemia, diabetes or

acquired injuries to the brain caused by internal occurrences or degenerative conditions, which adversely affects a child's educational performance.

## **Significant Developmental Delay**

Significant developmental delay means children, age 3 through 9 years of age, who are experiencing significant delays in the areas of physical, cognition, communication, social-emotional or adaptive development. Wis. Admin. Code § PI 11.36(11).

All other suspected impairments are considered before identifying a child's primary impairment as significant developmental delay.

A child may be identified as having significant developmental delay when delays in development significantly challenge the child in two or more of the following five major life activities:

- Physical activity in gross motor skills such as the ability to move around and interact with the environment with appropriate coordination, balance, and strength; or fine motor skills, such as manually controlling and manipulating objects such as toys, drawing utensils and other useful objects in the environment.
- Intellectual activity such as the ability to acquire, use and retrieve information as demonstrated by the level of imitation, discrimination, representation, classification, sequencing, and problem-solving skills often observed in a child's play.
- Communication activity in expressive language such as the production of age-appropriate content, form and use of language; or receptive language, such as listening, receiving, and understanding language.
- Emotional activity such as the ability to feel and express emotions and develop a positive sense of oneself; or social activity, such as interacting with people, developing friendships with peers, and sustaining bonds with family members and other significant adults.
- Adaptive activity, such as caring for his or her own needs and acquiring independence in age-appropriate eating, toileting, dressing, and hygiene tasks.

Documentation of significant developmental delays and their detrimental effect upon the child's daily life shall be based upon qualitative and quantitative measures including all of the following:

- A developmental and basic health history including results from vision and hearing screenings and other pertinent information from parents and, if applicable, other caregivers or service providers.

- Observation of the child in his or her daily living environment such as the child's home with a parent or caregiver or an early education or care setting which includes peers who are typically developing. If observation in these settings is not possible, observation in an alternative setting is permitted.
- Results from norm-referenced instruments are used to document significant delays of at least one and one-half standard deviations below the mean in two or more of the developmental areas which correspond to the major life activities. If it is clearly not appropriate to use norm-referenced instruments, other instruments such as criterion-referenced measures are used to document the significant delays.

Upon reevaluation, a child who met initial identification criteria and continues to demonstrate a need for special education under Wis. Admin. Code § PI 11.35, including specially designed instruction, is a child with a disability under this section. In conducting the reevaluation, the IEP team must consider all other suspected impairments before continuing to identify the child's primary impairment as significant developmental delay.

## **Specific Learning Disability**

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken, or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or perform mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Wis. Admin. Code § PI 11.36(6). The term does not include learning problems that are primarily the result of visual, hearing, motor disabilities, intellectual disabilities, emotional disturbance, cultural factors, environmental, or economic disadvantage.

The IEP team may identify a child as having a specific learning disability if both of the following apply:

### **1. Inadequate Classroom Achievement**

Upon initial identification, the child does not achieve adequately for his or her age or meet state-approved grade-level standards in one or more of the following eight areas of potential specific learning disabilities when provided with learning experiences and instruction appropriate for the child's age: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, and mathematics problem solving.

A child's achievement is inadequate when the child's score, after intensive intervention, on one or more assessments of achievement is equal to or more than 1.25 standard deviations below the mean in one or more of the eight areas of potential specific learning disabilities. Assessments shall be individually

administered, norm-referenced, valid, reliable, and diagnostic of impairment in the area of potential specific learning disabilities.

The 1.25 standard deviation requirement may not be used if the IEP team determines that the child cannot attain valid and reliable standard scores for academic achievement because of the child's test behavior, the child's language proficiency, an impairment of the child that interferes with the attainment of valid and reliable scores, or the absence of individually administered, norm-referenced, standardized, valid, and reliable diagnostic assessments of achievement appropriate for the child's age. If the IEP team makes such a determination, it shall document the reasons why it was not appropriate to consider standardized achievement testing and shall document that inadequate classroom achievement exists in at least one of the eight areas of potential specific learning disabilities using other empirical evidence.

The IEP team may consider scores within 1 standard error of the measurement of the 1.25 standard deviation criterion above to meet the inadequate classroom achievement criteria if the IEP team determines the child meets all other criteria.

**2. Insufficient Progress.** Upon evaluation, the child has made insufficient progress in one of the following areas:

- a. *Insufficient response to intensive, scientific, research-based or evidence-based intervention.* The child does not make sufficient progress to meet age or state-approved grade-level standards in one or more of the eight areas of potential specific learning disabilities when using a process based on the child's response to intensive, scientific, research-based or evidence-based interventions.

Intensive interventions may be implemented prior to referral, or as part of an evaluation, for specific learning disability. The IEP team shall consider progress monitoring data from at least two intensive, scientific, research-based or evidence-based interventions, implemented with adequate fidelity and closely aligned to individual student learning needs. The median score of three probes is required to establish a stable baseline data point for progress monitoring. IEP teams shall use weekly or more frequent progress monitoring to evaluate rate of progress during intensive, scientific, research-based or evidence-based interventions.

Rate of progress during intensive interventions is insufficient when any of the following areas are true: the rate of progress of the referred child is the same or less than that of his or her same-age peers; the referred child's rate of progress is greater than that of his or her same-age peers but will not result in the referred child reaching the average range of his or her same-age peers' achievement for that area of potential disability in a reasonable period of time; or the referred



child's rate of progress is greater than that of his or her same-age peers, but the intensity of the resources necessary to obtain this rate of progress cannot be maintained in general education.

If the LEA decides to use insufficient response to intensive, scientific, research-based or evidence-based intervention for any child being evaluated for specific learning disabilities enrolled in a school, the LEA shall use insufficient response to intensive, scientific, research-based or evidence-based interventions for all such evaluations of children enrolled in that school. At least ten days in advance of beginning to use insufficient response to intensive, scientific, research-based or evidence-based intervention in a school, the LEA will notify parents of all children enrolled in that school of the intent to use insufficient response to intensive, scientific, research-based or evidence-based intervention.

- b. *Significant discrepancy or insufficient progress in achievement as compared to measured ability.* This method may be used only to evaluate a child attending a private school or participating in a home-based private educational program. This method shall not be used to evaluate a child attending a public school, including a public charter school.

A parent of a child attending a private school or participating in a home-based private educational program may request the IEP team to evaluate the child using significant discrepancy. Upon such request, the IEP team shall consider whether use of this method to evaluate the child is feasible. If the IEP team determines that it is not feasible to use this method, the reason for that determination shall be provided to the parent in writing.

Upon initial evaluation, the child exhibits a significant discrepancy between the child's academic achievement in any of the eight areas of potential specific learning disabilities and intellectual ability as documented by the child's composite score on a multiple score instrument or the child's score on a single score instrument.

The IEP team may base a determination of significant discrepancy only upon the results of individually administered, norm-referenced, valid, and reliable diagnostic assessment of achievement. A significant discrepancy means a difference between standard scores for ability and achievement equal to or greater than 1.75 standard errors of the estimate below expected achievement, using a standard regression procedure that accounts for the correlation between ability and achievement measures.

This regression procedure shall be used except when the IEP team determines that the child cannot attain valid and reliable standard scores for intellectual ability or achievement because of the child's test behavior, the child's language,

another impairment of the child that interferes with the attainment of valid and reliable scores, or the absence of valid and reliable standardized, diagnostic tests appropriate for the child's age. If the IEP team makes such a determination, it shall document the reasons why it was not appropriate to use the regression procedure and shall document that a significant discrepancy exists, including documentation of a variable pattern of achievement or ability, in at least one of the eight areas of potential specific learning disabilities using other empirical evidence.

If the discrepancy between the child's ability and achievement approaches but does not reach the 1.75 standard error of the estimate cut-off for this subdivision paragraph, the child's performance in any of the eight areas of potential specific learning disabilities is variable, and the IEP team determines that the child meets all other criteria, the IEP team may consider that a significant discrepancy exists.

The IEP team may not identify a child as having a specific learning disability if the team's findings of inadequate classroom achievement or insufficient progress are primarily due to one of the following exclusionary factors:

- environmental, economic disadvantage or cultural factors;
- lack of appropriate instruction in reading, including in the essential components of reading instruction;
- lack of instruction in math;
- limited proficiency in English;
- any of the other impairments; and
- lack of appropriate instruction in the area(s) of potential specific learning disability under consideration.

The child must be systematically observed in the child's learning environment, including the general classroom setting when possible, to document the child's academic performance and behavior in any of the eight areas of potential specific learning disabilities.

The systematic observation of routine classroom instruction and monitoring of the child's performance in at least one of the eight areas of potential specific learning disabilities may be conducted before the child was referred for evaluation, or the systematic observation of the child's academic performance in at least one of the eight areas of potential specific learning disabilities shall be conducted after the child has been referred for an evaluation and parental consent is obtained. If the child is less than school age or out of school, at least one member of the IEP team will conduct a systematic observation of the child in an environment appropriate for a child of that age.

If the child has participated in a process that assesses the child's response to intensive, scientific, research-based or evidence-based interventions, the IEP team will use information from a systematic observation of pupil behavior and performance in the area or areas of potential specific learning disability during intensive intervention for that area, conducted by an individual who is not responsible for implementing the interventions with the referred pupil.

In addition to all other determinations, the IEP team shall base its decision of whether a child has a specific learning disability on a comprehensive evaluation using formal and informal assessment data regarding academic achievement and learning behavior from sources such as standardized tests, error analysis, criterion referenced measures, curriculum-based assessments, pupil work samples, interviews, systematic observations, analysis of the child's response to previous interventions, and analysis of classroom expectations and curriculum.

Upon reevaluation, a child who met initial identification criteria and continues to demonstrate a need for special education, including specially designed instruction, is a child with a disability under this section, unless the exclusionary factors now apply. If a child with a specific learning disability performs to generally accepted expectations in the general education classroom without specially designed instruction, the IEP team shall determine whether the child is no longer a child with a disability.

## **Speech and Language Impairment**

*Definitions.* Wis. Admin. Code § PI 11.36(5). In this subsection:

1. "Home languages" mean the languages used by the child or the parent of the child in their natural environment, or the modes of communication that are used by the child or the parent of the child in their natural environment, and may include languages other than English, sign language, braille, or augmentative and alternative communication.
2. "Natural environment" means settings that are natural or typical for a same-aged child without a disability and may include school, home, or community.
3. "Significant discrepancy" means performance on a norm-referenced assessment that meets the cutoff score for a speech or language disorder and is significantly below age- or grade-level expectations relative to a normative sample, often reported as a percentile or standard score.
4. "Speech or language impairment" means an impairment of speech or sound production, voice, fluency, or language that adversely affects educational performance or social, emotional, or vocational development.



Assessments and other evaluation materials used to conduct a comprehensive evaluation of a child's speech and language development shall be provided and administered in the child's home languages. Assessments and other evaluation materials shall be in the form most likely to yield accurate information unless it is not feasible to do so and shall describe the child's speech and language abilities and how those abilities impact the child's progress in the general education environment relative to the speech and language demands of the classroom and curriculum. Interpretation of assessments shall be based on the representativeness of the normative sample and the psychometric properties of the assessment.

### Speech Sound Disorder

Following consideration of the child's age, culture, language background, and dialect, the child meets all of the following conditions for a speech sound disorder:

- a. The child's speech sound production is documented to be delayed, as evidenced through at least one observation in a natural environment.
- b. The child's speech sound production is documented to be delayed, as measured by a criterion-referenced assessment, such as a developmental scale or a phonetic inventory, or significant discrepancy in performance from typical on a norm-referenced assessment.
- c. The child's intelligibility is below the expected range and not due to influences of home languages or dialect. Intelligibility ratings as documented by school staff or caregivers indicate an impact across environments.
- d. Speech sound production is less than 30% stimutable for incorrect sounds.

### Phonological Disorder

Following consideration of the child's age, culture, language background, or dialect, the child demonstrates the characteristics of a phonological disorder, which include both of the following:

- a. The child's intelligibility is below the expected range and not due to influences of home languages or dialect. Intelligibility ratings as documented by school staff or caregivers indicate an impact across environments.
- b. The child's phonological process use is documented to be non-developmental or outside of the expected developmental range, as evidenced through at least one observation in a natural environment, and by measurement of either the presence of one or more phonological processes occurring at least 40%, significant discrepancy in performance from typical on a norm-referenced assessment, or both.

## Voice Impairment

The child's voice is impaired in the absence of an acute, respiratory virus or infection and not due to temporary physical factors such as allergies, short term vocal abuse, or puberty. Following consideration of the child's age, culture, language background, or dialect, the child demonstrates characteristics of a voice impairment, which include any of the following:

- a. The child's vocal volume, including loudness.
- b. The child's vocal pitch, including range, inflection, or appropriateness.
- c. The child's vocal quality, including breathiness, hoarseness, or harshness.
- d. The child's vocal resonance, including hypernasality.

## Fluency Disorder

The child exhibits characteristics of a fluency disorder, following consideration of the child's age, language background, culture, and dialect. The evaluation shall include a variety of measures, including case history, observation in natural environment, norm-referenced assessment or disfluency analysis, and result in evidence of atypical fluency. The presence of one or more of the following characteristics shall indicate a fluency disorder:

- a. Speech disfluencies associated with stuttering or atypical disfluency, which include repetitions of phrases, words, syllables, and sounds or dysrhythmic phonations such as prolongations of sounds or blockages of airflow typically in excess of 2% of total syllables, one second of duration, and two or more iterations in a repetition. Non-verbal physical movements, such as eye blinking or head jerking, may accompany the stuttering. Negative feelings about oral communication may be significant enough to result in avoidance behaviors in an attempt to hide or diminish stuttering.
- b. A speech rate that is documented to be rapid, irregular, or both and may be accompanied by sound or syllable omissions, sequencing errors, or a high number of non-stuttering speech disfluencies such as interjections, phrase and whole word repetitions, and revisions. The resulting speech fluency pattern is considered to be significantly disruptive to efficient communication. Negative feelings and attitudes about oral communication may or may not be present under this disfluency profile.

## Language Impairment

Following consideration of the child's age, culture, language background, or dialect, the child demonstrates a language impairment in the area of language form, content or use, as evidenced through an observation in a natural environment and by measurement of at least two of the following:

[Back to Table of Contents](#)

- a. Language sample analysis.
- b. Dynamic assessment.
- c. Developmental scales or another criterion-referenced assessment.
- d. Significant discrepancy from typical language skills on a norm-referenced assessment of comprehensive language.

### Exclusionary Factors

The IEP team may not identify a child as a child with speech or language impairment when differences in speech or language are based on home languages, culture, or dialect unless the child has a speech or language impairment within the child's home languages, culture, or dialect. In determining whether the child has a speech or language impairment, the IEP team shall consider all of the following:

1. The child's background knowledge, stage of language acquisition, experience with narratives, and exposure to vocabulary to discern speech or language ability from speech or language difference, such as differences due to lack of exposure, stage of language acquisition, cultural or behavioral expectations.
2. Based on information and data collected, the IEP team must determine whether the child's speech or language skills are a result of a speech or language impairment or a difference due to culture, language background, or dialect.

### AAC Considerations

In addition to the evaluations under pars. (am) to (c), the IEP team shall evaluate a child's language by assessing the child's augmentative and alternative communication skills, when appropriate to determine the child's needs.

**IEP Team Members.** An IEP team shall include the following:

1. A speech-language pathologist licensed under chapter PI 34 who shall incorporate information from the most recent assessment to assist the IEP team in documenting whether the child meets the criteria for a speech or language impairment as well as identifying the child's speech or language needs.
2. An educator with foundational knowledge in first and second language instruction and second language acquisition if the child is identified as an English Learner under 20 U.S.C. § 7801(20).

Upon reevaluation, a child who met initial identification criteria and continues to demonstrate a need for special education under Wis. Admin. Code § PI 11.35, including specially designed instruction, is a child with a disability under this section.

[Back to Table of Contents](#)

## **Traumatic Brain Injury**

Traumatic brain injury means an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Wis. Admin. Code § PI 11.36(9). The term applies to open or closed head injuries resulting in impairments in one or more areas such as cognition; speech and language; memory; attention; reasoning; abstract thinking; communication; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and executive functions, such as organizing, evaluating, and carrying out goal-directed activities. The term does not apply to brain injuries that are congenital or degenerative or brain injuries induced by birth trauma.

Children whose educational performance is adversely affected as a result of acquired injuries to the brain caused by internal occurrences, such as vascular accidents, infections, anoxia, tumors, metabolic disorders and the effects of toxic substances or degenerative conditions may meet the criteria of one of the other impairments.

The results of standardized and norm-referenced instruments used to evaluate and identify a child as traumatic brain injured may not be reliable or valid. Therefore, alternative means of evaluation, such as criterion-referenced assessment, achievement assessment, observation, work samples, and neuropsychological assessment data are considered to identify a child who exhibits total or partial functional disability or psychosocial impairment in one or more areas listed above. Before a child may be identified as traumatic brain injured, available medical information from a licensed physician is considered.

Upon reevaluation, a child who met initial identification criteria and continues to demonstrate a need for special education under Wis. Admin. Code § PI 11.35, including specially designed instruction, is a child with a disability under this section.

## **Developing, Reviewing and Revising IEPs**

### **IEP in Effect**

At the beginning of each school year the local educational agency has in effect an IEP for each child with a disability within its jurisdiction. The local educational agency ensures that a meeting to develop an IEP and determine placement is conducted within 30 days of determination that the child is a child with a disability. The local educational agency ensures an IEP is in effect before special education and related services are provided to children with disabilities and is implemented as soon as possible following the meetings at which the IEP is developed. The local educational agency develops and implements an IEP for each child with a disability served by that agency including children placed in or referred to a private school or facility by the local educational agency.

The local educational agency ensures each child's IEP is accessible to each regular education teacher, special education teacher, related service provider and any other service provider who is responsible for its implementation. The local educational agency ensures each teacher and provider responsible for implementing a child's IEP is informed of his or her specific responsibilities related to implementing the child's IEP and the specific accommodations, modifications and supports that must be provided for the child in accordance with the IEP. The local educational agency provides special education and related services to a child with a disability in accordance with the child's IEP and makes a good faith effort to assist the child to achieve the goals and objectives or benchmarks listed in the IEP. 34 CFR §§ 300.323(a),(c)-(d); Wis. Stat. §§ 115.787(1), 115.78(3)(c).

## **IEP Development**

In developing each child's IEP, the IEP team considers the strengths of the child, the concerns of the child's parents for enhancing the education of their child, and the results of the initial or most recent evaluation of the child, and the academic, developmental, and functional needs of the child.

The IEP team considers the following special factors:

- the use of positive behavioral interventions and supports, and other strategies, to address that behavior in the case of a child whose behavior impedes the child's learning or that of others;
- the language needs of the child as such needs relate to the child's IEP in the case of a child with limited English proficiency;
- instruction in Braille and the use of Braille in the case of a child who is visually impaired unless the IEP team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media, including an evaluation of the child's future needs for instruction in Braille or the use of Braille, that instruction in Braille or the use of Braille is not appropriate for the child;
- the communication needs of the child and, in the case of a child who is hearing impaired, the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs including opportunities for direct instruction in the child's language and communication mode; and
- whether the child requires assistive technology devices and services.

If, when considering these special factors, the IEP team determines a child needs a particular device or service in order to receive a free appropriate public education, the IEP team includes a statement to that effect in the IEP.

[Back to Table of Contents](#)

The child's regular education teacher, as a member on the IEP team, participates in the development of the IEP of the child to the extent appropriate. The teacher participates in the determination of appropriate positive behavioral interventions and supports and other strategies, supplementary aids and services, program modifications and supports for school personnel.

The local educational agency gives a copy of the IEP to the child's parents with the notice of placement. 34 CFR § 300.324(a); Wis. Stat. § 115.787(3).

## **IEP Review and Revision**

The IEP team reviews the child's IEP periodically, but at least once a year, to determine whether the annual goals for the child are being achieved and revises the IEP as appropriate to address:

- any lack of expected progress toward the annual goals and in the general education curriculum;
- the results of any reevaluation;
- information about the child provided to or by the parents;
- the child's anticipated needs; or
- other matters.

In conducting a review of the child's IEP, the IEP team considers the special factors listed above under the development of the IEP section.

To the extent appropriate, the regular education teacher of the child, as a member of the IEP team, participates in the review and revision of the IEP of the child.

If a participating agency, other than the local educational agency, fails to provide transition services described in the IEP, the local educational agency reconvenes the IEP team to identify alternative strategies to meet the transition objectives for the child set out in the IEP. 34 CFR §§ 300.324(b) and (c); Wis. Stat. § 115.787(4).

## **Amendments to the IEP**

In making changes to a child's IEP after the annual IEP team meeting for a school year, the parent of a child with a disability and the local educational agency may agree not to convene an IEP team meeting for the purposes of making those changes, and instead develop a written document to amend or modify the child's current IEP. If changes are



made without a meeting, the local educational agency informs the child's IEP team of those changes.

Changes to the IEP may be made by either the entire IEP Team at an IEP team meeting or as described above by amending the IEP rather than redrafting the entire IEP. The local educational agency gives the child's parent a copy of the revised IEP with the amendments incorporated. 34 CFR §§ 300.324(a)(4)-(6); Wis. Stat. § 115.787(4)(c).

## **IEP Content**

The IEP for each child with a disability includes:

- a statement of the child's present levels of academic achievement and functional performance including how the child's disability affects the child's involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled children) or, for a preschool child, as appropriate, how the disability affects the child's participation in appropriate activities;
- a statement of measurable annual goals for the child, including academic and functional goals, designed to meet the child's needs that result from the child's disability to enable the child to be involved in and progress in the general education curriculum and to meet each of the child's other educational needs that result from the child's disability;
- for children with disabilities who take alternate assessments aligned to alternate achievement standards, a description of benchmarks or short-term objectives;
- a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child or on behalf of the child and a statement of the program modifications or supports for school personnel that will be provided to enable the child to:
  - advance appropriately toward attaining the annual goals;
  - be involved in and make progress in the general education curriculum and to participate in extracurricular and other non-academic activities; and
  - be educated and participate with other children with disabilities and nondisabled children in the activities described above;
- an explanation of the extent to which the child will not participate with nondisabled children in regular classes in the general education curriculum and in extracurricular and other nonacademic activities;

- a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance on state or district-wide assessments;
- if the IEP team determines a child must take an alternate assessment instead of participating in a particular regular state-wide or local educational agency-wide assessment of student achievement, a statement indicating why the child cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the child;
- the projected date for the beginning of the services and modifications described in the IEP and the anticipated frequency, duration and location of those services and modifications;
- beginning not later than in the first IEP that will be in effect when the child is 14 and updated annually thereafter until the child is no longer eligible for special education and related services, a statement of appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and a description of the transition services, including courses of study, needed to assist the child in reaching those goals;
- a statement that the student has been informed of the parental rights that will transfer to the pupil under special education law on reaching the age of 18, beginning at least one year before the child attains the age of 18, and annually thereafter until the pupil is no longer eligible for special education and related services;
- a description of how the child's progress toward attaining the annual goals will be measured; and
- a description of when periodic reports, such as quarterly reports or other periodic reports issued concurrent with report cards, on the child's progress toward attaining the annual goals will be provided to the parents.

34 CFR § 300.320; Wis. Stat. § 115.787.

## **Placement**

The local educational agency ensures an evaluation is conducted before special education and related services are provided to a child with a disability and an educational placement is provided to implement each child's IEP. The IEP team makes placement decisions. The placement is based upon and implements the child's IEP, is determined at least annually,



and in uniformity with the least restrictive environment provisions described below. 34 CFR §§ 300.301(a), 300.116(b); Wis. Stat. §§ 115.78(2), 115.79(1)(a) and (b).

## **Least Restrictive Environment**

The local educational agency ensures the following:

- Unless the IEP requires a different arrangement, the child is educated in the school he or she would attend if not disabled.
- The placement is provided as close as possible to the child's home.
- In selecting the least restrictive environment consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs.
- A child with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general education curriculum.
- To the maximum extent appropriate, a child with a disability, including a child receiving publicly funded special education in a public or private institution or other care facility, is educated with children who are not disabled.
- Special classes, separate schooling, or any other removal of a child from the regular educational environment occurs only when the nature or severity of a child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- The local educational agency ensures a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services.
- The local educational agency ensures a continuum of alternative placements is available and will be used that includes instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions.
- The continuum makes provision for supplementary services (such as resource room or itinerant instruction) that are provided in conjunction with regular class placement.
- The local educational agency provides or arranges for nonacademic and extracurricular services and activities including meals and recess periods so each child with a disability participates with nondisabled children in the extracurricular services and activities to the maximum extent appropriate to the needs of that child. The local educational agency ensures that each child with a disability has the

supplementary aids and services determined by the child's IEP Team to be appropriate and necessary for the child to participate in nonacademic settings.

34 CFR §§ 300.114-117.

### **Notice of Placement**

Following the development of the IEP, a notice of placement and a copy of the child's IEP is given to the child's parent(s). 34 CFR § 300.503(b)(4); Wis. Stat. § 115.787(3)(e).

### **Consent for Placement**

The local educational agency obtains informed and written parental consent prior to the initial provision of special education and related services to a child with a disability in a program providing special education and related services.

The local educational agency makes reasonable efforts to obtain informed consent from the parent for the initial provision of special education and related services to the child. If the parent of a child fails to respond or refuses to consent to services, the local educational agency cannot provide special education or related services and cannot use mediation or due process procedures in order to obtain agreement or a ruling that the services may be provided to the child.

If the parent of the child refuses to consent to the initial provision of special education and related services, or the parent fails to respond to a request to provide consent for the initial provision of special education and related services, the local educational agency will not be considered to be in violation of the requirement to make available FAPE to the child for the failure to provide the child with the special education and related services for which the local educational agency requests consent; and is not required to convene an IEP Team meeting or develop an IEP for the child for the special education and related services for which the local educational agency requests such consent. 34 CFR § 300.300(b); Wis. Stat. § 115.79(2).

### **Parent Revocation of Consent:**

If, at any time subsequent to the initial provision of special education and related services, the parent of a child revokes consent in writing for the continued provision of special education and related services, the school district:

- Will stop providing special education and related services to the child, but before doing so, will provide prior written notice in accordance with 34 CFR § 300.503;

- Will not use special education dispute resolution procedures, including mediation and due process, in order to obtain agreement or a ruling that the services may be provided to the child;
- Is not considered to be in violation of the requirement to make FAPE available to the child because of the failure to provide the child with further special education and related services; and
- Is not required to convene an IEP Team meeting or develop an IEP for the child for further provision of special education and related services;
- Is not required to amend the child's education records to remove any reference to the child's receipt of special education and related services because of the revocation of consent.

34 CFR § 300.300.

## **Related Services: Physical and Occupational Therapy**

If a child is suspected to need occupational therapy or physical therapy or both, the IEP team includes an appropriate therapist. Wis. Admin. Code § PI 11.24(2).

## **Physical Therapists' Licensure and Service Requirements**

The local educational agency ensures the following:

- Physical therapists are licensed by the Department of Public Instruction as school physical therapists.
- Caseloads for full-time physical therapists employed for a full day, 5 days a week, is a minimum of 15 children and a maximum of 30 children, or maximum of 45 children with one or more school physical therapist assistants. A caseload may be varied subject to DPI's approval. The caseload for a part-time school physical therapist may be prorated.
- The school physical therapist has medical information from a licensed physician regarding a child before the child receives physical therapy.
- The school physical therapist delegates to a school physical therapist assistant only those portions of a child's physical therapy which are consistent with the school physical therapist assistant's education, training, and experience.
- The school physical therapist supervises the physical therapy provided by a school physical therapist assistant. The school physical therapist develops a written policy and procedure for written and oral communication to the physical therapist

[Back to Table of Contents](#)

assistant. The policy and procedure includes a specific description of the supervisory activities undertaken for the school physical therapist assistant which includes either of the following levels of supervision:

- the school physical therapist has daily, direct contact on the premises with the school physical therapist assistant; or
- the school physical therapist has direct, face-to-face contact with the school physical therapist assistant at least once every 14 calendar days. Between direct contacts the physical therapist is available by telecommunication. The school physical therapist providing general supervision provides an onsite reevaluation of each child's physical therapy a minimum of one time per calendar month or every tenth day of physical therapy, whichever is sooner, and adjusts the physical therapy as appropriate.
- A full-time school physical therapist supervises no more than two full-time equivalent physical therapist assistant positions which may include no more than three physical therapist assistants.
- Acts undertaken by a school physical therapist assistant are considered acts of the supervising physical therapist who has delegated the act.
- A school physical therapist conducts all physical therapy evaluations and reevaluations of a child, participates in the development of the child's IEP, and develops physical therapy treatment plans for the child. A school physical therapist is not represented by a school physical therapist assistant on an IEP team.

Wis. Admin. Code § PI 11.24(7).

### **School Physical Therapist Assistants' Qualifications and Supervision of Physical Therapy**

The local educational agency ensures the following:

- Physical therapist assistants are licensed by the Department of Public Instruction as school physical therapists.
- The school physical therapist assistant providing physical therapy to a child is supervised by a school physical therapist as specified in these policies.

Wis. Admin. Code § PI 11.24(8).

## **Occupational Therapists' Licensure and Service Requirements**

The local educational agency ensures the following:

- Occupational therapists are licensed by the Department of Public Instruction as school occupational therapists.
- Caseloads for full-time school occupational therapists employed for a full day, 5 days a week, is a minimum of 15 children and a maximum of 30 children, or maximum of 45 children with one or more school occupational therapist assistants. A caseload may be varied subject to DPI's approval. The caseload for a part-time school physical therapist may be prorated.
- The school occupational therapist has medical information before a child is evaluated for occupational therapy.

Wis. Admin. Code § PI 11.24(9).

## **The Delegation and Supervision of Occupational Therapy**

The local educational agency ensures the following:

- The school occupational therapist may delegate to a school occupational therapy assistant only those portions of a child's occupational therapy which are consistent with the school occupational therapy assistant's education, training, and experience.
- The school occupational therapist supervises the occupational therapy provided by a school occupational therapy assistant. The school occupational therapist develops a written policy and procedure for written and oral communication to the occupational therapist assistant. The policy and procedure includes a specific description of the supervisory activities undertaken for the school occupational therapist assistant which includes either of the following levels of supervision:
  - the school occupational therapist has daily, direct contact on the premises with the school occupational therapy assistant; or
  - the school occupational therapist has direct, face-to-face contact with the school occupational therapy assistant at least once every 14 calendar days. Between direct contacts the occupational therapist is available by telecommunication. The school occupational therapist providing general supervision provides an onsite reevaluation of each child's occupational therapy a minimum of every two weeks and adjusts the occupational therapy as appropriate.

- A full-time school occupational therapist supervises no more than two full-time equivalent occupational therapy assistant positions which includes no more than three occupational therapy assistants;
- An act undertaken by a school occupational therapy assistant is considered the act of the supervising occupational therapist who has delegated the act.

Wis. Admin. Code § PI 11.24(9).

## **The Responsibility of a School Occupational Therapist**

The local educational agency ensures the following:

- A school occupational therapist conducts all occupational therapy evaluations and reevaluations of a child, participates in the development of the child's IEP, and develops occupational therapy treatment plans for the child.
- A school occupational therapist may not be represented by a school occupational therapy assistant on an IEP team.

Wis. Admin. Code § PI 11.24(9).

## **School Occupational Therapy Assistants' Qualifications and Supervision**

The local educational agency ensures the following:

- Occupational therapy assistants are licensed by the Department of Public Instruction as school occupational therapy assistants.
- The school occupational therapy assistant providing occupational therapy to a child is supervised by a school occupational therapist as specified in these policies.

Wis. Admin. Code § PI 11.24(10).

## **Transition from Birth to Three Programs**

The local educational agency participates with birth to three programs to ensure a smooth and effective transition of children with disabilities from the birth to three program for infants and toddlers with disabilities to preschool programs in the local educational agency. The local educational agency participates in transition planning conferences arranged by birth to three programs.

For children participating in birth to three programs who will participate in special education preschool programs in the local educational agency, the local educational agency has an IEP in effect by the child's third birthday.

If a child's third birthday occurs during the summer, the child's IEP Team shall determine the date when services under the IEP will begin. 34 CFR §§ 300.124, 300.101(b).

## **Transfer Pupils**

### **In-State-Transfer Students**

When a child with a disability (who had an IEP that was in effect in a previous Wisconsin local educational agency) transfers to this local educational agency and enrolls in a new school within the same school year, this local educational agency (in consultation with the parents) provides FAPE to the child, including services comparable to those described in the child's IEP from the previous agency, until this local educational agency either:

- Adopts the child's IEP from the previous public agency; or
- Develops, adopts, and implements a new IEP.

The local educational agency adopts the evaluation and the eligibility determination of the sending local educational agency or conducts an evaluation and eligibility determination of the transfer pupil. The local educational agency does not adopt the evaluation and eligibility determination or the IEP of the sending local educational agency if the evaluation and eligibility determination or the IEP do not meet state and federal requirements. 34 CFR § 300.323(e).

### **Out-of-State Transfer Students**

When a child with a disability (who had an IEP that was in effect in a previous agency in another State) transfers to this local educational agency, and enrolls in a new school within the same school year, this local educational agency, in consultation with the parents, provides the child with FAPE, including services comparable to those described in the child's IEP from the out-of-state agency, until this local educational agency:

- Conducts an evaluation and determines eligibility if determined to be necessary by this local educational agency; and
- Develops, adopts, and implements a new IEP, if appropriate.

34 CFR § 300.323(f).



## **Transmittal of Records**

When the local educational agency receives a transfer pupil with a disability and does not receive the pupil's records from the sending local educational agency, the local educational agency takes reasonable steps, including a written request, to promptly obtain the child's records, including the IEP and supporting documents and any other records relating to the provision of special education or related services to the child from the previous public agency in which the child was enrolled. When this local educational agency receives such a written request for a transfer pupil, this local educational agency transfers the pupil's records to the requesting local educational agency no later than the next working day from receipt of the written notice as required under Wis. Stat. § 118.125(4). 34 CFR § 300.323(g); Wis. Stat. § 118.125(4).

## **Charter Schools**

Children with disabilities who attend the local educational agency's charter schools and their parents retain all rights under federal special education laws. The local educational agency ensures that the requirements of federal special education law are met.

Children with disabilities who attend Charter Schools under contract with the local educational agency, are served in the same manner as other children with disabilities in the local educational agency. This includes providing supplementary and related services on site at the charter school to the same extent to which the local educational agency provides such services on the site to its other public schools. Funds received under part B of the Individuals with Disabilities Education Act are provided to charter schools in the same manner as they are provided to other schools in the local educational agency, including proportional distribution based on relative enrollment of children with disabilities and at the same time as the local educational agency distributes other Federal funds to the local educational agency's other public schools. 34 CFR §§ 300.209(a) and (b); Wis. Stat. § 115.77(8).

## **Due Process Procedures**

### **Opportunity to Examine Records and Parent Participation in Meetings**

The parents of a child with a disability are afforded, in accordance with the policies in the "Confidentiality" section of this document, an opportunity to:

- inspect and review all education records with respect to the identification, evaluation, and educational placement of the child and the provision of a free appropriate public education to the child; and



- participate in meetings with respect to the identification, evaluation and educational placement of the child and the provision of a free appropriate public education to the child.

The local educational agency notifies parents consistent with the policies in the "Parent Participation in IEP Team Meetings" section of these policies to ensure that parents of children with disabilities have the opportunity to participate in meetings described above. The term "meeting" in this policy does not include informal or unscheduled conversations involving public agency personnel and conversations on issues such as teaching methodology, lesson plans, or coordination of service provision. A meeting also does not include preparatory activities that local educational agency personnel engage in to develop a proposal or response to a parent proposal that will be discussed at a later meeting.

The IEP team, which includes the parent, makes decisions on the educational placement of the child. In implementing this policy, the local educational agency uses procedures consistent with the policies described above. If neither parent can participate in a meeting in which a decision is to be made relating to the educational placement of their child, the local educational agency uses other methods to ensure their participation including individual or conference telephone calls, or video conferencing. A placement decision may be made by the IEP team without the involvement of the parent if the local educational agency is unable to obtain the parent's participation in the decision. In this case, the local educational agency must have a record of its attempt to ensure parent involvement. 34 CFR §§ 300.501, 300.322(e).

## **Notice**

The local educational agency ensures a child's parents are provided prior written notice a reasonable time before the local educational agency proposes to initiate or change or refuses to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child. The notice contains:

- a description of the action proposed or refused;
- an explanation of why the local educational agency proposed or refused to take action;
- a statement that the parents of a child with a disability have protection under the procedural safeguards and, if this notice is not an initial referral for evaluation, the means by which a copy of a description of the procedural safeguards can be obtained;
- a description of any other options considered and the reason(s) they were rejected;

- a description of each evaluation procedure, assessment, record, or report used as a basis for the proposed or refused action;
- the names of the evaluators, if known, if the notices propose to evaluate or reevaluate the child;
- a description of any other factors relevant to the proposal or refusal; and
- sources for parents to contact to obtain assistance in understanding special education law.

Each prior written notice is written in language understandable to the general public, in the parent's native language or other means of communication unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the local educational agency takes steps to ensure the notice is translated orally or by other means to the parent in his or her native language or other mode of communication; the parent understands the content of the notice; and there is written evidence that these requirements have been met. 34 CFR § 300.503; Wis. Stat. § 115.792(2).

### **Procedural Safeguards Notice**

A copy of the procedural safeguards available to the parents of a child with a disability is given to the parents one time a school year, except that a copy is given to the parents:

- upon initial referral or parent request for evaluation;
- upon receipt of the first IDEA State complaint and the first due process complaint;
- on the date on which the decision is made to make a disciplinary removal that constitutes a change of placement;
- upon request by a parent.

The procedural safeguards notice includes a full explanation of the procedural safeguards available under special education law written so as to be easily understood by the general public and in the native language of the child's parents unless it is clearly not feasible to do so, relating to:

- independent educational evaluation;
- prior written notice;
- parental consent;

- access to educational records;
- opportunity to present and resolve complaints through the due process complaint and State IDEA complaint procedures, including:
  - the time period in which to file a complaint;
  - the opportunity for the agency to resolve the complaint; and
  - the difference between the due process complaint and the State complaint procedures, including the jurisdiction of each procedure, what issues may be raised, filing and decisional timelines, and relevant procedures.
- the child's placement during pendency of due process proceedings;
- procedures for pupils who are subject to placement in interim alternative educational settings under 20 U.S.C. § 1415(k);
- requirements for the unilateral placement by parents of pupils in private schools at public expense;
- availability of mediation;
- due process hearings including requirements for disclosure of evaluation results and recommendations;
- civil actions, including the time period in which to file those actions; and
- attorney fees.

34 CFR § 300.504.

## **Independent Educational Evaluations**

A parent may obtain an independent educational evaluation of his or her child. If a parent requests information from the local educational agency about an independent evaluation, the local educational agency provides the parent with information about where an independent evaluation may be obtained and the agency criteria applicable for independent educational evaluations. A parent has the right to an independent educational evaluation at public expense if the parent disagrees with an evaluation obtained by the local educational agency. "Public expense" means the local educational agency either pays for the full cost of the evaluation or ensures the evaluation is otherwise provided at no cost to the parent.

If a parent requests an independent educational evaluation at public expense, the local educational agency, without unnecessary delay, either initiates a due process hearing to

[Back to Table of Contents](#)

show its evaluation is appropriate or ensures an independent educational evaluation is provided at public expense unless the local educational agency demonstrates in a due process hearing that the evaluation obtained by the parent did not meet local educational agency criteria.

If a parent requests an independent educational evaluation, the local educational agency may ask for the parent's reason why he or she objects to the public evaluation. However, the local educational agency does not require the explanation and the local educational agency does not unreasonably delay either providing the independent educational evaluation at public expense or initiating a due process hearing to defend the public evaluation. A parent is entitled to only one independent educational evaluation at public expense each time the local educational agency conducts an evaluation with which the parent disagrees.

If the local educational agency initiates a hearing and the final decision is that the local educational agency's evaluation is appropriate, the parent still has the right to an independent educational evaluation but not at public expense. If the parent obtains an independent educational evaluation at public expense or shares with the local educational agency an evaluation obtained at private expense, the results of the evaluation must be considered by the local educational agency, if it meets agency criteria, in any decision made with respect to the provision of FAPE to the child.

If a hearing officer requests an independent educational evaluation as part of a hearing, the cost of the evaluation must be at public expense. When an independent educational evaluation is at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, is the same as the criteria that the local educational agency uses when it initiates an evaluation to the extent that those criteria are consistent with the parent's right to an independent educational evaluation. Except for the criteria described above, the local educational agency does not impose conditions or timelines related to obtaining an independent educational evaluation at public expense. 34 CFR § 300.502.

## **Surrogate Parent**

The local educational agency ensures the rights of a child are protected if no parent can be identified; the local educational agency, after reasonable efforts, cannot locate a parent; the child is a ward of the state; or the child is an unaccompanied homeless youth as defined in the McKinney-Vento Homeless Assistance Act. In such instances, the local educational agency assigns an individual to act as a surrogate for the parents. The local educational agency has a method for determining whether a child needs a surrogate parent and for assigning a surrogate parent to the child. In the case of a child who is a ward of the State, the surrogate parent may be appointed by the judge overseeing the child's case.