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Autism

Florida Definition

Autism Spectrum Disorder is defined to be a range of pervasive developmental disorders that adversely affects a student's functioning and results in the need for specially designed instruction and related services. Autism Spectrum Disorder is characterized by an uneven developmental profile and a pattern of qualitative impairments in social interaction, communication, the presence of restricted repetitive, and/or stereotyped patterns of behavior, interests, or activities. These characteristics may manifest in a variety of combinations and range from mild to severe. Autism Spectrum Disorder, Pervasive Developmental Disorder Not Otherwise Specified, Asperger's Disorder, or other related pervasive developmental disorders. The definition is located in 6A-6.03023 on page 264 (page 284 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fldoe.org/ese/pdf/1b-stats.pdf>)

General Overview

Information from the National Institute of Mental Health and the Center for Disease Control and Prevention (CDC) indicates that between 2 to 6 per 1,000 children (from 1 in 500 to 1 in 150) has some form of autism/PDD. These disorders are four times more common in boys than in girls, although Rett's Disorder has only been reported and diagnosed in girls. The causes of autism or PDD are unknown. Currently, researchers are investigating areas such as brain development, structure, genetic factors and biochemical imbalance in the brain as possible causes. These disorders are not caused by psychological factors.

Children with autism/PDD vary widely in abilities, intelligence, and behaviors. Some children do not speak; other have language that often includes repeated phrases or conversations. Children with more advanced language skills tend to use a small range of topics and have difficulty with abstract concepts. Repetitive play skills, a limited range of interests, and impaired social skills are generally evident as well. Unusual responses to sensory information-for example, loud noises, lights, certain textures of food or fabrics-are also common. One of the distinguishing characteristics of children with Asperger's syndrome is an observable developmental imbalance. One the one hand, they can be of average or superior intelligence; on the other, they are unfailingly years behind in social development.

Some or all of the following characteristics may be observed in mild to severe forms:

- Communication problems (using and understanding language);
- Difficulty relating to people, objects, and events;
- Unusual play with toys and other objects;
- Difficulty with changes in routine or familiar surroundings; and
- Repetitive body movements or behavior patterns/

With educational program designed to meet a student's individual needs and specialized adult support services in employment and living arrangements, many children and adults with autism/PDD grow to live, work, and participate fully in their communities | (*National Dissemination Center for Children with Disabilities (NICHCY) Fact Sheet Number 1* at <http://nichcy.org/disability/specific/autism>)

Common Causes

- Genetic conditions. Evidence is accumulating for a strong genetic linkage for autism.
 - Chromosomes 7 and 15 are thought to be the possible sites for the disorder in many children with autism. Autism is more common among identical twins than fraternal twins, thus strengthening the belief that genetics plays a major role in this condition.
 - Mirror neurons allow us to imitate other's actions, speech, or emotions. Children with autism appear to have problems in the mirror neuron system. This could explain several common behaviors, such as the lack of eye contact, limited social interaction, communication delays, and even some repetitive motor movements, such as rocking.

Diagnostic Indicators

In the diagnostic manual used to classify mental disorders, the DSM-IV-TR, "Autistic Disorder" is listed under the heading of "Pervasive Developmental Disorders".

A diagnosis of autistic disorder is made when:

- An individual displays six or more of 12 symptoms across three major areas: (a) social interaction, (b) communication, and (c) behavior.
 - The Checklist for Autism (CHAT) measures the presence or absence of three key factors (protodeclarative pointing, gaze monitoring, and pretend play), which, if absent indicate an 80% risk of autism
- An individual displays similar behaviors but do not meet the specific criteria for autistic disorder (or the other disorders listed above), they may receive a diagnosis of Pervasive Developmental Disorder Not Otherwise Specified, or PDD-NOS.

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students with traumatic brain injury can be found in the "Florida Statutes and State Board Rules," starting on page 264 (page 284 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fldoe.org/ese/pdf/1b-stats.pdf>).

Characteristics

Primary

Communication: Deficits in verbal and nonverbal communication

Examples include poor language skills, range of communication abilities (a small percentage are non-verbal, while some are competent communicators); limited eye contact; range of communication

Cognitive: Inadequate information processing

Examples include problems in thinking skills such as problem solving, executive functioning, reasoning and evaluation, memory and classification; language skills

Emotional: Emotionally volatile

Examples include high rates of behavioral problems such as tantrums, and self-stimulatory and aggressive behavior; resistant to environmental change or change in daily routines;

Social: Difficulties in social interaction

Examples include need for adult guidance to attract and sustain social exchanges; lack of typical friendships and peer relationships affects motivation and the meaning of experiences; social isolation; memory and classification information in a social context is difficult; poor social skills

Sensory: Sensory integration dysfunction

Examples include hyper and hyposensitivity to stimulation in the environment, and sensitivity to touch

Secondary

Sensory: Sensory integration dysfunction

Examples include hyper and hyposensitivity to stimulation in the environment, and sensitivity to touch

Motor: Functional motor skills difficulties

Examples include gross, fine and motor planning difficulty; running and moving one's body in a space; quality of movements can appear stiff or clumsy; weak motor skill response and motor imitation

Additional Information

Some resources regarding programs for students with autism include:

- Florida Department of Education, Bureau of Exceptional Education and Student Services- <http://www.fldoe.org/ese>
- Autism Society of Florida- <http://autismfl.com>
- University of Florida Center for Autism and Related Disabilities (CARD)- <http://card.ufl.edu>
- University of South Florida Center for Autism and Related Disabilities (CARD)- <http://card-usf.fmhi.usf.edu>
- Florida Atlantic University Center for Autism and Related Disabilities (CARD)- <http://coe.fau.edu/card/>
- University of Central Florida Center for Autism and Related Disabilities (CARD)- <http://ucf-card.org/>
- University of Miami & Nova Southeastern Center for Autism and Related Disabilities (CARD)- <http://www.umcard.org>
- Florida State University Center for Autism and Related Disabilities (CARD)- <http://autism.fsu.edu>
- Florida Diagnostic and Learning Resources System (FDLRS)- <http://www.fdlrs.org>
- Florida Inclusion Network (FIN)- <http://www.floridainclusionnetwork.com/>
- Eden Autism Services- <http://www.edenflorida.org>

Deaf or Hard-of-Hearing

Florida Definition

A student who is deaf or hard-of-hearing has a hearing loss aided or unaided, that impacts the processing of linguistic information and which adversely affects performance in the educational environment. The degree of loss may range from mild to profound.

General Overview

It is useful to know that sound is measured by its loudness or intensity (measured in decibels, dB) and its frequency or pitch (measured in hertz, Hz). Hearing loss can occur in either or both areas, and may exist in only one ear or in both ears.

Hearing losses are defined in terms of (1) the degree of loss, (2) the age at which the loss occurs, and (3) the type of loss. The terms that are used with hearing loss are deafness and hard-of-hearing. Deafness is a hearing loss that is severe enough that the child cannot process linguistic information through hearing, even when using amplification or hearing aids, and adversely affects the child's educational performance. Hard-of-hearing is defined as a loss in hearing, permanent or fluctuating that adversely affects a child's educational performance and Central Auditory Processing Disorders.

There are four categories of hearing losses: conductive losses, sensorineural losses, mixed losses, and central auditory processing losses. The first three types of hearing losses are considered to be due to problems with auditory acuity, or the ability to take in sounds and for the brain to process sounds successfully. The fourth type of hearing loss is an auditory processing difficulty, meaning the individual can "hear" the sounds, but has problems understanding them.

- **Conductive hearing loss.** Conductive hearing losses are caused by diseases or obstruction in the outer or middle ear (the conduction pathway for sound to reach the inner ear). Conductive hearing losses usually affect all frequencies of hearing evenly and do not result in severe losses. A person with a conductive hearing loss is able to use a hearing aid or can be helped medically or surgically.
- **Sensorineural hearing loss.** Sensorineural hearing losses result from damage to the delicate sensory hair cells of the inner ear, or cochlea, or the nerves that supply it. These hearing losses can range from mild to profound. They often affect the person's ability to hear certain frequencies more than others. Thus, even with amplification to increase the sound level, a person with sensorineural hearing loss may perceive distorted sounds, sometimes making the successful use of a hearing aid impossible.
- **Mixed hearing loss.** A mixed hearing loss refers to a combination of conductive and sensorineural loss and means that a problem occurs in both the outer or middle and the inner ear.
- **Central auditory processing hearing loss.** A central auditory processing hearing

loss results from damage or impairment to the nerves or nuclei of the central nervous system, that occurs either in the pathways to the brain or in the brain itself.

Common Causes

- Congenital. For deafness or hearing loss to be considered congenital, the deafness or hearing loss must be present at birth. Causes include: a family history of hearing loss or deafness; infections during pregnancy (such as rubella); complications during pregnancy (such as the Rh factor, maternal diabetes, or toxicity). A child's hearing loss or deafness may also be a characteristic of another disability such as Down syndrome, Usher syndrome, Treacher Collins syndrome, and Alport syndrome.
- Acquired. Deafness or hearing loss that occurs after birth is considered acquired and is a result of environment effects such as illness or injury. The most common acquired hearing loss is exposure to noise. Other causes include: ear infections (known as otitis media); head trauma; build up of fluid behind the eardrum; childhood diseases (such as mumps, measles, or chicken pox).

Diagnostic Indicators

- The Centers for Disease Control and Prevention (the CDC) recommends that every newborn be screened for hearing loss as early as possible, usually before they leave the hospital.
- An audiological evaluation that documents a permanent or fluctuating hearing threshold level that interferes with progress in and one of the following areas: developmental skills or academic performance, social-emotional development, or linguistic and communicative skills.

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students who are deaf or hard-of-hearing can be found in the "Florida Statutes and State Board Rules," on page 255 (actual page 275 in pdf version).

Characteristics

Primary

Sensory (*vision, hearing, tactile*) Undetected hearing losses can result in delayed development of language and communication skills. Visual communication is essential. Most children who are deaf or hard-of-hearing are successful in reading and make academic progress when early, consistent, and conscious use of visible communication modes, and/or amplification and aural/oral training are used to provide fluent language models for the acquisition of both expressive and receptive language.

Communication: Children with hearing loss or deafness use oral or manual means of communication or a combination of the two. Oral communication includes speech, lip reading, and the use of residual hearing. Manual communication involves sign language and fingerspelling. Total Communication, as a method of instruction, is a combination of the oral method plus sign language and fingerspelling.

Secondary

Cognitive: Hearing loss or deafness does not affect intellectual capacity or ability to learn for most children. Children who are hard-of-hearing or deaf may find it much more difficult than children who have normal hearing to learn vocabulary, grammar, idiomatic expressions, and other forms of communication. Children who are deaf or hard-of-hearing generally require some form of special education services in order to receive an appropriate education (ex. seating near sound sources, captioned media or interpreter, notetaker or captionist services). It is critical to have cognitive evaluations performed by professionals with experience in language delay faced by students who have hearing loss or deafness and who are capable of communicating with the child in the child's native language.

Motor: Students with hearing loss or deafness who have the characteristic of another disability that affects motor skills; for students who use sign language, it is critical to analyze the use of their hands and arms when making the determination for occupational and physical therapy services.

Emotional: Early identification and intervention, increased parent training, realistic expectations and reducing communication barriers can all reduce the isolation felt by a child who is deaf or hard-of-hearing. It is important to assist the child in advocating for their needs. When possible, it is helpful to allow students to interact with other students who face the same types of challenges they may face. When there is a lack of fluent language models for the child, they may require additional emotional support services.

Social: Early identification and intervention, increased parent training, technological aids, and sign language interpreters can improve the social skills development of children who are deaf or hard-of-hearing. Also, membership in the Deaf community becomes part of the individual's identity and allegiance to the group may become strong. Some children shun the use of their hearing aids, cochlear implants and even interpreters so they look like their typical peers. They may need support services in learning to advocate for their needs as well as accept the services that benefit their learning.

Emotional/Behavioral Disorders

Florida Definition

A student with an emotional/behavioral disability has persistent (is not sufficiently responsive to implemented evidenced-based interventions) and consistent emotional or behavioral responses that adversely affect performance in the educational environment that cannot be attributed to age, culture, gender, or ethnicity. The definition is located in 6A-6.03018 on pages 257-258 (pages 277-278 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fldoe.org/ese/pdf/1b-stats.pdf>).

General Overview

Approximately 473,000 youth in the United States are receiving special education and related services under the category of emotional disturbance. This figure represents a 2% increase from 2002 and a 20% increase from 10 years ago. Of the students being served for E/BD, boys outnumber girls at a ratio of about 5:1.

Students with E/BD frequently experience academic difficulties that result in lower grades, more failing grades, greater retention rates, and a greater likelihood of dropping out of school. About 50% of students with E/BD drop out of school; therefore as a group, they have lower employment levels and sub average employment histories. Poor academic performance has also been associated with the onset, frequency, and persistence of delinquency.

Students with E/BD are reported to have IQs in the average to above average range, but their academic performance may not reflect this due to the negative effects of their inappropriate behaviors. The student's behavior not only has an immediate effect on learning, but it also has an additive effect: Successive failures diminish the student's knowledge base, which in turn negatively affects his ability to learn new information. Soon the student is in a downward spiral of academic failure from which he cannot recover.

In addition to academic difficulty, students with E/BD, also by definition, find it difficult to make and maintain social relationships. For example, they will often not work well in groups, choosing to boss others around or dominate discussions. These behaviors can lead to marginalization and social isolation. Students with behavior disorders may seek the company of younger or older students for friendship. Learning is a social activity, therefore social success in school can predict success as an adult. It becomes clear that behavior disorders can represent significant problems for students.

Students with E/BD can be classified into two categories-externalizing and internalizing. Students exhibiting externalizing behavior are difficult to miss. These students are loud, disruptive, aggressive, noncompliant, and bullying and intimidating and are regularly truant from school. Students with internalizing emotional disorders may be mistaken for

model students at first because they are often shy and quiet and do not cause the teacher any problems. Nevertheless, closer inspection will reveal a student who is often anxious, depressed, dependent, helpless, possibly suicidal, and frequently victimized.

Many of the social skill deficits experienced by students with externalizing and internalizing behaviors contribute to their inability to control or manage their behaviors. For example, a student with externalizing behaviors may not have had the opportunity to observe and develop appropriate social skills because he was excluded from social and academic interactions by his peers or because there was not a role model in the home from whom he could learn socially acceptable responding.

Common Causes

The cause of E/BD is frequently unknown and is often the result of multiple factors contributing the manifestation of maladaptive patterns of behavior. The two factors most commonly associated with E/BD are:

- Biologic factors. Organic (genetic) factors, or acquired adventitiously after birth. Biological factors typically begin at a young age and persist into adulthood. They may be a function of biochemical imbalances, neurological abnormalities, genetic predisposition, physiological factors, injury or illness; and
- Environmental factors. Environmental factors that contribute to the development of E/BD include traumatic brain injury, child abuse, home environment (drugs/drug abuse in the home, poor parenting), socioeconomic status, and stress from significant losses.

Diagnostic Indicators

Emotional/Behavioral disorders are generally diagnosed by looking at three main things. There are:

- Inappropriate behaviors that are chronic,
 - A general or pervasive mood of unhappiness or depression
 - A tendency to develop physical symptoms or fears associated with personal or school problems
- Significantly interfere with academic achievement
 - Not caused by intellectual, sensory, or other health issues;
 - Inappropriate types of behavior or feelings under normal circumstances
- Inhibit a student's ability to establish and maintain social relationships across settings are indications of a student with E/BD.

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students with emotional/behavioral disabilities are located in 6A-6.03018 on pages 257-258 (pages 277-278 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>). Additional information concerning 6A-6.03018 is found in the technical assistance paper at <http://info.fl DOE.org/docushare/dsweb/Get/Document-4999/tap-2008-53.pdf>

Characteristics

Negative effects of inappropriate behaviors affect students with E/BD in a variety of ways, including:

Primary

Social/Emotional: Chronic displays of inappropriate behaviors

Examples include social skills deficits in the following areas: problem solving, time management, organization, perseverance, staying on task, and accepting feedback; further disregard for classroom rules, poor concentration, truancy, low self-esteem, lack of motivation, and disruptive behaviors are common. Other examples include hyperactivity (short attention span and impulsiveness), aggression and/or self-injurious behavior, withdrawal and immaturity.

Secondary

Cognitive

Although students with E/BD typically have average to above average IQ's, academic performance in reading skills, problem solving and poor motivation is below average. Further examples include poor thinking and reasoning, understanding words, remembering things and thinking abstractly.

Additional Information

Some resources regarding programs for students with emotional/behavioral disorders include:

- Council for Exceptional Children - http://www.cec.sped.org/AM/Template.cfm?Section=Behavior_Disorders_Emotional_Disturbance
- <http://www.fl DOE.org/ese>
- NICHCY – <http://nichcy.org/disability/specific/emotionaldisturbance>
- Organized Teaching – http://organizedteaching.com/the_organized_sp_ed_teacher/disabilities/emotional_behavioral_disorders.html

Intellectual Disabilities

Florida Definition

An intellectual disability is defined as significantly below average general intellectual and adaptive functioning manifested during the developmental period, with significant delays in academic skills. Developmental period refers to birth to eighteen (18) years of age. The definition is located in 6A-6.03011 on pages 249-250 (pages 269-270 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>).

General Overview

Children with intellectual disabilities (sometimes called cognitive disabilities or mental retardation) may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer. There may be some things they cannot learn.

About 87% of people with an intellectual disability will only be a little slower than average in learning new information and skills. When they are children, their limitations may not be obvious. They may not even be diagnosed as having an intellectual disability until they get to school. As they become adults, many people with mild intellectual disabilities can live independently. Other people may not even consider them as having an intellectual disability. The remaining 13% of people with an intellectual disability score below 50 on IQ tests. These people will have more difficulty in school, at home, and in the community. A person with more severe intellectual disability will need more intensive support his or her entire life. Every child with an intellectual disability is able to learn, develop, and grow. With help, all children with intellectual disabilities can live a satisfying life.

Common Causes

- Genetic conditions. Sometimes an intellectual disability is caused by abnormal genes inherited from parents, errors when genes combine, or other reasons. Examples of genetic conditions are Down syndrome, fragile X syndrome, and phenylketonuria (PKU).
- Problems during pregnancy. An intellectual disability can result when the baby does not develop inside the mother properly. For example, there may be a problem with the way the baby's cells divide as it grows. A woman who drinks alcohol or gets an infection like rubella during pregnancy may also have a baby with an intellectual disability.
- Problems at birth. If a baby has problems during labor and birth, such as not getting enough oxygen,
- Health problems. Diseases like whooping cough, the measles, or meningitis can cause intellectual disabilities.

- Other factors. They can also be caused by extreme malnutrition, not getting enough medical care, or by being exposed to poisons like lead or mercury.

Diagnostic Indicators

Intellectual disabilities are generally diagnosed by looking at two main things. These are:

- The ability of a person’s brain to learn, think, solve problems, and make sense of the world (called IQ or intellectual functioning); and
- Whether the person has the skills he or she needs to live independently (called adaptive behavior, or adaptive functioning). Intellectual functioning, or IQ, is usually measured by a test called an IQ test. The average score is 100. People scoring below 70 to 75 are thought to have an intellectual disability. To measure adaptive behavior, professionals look at what a child can do in comparison to other children of his or her age. Certain skills are important to adaptive behavior. These are:
 - Daily living skills, such as getting dressed, going to the bathroom, and feeding one’s self
 - Communication skills, such as understanding what is said and being able to answer
 - Social skills with peers, family members, adults, and others

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students with intellectual disabilities are located in 6A-6.03011 on pages 249-250 (pages 269-270 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>).

Characteristics

Primary

Cognitive: Decreased cognitive functioning (by at least two standard deviations on standardized IQ and adaptive behavior scales)

Examples include problems with reading, writing and basic math; difficulties with memory recall, task and skill generalization, organization, and decision-making.

Communication: Delayed communication development or limited communication.

Examples include understanding some ideas and concepts, including complex concepts.

Emotional: Immaturity

Examples include low motivation and learned helplessness, poor self-determination, choice making, problem solving and goal setting, credulity and gullibility

Social: Immature social behavior

Examples include problems with social skills such as manners, knowing the rules of conversation, getting along in a group, and knowing the appropriate use for such skills in a social setting.

Language Impairment

Florida Definition

Language impairments are disorders of language that interfere with communication, adversely affect performance and/or functioning in the student's typical learning environment, and result in the need for exceptional student education. Language impairment is defined as a disorder in one or more of the basic learning processes involved in understanding or in using spoken or written language. The definition is located in 6A-6.030121 on pages 252-255 (pages 272-275 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>).

General Overview

A language disorder is impairment in the ability to understand and/or use words in context, both verbally and nonverbally. Some characteristics of language disorders include improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary, and inability to follow directions. One or a combination of these characteristics may occur in children who are affected by language learning disabilities or developmental language delay. Children may hear or see a word but not be able to understand its meaning. They may have trouble getting others to understand what they are trying to communicate.

Children with specific language impairment (SLI) have difficulties with oral language that first become apparent in the preschool years, prior to formal schooling. Although the pace of oral language development varies widely among typical youngsters, children with SLI have language difficulties that are clearly outside the typical range and that can be diagnosed by a speech-language pathologist.

A variety of components of oral language may be affected by SLI, including grammatical and syntactic development (e.g., correct verb tense, word order and sentence structure), semantic development (e.g., vocabulary knowledge) and phonological development (e.g., phonological awareness, or awareness of sounds in spoken language). Children may manifest receptive difficulties, that is, problems understanding language, or expressive difficulties, involving use of language. These difficulties usually do not revolve around the motor aspects of producing or articulating words; for example, a child whose sole difficulty is stuttering does not have SLI. Specific language impairment is relatively common, affecting as many as 5-10% of preschoolers. Most children with SLI have normal hearing. Furthermore, specific language impairment does not involve global developmental delays. Children with SLI function within the typical range in non-linguistic areas, such as nonverbal social interaction, play, and self-help skills (e.g., feeding and dressing themselves) (*Educating Exceptional Children, Chapter 8; National Dissemination Center for Children with Disabilities Fact Sheet Number 11* at <http://nichcy.org/wp-content/uploads/docs/fs11.pdf>).

Common Causes

- Genetic conditions. Some cases of language impairments are the result of a genetic disposition.
- Health problems. Language impairments maybe caused by stroke, certain drugs, dental problems, physical impairments such as cleft lip or palate, injuries to the head, health problems at birth, exposure to loud noise and tumors.
- Environmental factors. Limited opportunity to learn language and exposure to loud noise can cause language impairment.
- Concomitant disability. Language impairments also co-occur with other disabilities, such as learning disabilities, intellectual disabilities, hearing impairments, autism, and emotional disorders.

Diagnostic Indicators

- A language impairment is not the primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.
- The DSM_IV gives criteria for receptive and mixed expressive/receptive language disorder. Problems can occur with both receptive and expressive language at several levels:
 - Phonology (distinguishing between sounds);
 - Syntax (extracting meaning from grammatically complex sentences);
 - Semantics (differentiating word meaning); and
 - Pragmatics (using language in socially appropriate ways)

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students with language impairments are located in 6A-6.030121 on pages 252-255 (pages 272-275 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>). Additional information concerning 6A-6.030121 is found in the technical paper at <http://info.fl DOE.org/docushare/dsweb/Get/Document-5952/dps-2010-179.pdf>

Characteristics

Primary

Cognitive: Academic problems

Examples include difficulty in learning to listen, speak, read, or write; difficulty with comprehension, problem solving, and strategy use

Communication: Difficulty using language strategically to communicate, think, and learn

Examples include social isolation, misunderstanding social cues; and problems understanding and expressing language.

Secondary

Social/Emotional: Limited socialization

Examples include low self-esteem, inability to use language to communicate thoughts, misunderstanding social cues, and social isolation

Other Health Impairment

Florida Definition

Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems. This includes, but is not limited to asthma, attention deficit disorder or attention hyperactivity disorder, Tourette syndrome, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and acquired brain injury. The definition is located in 6A-6.030152 on pages 256-257 (pages 276-277 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fldoe.org/ese/pdf/1b-stats.pdf>).

General Overview

Approximately 595,000 or .77% youth in the United States are receiving special education and related services under the category of other health impairments. Of all students, 10-30% will experience a childhood chronic illness lasting three months or longer. Currently, there are more than 200 specific health impairments that exist. With the use of medication and the provision of an accessible setting and/or medical support teams, most students with other health impairments are able to function well in regular classes.

Epilepsy. Epilepsy is characterized by general (tonic-clonic and absence) and partial (simple partial and complex partial seizures). Children who have epilepsy typically have below average IQs and lower academic achievement than their non-disabled peers. They are at risk for being diagnosed with Attention Deficit/Hyperactive Disorder and are reported to have higher levels of depression. About 40% of individuals with epilepsy have a Genetic and environmental factor

Cardiopulmonary conditions. Cardiopulmonary conditions are health problems that affect the heart, blood, and lungs. Two cardiopulmonary conditions mentioned under Other Health Impairments are asthma and cystic fibrosis. Asthma is the most chronic illness of children and is the leading cause of school absences. This condition affects breathing and involves swollen lungs, difficulty breathing, and acute constriction of the bronchial tubes. Symptoms of asthma can vary widely and range from mild intermittent to severe persistent. Students with asthma are more likely to experience fatigue associated with a lack of sleep. The combination of high absenteeism and fatigue/exhaustion negatively impact the academic achievements of students with asthma. Cystic fibrosis is a lethal genetic disease affecting the respiratory and digestive systems. Cystic fibrosis occurs primarily in Caucasians.

Diabetes. Diabetes is a disorder in which the blood sugar of the individual is abnormally high because the body does not produce enough insulin (Type 1 diabetes) or because

the body is insensitive to the insulin that is produced (Type 2 diabetes). Type 1 diabetes can develop at any time (including in infancy) but usually begins between the ages of 6 and 13. Type 1 diabetes may develop rapidly over the course of a few weeks and include an excessive need to urinate (polyuria); increased thirst (polydipsia); dehydration leading to weakness, lethargy, increase in appetite (polyphagia); a rapid pulse and possibly blurred vision. Type 2 diabetes used to be considered a disease of adolescents or adults, but it is becoming more common in children who are overweight or obese, and 10 to 50% of the newly diagnosed childhood cases of diabetes are Type 2.

Ulcerative colitis and Crohn's Disease (IBD) involve inflammation of the intestine, ulcerative colitis affects the colon, while Crohn's may affect any part of the intestinal system causing thickening of bowel wall.

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). This is a breakdown of the body's immune system caused by the human immunodeficiency virus (HIV).

Sickle cell anemia. Sickle cell anemia is an abnormality of the hemoglobin molecule found within the red blood cells. In sickle cell anemia, the oxygen-carrying cells are crescent-shaped and can be trapped in body organs, resulting in a shortage of oxygen and vulnerability to infection.

Attention-deficit hyperactivity disorders. Attention-deficit hyperactivity disorders (ADHD) is a specific form of information processing problem related to an individual's inability to attend to or focus on a given task. The organization for Children and Adults and Attention-Deficit/Hyperactivity Disorder (CHADD) defines ADHD as follows: "Attention-deficit/hyperactivity disorder (ADHD) is condition affecting children and adults that is characterized by problems with attention, impulsivity, and over activity.

Other health-related conditions of acquired diseases. These include chronic and sometimes life-threatening diseases such as cancer (leukemia, malignant tumors), diabetes, and hemophilia. Acquired diseases include diseases like Lyme disease, encephalitis, and meningitis (*Educating Exceptional Children, Chapter 12*).

Common Causes

Health impairments are transmitted through viruses, genetics, or through unknown causes.

- Epilepsy. Two known factors cause epilepsy, genetic factors and environmental factors. Approximately 40% of individuals with epilepsy have a genetic contribution. Environmental factors that are linked with epilepsy are prenatal brain infections, birth trauma and poisoning, stress, fatigue, and sleep deprivation. However, the cause of epilepsy is only known in about 25% of the cases.

- Cardiopulmonary conditions. Asthma can be an inherited condition. An asthma attack can be triggered by such environmental factors as food, exercise, cold air, respiratory infections, and environmental allergens, including cigarette smoke, dust, mold, gases, and chemicals. Cystic fibrosis is a genetic disease.
- Ulcerative colitis and Chron's Disease (IBD). Causes of both ulcerative colitis and Chron's include hereditary genetics, weakened immune and inflammatory response, and intestinal bacteria.
- Diabetes. Diabetes is a developmental or hereditary disorder characterized by an inadequate secretion of insulin.
- Cystic Fibrosis. Cystic fibrosis is an inherited, systematic, generalized disorder of the secretion glands that begins at conception.

Diagnostic Indicators

- Neuroimaging and prenatal screening (maternal serum alpha-fetoprotein, fetal surgery) can help doctors determine the presence of a condition considered to be health impairment.
- The treatment of many disorders begins with careful medical investigation followed by other diagnostic procedures.

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students with other health impairments are located in 6A-6.03014 on pages 256-257 (pages 276-277 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>).

Characteristics

The characteristic of individuals with other health impairments varies widely in the following areas:

Social/Emotional

Cognitive

Motor

Sensory

Communication

Orthopedic Impairment

Florida Definition

Orthopedic impairment means a severe skeletal, muscular, or neuromuscular impairment. The term includes impairments resulting from congenital anomalies (e.g., including but not limited to cerebral palsy or amputations). The definition is located in 6A-6.030151 on pages 256 (pages 276 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fldoe.org/ese/pdf/1b-stats.pdf>)

General Characteristics

Early intervention and identification at birth or infancy or as soon as the disability occurs is critical. Early intervention can minimize the severity of the disability or prevent the development of additional disabling or medical conditions. In addition, the use of correct physical management procedures, adaptations, and devices can increase the acquisition of motor and self-care skills. The early development of adequate skills gives children a foundation for increasing their interaction with the environment, which in turn furthers the acquisition of cognitive, language, and social skills necessary for school success.

The U.S. Department of Education estimated that about 0.54 percent of all school-age children have physical or health disabilities (ranging from mild to severe). With the use of medication and the provision of an accessible setting and/or medical support teams, most students with physical or health impairments are able to function well in regular classes. Determining prevalence of figures is complicated by local variations in the classification of disabilities and the lack of a federal education category for children with physical disabilities (*National Dissemination Center for Children with Disabilities Fact Sheet Number 12 (NICHCY)* at <http://nichcy.org/wp-content/uploads/docs/fs12.pdf>).

Types of Orthopedic Impairments

Neuromotor impairments are disabilities resulting from damage to the central nervous system that impairs the brain's control of muscle movement and the muscle receptor's sensory feedback about speed, direction of movement, and body position (*Educating Exceptional Children, Chapter 12; National Dissemination Center for Children with Disabilities Fact Sheet Number 12 (NICHCY)* at <http://nichcy.org/wp-content/uploads/docs/fs12.pdf>).

- Cerebral palsy. A number of disabilities are caused by damage to the motor control centers of the brain. The damage affects muscle tone, which in turn interferes with voluntary movement and full control of the muscles, and delays gross and fine motor development. CP includes four major classifications: spastic, dyskinetic, ataxic, and mixed. In spastic cerebral palsy, muscle tone is abnormally high and increases during

activity. Muscles and joints are tight or stiff, and movements are limited in the affected areas of the body. In dyskinetic cerebral palsy, tonal abnormalities involve the whole body. The individual's muscle tone is changing constantly, often rigid while he or she is awake and decreased when asleep. Ataxic cerebral palsy is a condition in which voluntary movement involving balance is abnormal. Individuals with ataxic CP have difficulty controlling their hands and arms, and their gait is unsteady. A child with mixed cerebral palsy has a combination of spastic, dyskinetic, and ataxic CP. The affected area can be (1) hemiplegic-just one side of the body (either left arm and left leg, or right arm and right leg); (2) diplegic-the whole body is involved, but the legs are more severely involved than the arms; and (3) quadriplegic-involvement is equally distributed throughout the body.

- Neural tube defects. This includes spina bifida (the separation of a portion of the backbone) and myelomeningocele (the protrusion from the spinal cord of a sac of fluids containing portions of the spinal cord).

Physical impairments include degenerative diseases, which affect the muscles and their supporting framework, the skeleton, and orthopedic and musculoskeletal disorders.

- Muscular dystrophy and spinal muscular atrophy (degenerative diseases). These are inherited disorders in which the muscles weaken and deteriorate. The most common form, Duchenne muscular dystrophy, occurs primarily but not exclusively in boys.
- Juvenile rheumatoid arthritis (Orthopedic and musculoskeletal disorders). Inflammation of the joints accompanied by fever and pain in the joints during acute periods. This begins at or before age 16 and causes swelling, stiffness, effusion, pain, and tenderness in the joints.
- Spinal curvatures (orthopedic and musculoskeletal disorders). Scoliosis is a form of spinal curvature in which the spine forms a "c" or an "s" when it is viewed from behind.
- Osteogenesis Imperfecta (orthopedic and musculoskeletal disorders). An inherited congenital fragility of the bones.
- Other types of orthopedic and musculoskeletal disorders include limb deficiencies, hip conditions and other musculoskeletal conditions.

Diagnostic Indicators

Most children with multiple and severe disabilities are identified at birth through early assessments (e.g., APGAR, Brazelton Neonatal Behavioral Assessment Scale). A physician or a team of specialists will make the diagnosis.

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students with orthopedic impairments are located in 6A-6.030151 on pages 256 (pages 276 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>).

Characteristics

Primary

Motor: Impaired physical functioning

Examples include the need for special equipment including crutches, braces, custom splints, or a wheelchair are needed to perform in classroom activities; limited self-care skills

Communication: Potential major communicative impairment

Examples include difficulty expressing or understanding language; difficulty grasping reading; augmentative communication and alternative communication devices and procedures necessary for communication.

Secondary

Cognitive: Impaired cognitive functioning

Examples include short attention span, difficulty expressing or understanding language, difficulty grasping concepts such as reading and math.

Sensory: Potential problems hearing and/or seeing

Emotional and Social: Impaired emotional and social development and functioning

Learning Disabilities

Florida Definition

A specific learning disability is defined as a disorder in one or more of the basic learning processes involved in understanding or in using language, spoken or written, that may manifest in significant difficulties affecting the ability to listen, speak, read, write, spell, or do mathematics. Associated conditions may include, but are not limited to dyslexia, dyscalculia, dysgraphia, or developmental aphasia. A specific learning disability does not include learning problems that are primarily the result of a visual, hearing, motor, intellectual, or emotional/behavioral disability, limited English proficiency, or environmental, cultural, or economic factors. The definition is located in 6A-6.03018 on pages 258-260 (pages 278-280 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>).

General Overview

Learning disability is a general term that describes specific kinds of learning problems. Learning disabilities can cause a person to have trouble learning and using certain skills. The skills most often affected are: Reading, writing, listening, speaking, reasoning, and doing math. Learning disabilities (LD) vary from person to person. One person with LD may not have the same kind of learning problems as another person with LD.

Researchers think that learning disabilities are caused by differences in how a person's brain works and how it processes information. Children with learning disabilities are not "dumb" or "lazy." In fact, they usually have average or above average intelligence. Their brains just process information differently. There is no "cure" for learning disabilities. They are life-long. However, children with LD can be high achievers and can be taught ways to get around the learning disability. With the right help, children with LD can and do learn successfully

As many as 1 out of every 5 people in the United States has a learning disability. Almost 3 million children (ages 6 through 21) have some form of a learning disability and receive special education in school. In fact, over half of all children who receive special education have a learning disability (*Twenty-fourth Annual Report to Congress, U.S. Department of Education, 2002*).

There is no one sign that shows a person has a learning disability. Experts look for a noticeable difference between how well a child does in school and how well he or she could do, given his or her intelligence or ability. There are also certain clues that may mean a child has a learning disability. Most learning disabilities tend to be identified in elementary school. A child probably won't show all of these signs, or even most of them. However, if a child shows a number of these problems, then parents and the teacher should consider the possibility that the child has a learning disability.

When a child has a learning disability, he or she:

- may have trouble learning the alphabet, rhyming words, or connecting letters to their

sounds;

- may make many mistakes when reading aloud, and repeat and pause often
- may not understand what he or she reads;
- may have real trouble with spelling;
- may have very messy handwriting or hold a pencil awkwardly;
- may struggle to express ideas in writing;
- may learn language late and have a limited vocabulary;
- may have trouble remembering the sounds that letters make or hearing slight differences between words;
- may have trouble understanding jokes, comic strips, and sarcasm;
- may have trouble following directions;
- may mispronounce words or use a wrong word that sounds similar;
- may have trouble organizing what he or she wants to say or not be able to think of the word he or she needs for writing or conversation;
- may not follow the social rules of conversation, such as taking turns, and may stand too close to the listener;
- may confuse math symbols and misread numbers;
- may not be able to retell a story in order (what happened first, second, third); or
- may not know where to begin a task or how to go on from there.

If a child has unexpected problems learning to read, write, listen, speak, or do math, then teachers and parents may want to investigate more. The same is true if the child is struggling to do any one of these skills. The child may need to be evaluated to see if he or she has a learning disability (*Educating Exceptional Children, Chapter 4; National Dissemination Center for Children with Disabilities Fact Sheet Number 7* at <http://nichcy.org/wp-content/uploads/docs/fs7.pdf>)

Common Causes

No one has uncovered a single cause for learning disabilities. There is general agreement that learning disabilities arise from neurological deficits in the brain.

Diagnostic Indicators

Specific learning disabilities are diagnosed by using a process that determines if the child responds to scientific, research-based interventions as a part of the evaluation procedure. Response to Intervention (RtI), used to identify and serve students with LD consists of four main components.

- An intervening hierarchy. The intervening hierarchy consists of three or more tiers. Tier 2 is a high-quality general learning environment and the additional tiers provide more help for students whose needs require more intensive supports.

- Evidence-based interventions. Evidence-based interventions, or standard protocol approaches must meet the students' needs.
- Collaborative problem solving. Collaborative problem solving involves a multidisciplinary team working with parents to design services that address the students' needs.
- Progress monitoring. Progress monitoring uses data on students' achievement, performance, etc., to monitor progress, guide decision-making, and plan for future needs.

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students with learning disabilities are located in 6A-6.03018 on pages 258-260 (pages 278-280 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>). Additional information concerning 6A-6.03018 is found in the technical paper at <http://info.fl DOE.org/docushare/dsweb/Get/Document-5586/dps-2009-177.pdf>

Characteristics

Primary

Cognitive: Impaired cognitive functioning

Examples include problems with reading, spelling; processing problems including memory and thought organization; and metacognition.

Communication: Problems with the output of expression of thoughts and ideas

Examples include developmental aphasia, dysgraphia, and the interpretation of body language

Sensory: Problems with sensory-perceptual/acuity; auditory perceptual difficulties; and sensory integration

Examples include problems with seeing figure-ground, closure and spatial relationships; difficulties with sound discriminations and/or sound recognition; and oversensitivity to lights, sounds, smells, touch, or taste.

Secondary

Emotional/Social: Problems with self-regulation, stressed internal emotional state; non-verbal communication

Example: Problems with self-control and accepting responsibility for one's actions; sabotage success and undermine self-confidence as a residual effect of an internal emotional state that has experienced failure and frustration. Inability to read gestures, nuances, facial expressions and body language lead to problems with interpersonal relationships and social issues.

Speech Impairment

Florida Definition

Speech impairments are disorders of speech sounds, fluency, or voice that interfere with communication, adversely affect performance and/or functioning in the educational environment, and result in the need for exceptional student education. The definition is located in 6A-6.03012 on pages 250-251 (pages 270-271 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>)

General Overview

More than one million of the students served in the public schools' special education programs in the 2000-2001 school year were categorized as having speech or language impairment. This estimate does not include children who have speech/ language problems secondary to other conditions such as deafness. Language disorders may be related to other disabilities such as mental retardation, autism, or cerebral palsy. It is estimated that communication disorders (including speech, language, and hearing disorders) affect one of every 10 people in the United States.

A child's communication is considered delayed when the child is noticeably behind his or her peers in the acquisition of speech and/or language skills. Sometimes a child will have greater receptive (understanding) than expressive (speaking) language skills, but this is not always the case

Speech disorders refer to difficulties producing speech sounds or problems with voice quality. They might be characterized by an interruption in the flow or rhythm of speech, such as stuttering, which is called dysfluency. Speech disorders may be problems with the way sounds are formed, called articulation or phonological disorders, or they may be difficulties with the pitch, volume, or quality of the voice. There may be a combination of several problems. People with speech disorders have trouble using some speech sounds, which can also be a symptom of a delay. They may say "see" when they mean "ski" or they may have trouble using other sounds like "l" or "r." Listeners may have trouble understanding what someone with a speech disorder is trying to say. People with voice disorders may have trouble with the way their voices sound (*Educating Exceptional Children, Chapter 8; National Dissemination Center for Children with Disabilities Fact Sheet Number 11 (NICHCY)* at <http://nichcy.org/wp-content/uploads/docs/fs11.pdf>)

Common Causes

Speech impairments may be developmental or acquired.

Diagnostic Indicators

- Comprehensive evaluation. A multidisciplinary team will provide a comprehensive evaluation that includes formal and informal assessments.
 - To classify an articulation disorder, the number and kinds of misproductions are considered.
 - Voice disorders are diagnosed when an abnormal or absence of the vocal quality, pitch, loudness, resonance, and/or duration are inappropriate for the child's age and/or sex.

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students with speech impairments are located in 6A-6.03012 on pages 250-251 (pages 270-271 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>). Additional information concerning 6A-6.03012 is found in the technical assistance paper at <http://info.fl DOE.org/docushare/dsweb/Get/Document-5953/dps-2010-171.pdf>

Characteristics

Primary

Communication: Difficulty using language strategically to communicate, think, and learn

Examples include dysphonia and stuttering.

Secondary

Social/Emotional: Limited interaction with peers
Examples include low self-esteem, inability to use language to communicate thoughts, misunderstood social cues

Cognitive: Can impact academic progress and achievement

Examples include struggles with reading, understanding and expressing language, and test anxiety; misunderstood social cues, and poor judgment

Traumatic Brain Injury

Florida Definition

A 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 educational performance. The term applies to mild, moderate, or severe, open or closed head injuries resulting in impairments in one (1) or more areas such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, or speech. The term includes anoxia due to trauma. The term does not include brain injuries that are congenital, degenerative, or induced by birth trauma. The definition is located in 6A-6.030153 on pages 257(pages 277 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>)

General Overview

A traumatic brain injury (TBI) is an injury to the brain caused by the head being hit by something or shaken violently. This injury can change how the person acts, moves, and thinks. A traumatic brain injury can also change how a student learns and acts in school. The term TBI is used for injuries that can cause changes in one or more areas such as:

- Thinking and reasoning,
- Understanding words
- Remembering things
- Paying attention
- Solving problems
- Thinking abstractly
- Talking,
- Behaving,
- Walking and other physical activities,
- Seeing or hearing, and
- Learning

More than one million children receive brain injuries each year. More than 30,000 of these children have lifelong disabilities as a result of the brain injury.

Brain injuries can range from mild to severe, and so can the changes that result from the injury. This means that it's hard to predict how an individual will recover from the injury. Early and ongoing help can make a big difference in how the child recovers. This help can include physical or occupational therapy, counseling, and special education.

It's also important to know that, as the child grows and develops, parents and teachers may notice new problems. This is because, as students grow, they are expected to use their brain in new and different ways. The damage to the brain from earlier injury can make it hard for the student to learn new skills that come with getting older. Sometimes parents and educators may not even realize that the student's difficulty comes from the earlier injury.

Although TBI is very common, many medical and educational professionals may not realize that some difficulties can be caused by a childhood brain injury. Often, students with TBI are thought to have a learning disability, emotional disturbance, or mental retardation. As a result, they don't receive the types of educational help and support they really need (*Educating Exceptional Children, Chapter 12; National Dissemination Center for Children with Disabilities Fact Sheet Number 18 (NICHCY)* at <http://nichcy.org/wp-content/uploads/docs/fs18.pdf>).

Common Causes

An acquired injury caused by an external physical force, resulting in total or partial functional disability and/or psychosocial impairment that require special education services. TBI accidents involve the head and may result in cognitive, social, and language deficits. Loss of a limb, broken bones, or paralysis may also result from accidents (*Educating Exceptional Children, Chapter 12; National Dissemination Center for Children with Disabilities Fact Sheet Number 18 (NICHCY)* at <http://nichcy.org/wp-content/uploads/docs/fs18.pdf>).

Diagnostic Indicators

The signs of brain injury can be very different depending on where the brain is injured and how severely.

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students with traumatic brain injury are located in 6A-6.030153 on pages 257 (pages 277 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fl DOE.org/ese/pdf/1b-stats.pdf>).

Characteristics

The signs of brain injury can be very different depending on where the brain injured and how severely. Children with TBI may have one or more disabilities, including:

Primary

Cognitive: Impaired cognitive functioning due to head trauma

Examples include difficulty with short and long-term memory, maintaining focus, concentration; problems with reading, writing, planning, sequencing, and judgment

Motor/Sensory: Total or partial functional disability

Examples include difficulty writing and drawing; involuntary muscle contractions or tightening; seizures; partial or complete paralysis on one or both sides of the body; problems walking and with balance; problems speaking, hearing, and using other senses

Communication: Limited or impaired ability to communicate

Examples include physical problems with speech production and writing process.

Social/Emotional: Psychosocial impairment

Examples include sudden changes in mood and emotions; increased anxiety and/or depression; restlessness; poor motivation; inability to relate to others

Visual Impairment

Florida Definition

Students who are visually impaired include the following: (a) a student who is blind, has no vision, or has little potential for using vision; (b) a student who has low vision; and (c) the term visual impairment does not include students who have learning problems that are primarily the result of visual perceptual and/or visual motor difficulties. The definition is located in 6A-6.03014 on pages 255-256 (pages 275-276 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fldoe.org/ese/pdf/1b-stats.pdf>)

General Overview

Many areas of development are impacted by a visual impairment. Consequently, skill development in these areas may warrant additional instruction. This specific instruction is provided by teachers of students with visual impairments. For students who are visually impaired, these skills are addressed in the Expanded Core Curriculum (ECC). According to the *National Agenda for the Education of Children and Youths with Visual Impairments, Including Those with Multiple Disabilities*, the ECC consists of:

- Compensatory academic skills, such as communication modes
- Orientation and mobility
- Social interaction skills
- Independent living skills
- Recreation and leisure skills
- Career education
- Use of technology and assistive technology
- Sensory efficiency skills
- Self-determination

The effect of the visual impairment on individual learning may also be tied to the onset, the severity, and the type of visual loss, as well as to any coexisting disabilities that may be present in the child. Children who have multiple disabilities may have visual impairments resulting in motor, cognitive, and/or social developmental delays.

Common Causes

- Congenital. Visual impairment or blindness occurs during fetal development, at birth, or immediately following birth; visual impairment is present before visual memory has been established.
- Adventitious. Visual impairment or blindness occurs after having normal vision either through a hereditary condition or trauma; visual memory may remain.

- Hereditary. Visual impairments can be caused by hereditary conditions, infectious diseases such as rubella, cancer, injuries, and environmental conditions.

Diagnostic Indicators

Visual impairments are generally diagnosed by a licensed ophthalmologist or optometrist when at least one of the following conditions manifest. These are:

- A visual acuity of 20/70 or less in the better eye after best possible correction.
- A peripheral field so constricted that it affects the student's ability to function in an educational setting.
- A progressive loss of vision that may affect the student's ability to function in an educational setting, not including students who have learning problems that are primarily the result of visual perceptual and/or visual motor difficulties.
- For children birth to five (5) years of age or students are otherwise unable to be assessed, a bilateral lack of central, steady, or maintained fixation of vision with an estimated visual acuity of 20/70 or less after best possible correction; bilateral central scotoma involving the perimacula area (20/80-20/200); or bilateral grade III, IV, or V Retinopathy of Prematurity (ROP).

State of Florida Eligibility Requirements

Eligibility requirements for special education services for students with visual impairments are located in 6A-6.03014 on pages 255-256 (pages 275-276 in PDF version of *Resource Manual 1-B: Florida Statutes and State Board of Education Rules* at <http://www.fldoe.org/ese/pdf/1b-stats.pdf>). Additional information concerning 6A-6.03014 is found in the technical assistance paper at <http://info.fldoe.org/docushare/dsweb/Get/Document-4999/tap-2008-53.pdf>

Characteristics

If one of the medical criteria listed under *Diagnostic Indicators* is met, then a comprehensive assessment of those skills known to be impacted by visual impairment may be performed. To provide appropriate accommodations for additional testing, the functional vision-learning media assessments (FV-LMA), should be completed prior to performing additional evaluations.

Conducted by teachers of students with visual impairments, the FV-LMA assessment may address the following characteristics that may impact visual functioning in many students with visual impairments throughout the day:

- peripheral fields/blind spots
- color discrimination
- functional acuities
- depth perception

- contrast sensitivity, glare, or lighting
- fatigue
- proximity to source of instruction

Because a student cannot see parents, peers, or teachers, he/she may be unable to imitate social behavior or understand nonverbal cues. Visual impairments can create obstacles to a growing child's independence. It should be noted that students who have the same medical condition may visually function quite differently.

In addition to assessing the student's visual functioning, teachers of students with visual impairments will determine the most appropriate learning media for students of all ages and ability levels. A learning media assessment addresses the following:

- use of sensory channels
- how a student can best access print and visual materials
- reading and writing skills in all media
- tactual skills
- listening skills

Additional Information

Some resources regarding programs for students with visual impairments include:

- Florida Department of Education, Bureau of Exceptional Education and Student Services – <http://www.fldoe.org/ese>
- Florida Instructional Materials Center for the Visually Impaired (FIMC-VI) – <http://www.fimcvi.org>
- Florida School for the Deaf and the Blind (FSDB) – <http://www.fsdb.k12.fl.us>
- Outreach Services for Blind/Visually Impaired and Deaf/Hard of Hearing - <http://www.fsdb.k12.fl.us/outreach>
- Division of Blind Services (DBS) – <http://www.myflorida.com/dbs/>
- School districts with established programs for students with visual impairments
- Local community rehabilitation providers (e.g., Lighthouses) – <http://www.faasb.com/>
- Florida Diagnostic and Learning Resources System (FDLRS) – <http://www.fdlrs.org/>
- Florida Inclusion Network (FIN) – <http://www.floridainclusionnetwork.com/>

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