Policies Governing Services for Children with Disabilities

Proposed Policy Changes to the Definition, Evaluation and Identification of Specific Learning Disabilities

*Amended to reflect implementation timeline and clarification of specific definitions based on additional feedback from stakeholders. Revisions are noted with a star.

May 26, 2015

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) Serious emotional disability includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (b)(5)(i) of this section.

(6) Hearing impairment means impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section. The term "hard of hearing" may be used in this capacity.

(7) Intellectual disability means significantly subaverage general intellectual functioning that adversely affects a child's educational performance existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

(8) Multiple disabilities means two or more disabilities occurring together (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

(9) Orthopedic impairment means a severe physical impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures, etc.).

(10) 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--

(i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette's Syndrome, etc.; and

(ii) Adversely affects a child's educational performance.

(11) Specific learning disability.

~~(i)~~ General. Means a ~~disorder~~ disability in one or more of the basic ~~psychological~~ processes involved in understanding or in using language, spoken or written, that may manifest itself in the impaired ability to listen, think, speak, read, write, spell, or to do mathematical calculations., ~~including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.~~ The disability substantially limits academic achievement so that the child does not learn at an adequate rate when provided sustained, high quality instruction and scientific research-based intervention. Alternate terms may include, but are not limited to, dyslexia and dyscalculia.

(ii) ~~Disorders~~ Disabilities not included. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of ~~mental retardation~~ intellectual disability, of serious emotional disturbance, or of environmental, cultural, or economic disadvantage.

(12) Speech or language impairment means-

(i) A communication disorder, such as an impairment in fluency, articulation, language, or voice/resonance that adversely affects a child's educational performance.

(ii) Language may include function of language (pragmatic), the content of language (semantic), and the form of language (phonologic, morphologic, and syntactic systems).

(iii) A speech or language impairment may result in a primary disability or it may be secondary to other disabilities.

(13) Traumatic brain injury means an acquired injury to the brain caused by an external physical force or by an internal occurrence resulting in total or partial functional disability and/or psychosocial impairment that adversely affects a child's educational performance. Causes may include but are not limited to, open or closed head injuries, cerebrovascular accidents (e.g., stroke, aneurysm), infections, kidney or heart failure, electric shock, anoxia, tumors, metabolic disorders, toxic substances, or medical or surgical treatments. The brain injury can occur in a single event or can result from a series of events (e.g., multiple concussions). Traumatic brain injury also can occur with or without a loss of consciousness at the time of injury. Traumatic brain injury may result in impairments in one 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; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, but can include brain injuries induced by birth trauma.

(14) Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. A visual impairment is the result of a diagnosed ocular or cortical pathology.

(Authority: 20 U.S.C. 1401(3); 1401(30); 34 CFR 300.8; 115C-106.3(1)(2))

NC 1500-2.x Comprehensive balanced assessment system

Comprehensive balanced assessment system- The data gathered within this assessment system is designed to allow effective problem solving at all tiers and across all student groups (i.e., subgroups), in order to design responsive instruction for all students. These components are also important data sources within a comprehensive evaluation to determine if a child has a Specific Learning Disability and the nature and extent of the special education and related services the child needs. A comprehensive balanced assessment system includes the following components:

(a) Common formative assessments;
(b) Interim/Benchmark assessments;
(c) Outcome assessments;
(d) Universal screening;
(e) Progress monitoring; and
(f) Diagnostic assessments.

NC 1500-2.5 Consent

Consent means that--

(a) The parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication;

(b) The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and

(c) (1) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

(2) If a parent revokes consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).
(3) If the parent revokes consent in writing for their child's receipt of special education services after the child is initially provided special education and related services, the public agency is not required to amend the child's education records to remove any references to the child's receipt of special education and related services because of the revocation of consent.

(Authority: 20 U.S.C. 1414(a)(1)(D); 34 CFR 300.9)

NC 1500-2.6 Core academic subjects

Core academic subjects means English, reading or language arts, mathematics, science, foreign languages, civics and government, economics, arts, history, and geography.

(Authority: 20 U.S.C. 1401(4); 34 CFR 300.10)

NC 1500-2.7 Day; business day; school day

(a) Day means calendar day unless otherwise indicated as a business day or school day.
(b) Business day means Monday through Friday, except for Federal and State holidays.
(c) (1) School day means any day, including a partial day, that children are in attendance at school for instructional purposes.
(2) School day has the same meaning for all children in school, including children with and without disabilities.

(Authority: 20 U.S.C. 1221e-3; 34 CFR 300-11)

NC 1500-2xx Diagnostic assessments

Diagnostic assessments and processes are used to assist in developing hypotheses about why a problem is occurring and to identify a student's specific skill deficits and strengths in order to determine the instructional focus and to inform decisions about how to adapt and individualize interventions. They allow instruction and interventions to be focused on the specific target skill and sets of skills that will increase overall academic or behavioral competency. They assist educators in teaching precisely to realize the largest gains in student achievement.

NC 1500-2.8 Early intervening services

The term early intervening services refers to the delivery of scientifically based instruction/interventions to students who demonstrate academic or behavioral difficulty. Instruction/interventions are intended for students who are not currently identified as needing special education but who need additional support to succeed in the classroom. Early intervening services also include the provision of professional development for teachers and staff to enable them to deliver appropriate instruction/intervention along with instruction in literacy and the use of adaptive and instructional software.

(Authority: 34 CFR 300.222; 300.646)

NC 1500-2.9 Elementary School

with teachers, parents, and others, including the student; clinical observations; and the administration of formal testing instruments, procedures, and techniques. A motor evaluation should include, but is not limited to, as many of the areas listed below as may be appropriate:

(i) musculo-skeletal status;
(ii) neuromotor/neurodevelopmental status;
(iii) gross-motor development and coordination;
(iv) fine-motor development and coordination;
(v) sensory-motor skills;
(vi) visual-motor skills;
(vii) bilateral coordination;
(viii) postural control and balance skills;
(ix) praxis/motor planning skills;
(x) oral-motor skills; and
(xi) gait and functional mobility skills.

Motor evaluations are performed by physical therapists or occupational therapists. Oral-motor skills may be assessed by speech-language pathologists when appropriate.

(10) Observation

Observations of school aged children usually occur in the regular classroom and/or settings related to the area(s) of concern and must document areas of strength as well as areas of need. Observations of school aged children shall assess academic skills and functional skills, which includes behavior.

Observations of preschool children should occur in the natural environment; that is, the setting within the community where preschool children without disabilities usually are found (home, child care, preschool classes, Head Start, etc.) and must document areas of strength and areas which are the focus of concern. Observational data on preschool children may include interactions with persons and objects, and compliance with structure, taking into consideration age-appropriate expectations.

Observations may be conducted by a teacher (who is not the teacher of the child), social worker, program coordinator, school psychologist, related services provider or other involved professional. Observations cannot be limited to assessment observations and must include a third party observation.

(11) Ophthalmological or Optometric Evaluation

An ophthalmological or optometric evaluation is an evaluation by an ophthalmologist or optometrist to determine visual acuity and function and whether or not magnification is needed.

(12) Otological Evaluation

An otological evaluation is an evaluation by a licensed otologist to determine the presence or absence of ear pathology and the need for medical treatment.

(13) Progress monitoring

Progress monitoring refers to a ~~systematic, frequent collection of individual performance data. The measures are repeated over time and charted for the purposes of documenting and quantifying rates of improvement, and to evaluate the effectiveness of the instruction.~~ a scientific research-based practice used to assess students' academic and/or behavioral performance and evaluate the effectiveness of instruction and/or specific interventions. Progress monitoring can be implemented with individual students, groups of students, or an entire class. Central to the practice is data-based documentation of repeated assessments that produce quantitative results that are charted over time to document rates of improvement. The measures should be brief, reliable, valid, sensitive, linked to the area of intervention/instruction, and measure the same construct/skill over time. Embedded assessments within evicence-based intervention programs can also be an important source of progress monitoring data for students that are performing well below grade level. Students

who are performing very far below expected levels may be progress-monitored the most frequently with these types of measure but should also receive periodic progress-monitoring using a general outcome measure (CBM) in order to ensure skills are transferring to content that is closer to grade level expectations.

(14) Psychological Evaluation

A psychological evaluation is an assessment of cognitive functioning and may also include, but not be limited to, assessments of educational performance, social/emotional/behavioral functioning, and adaptive behavior. Procedures used by the psychologist may include formal and informal assessment measures, observations, interviews, and other techniques as deemed appropriate by the psychologist. The assessment of cognition may include intelligence, memory, reasoning, problem solving, attending, and processing. Where these instruments are clearly inappropriate as standardized, the psychologist should use his/her professional judgment about the selection of instruments for assessing the intellectual functioning of children. Psychological evaluations shall be performed by DPI- or Board- licensed psychologists. School psychologists employed by the public schools must be licensed by the State Department of Public Instruction. Psychologists contracting with schools on a private basis must be licensed as psychological associates or practicing psychologists by the North Carolina Psychology Board. When contracting with state agencies for psychological services, the local education agency's contract must be with the agency and not with the individual psychologist.

(15) Social/Developmental History

A social history documents normal and abnormal developmental and/or medical events and includes a review of information gathered during the screening process and/or systematic problem-solving process including disciplinary removals, mobility and attendance/tardy rates. For preschool children, a social history must include an assessment of family composition, support systems, stressors, and environment as they correlate with the child's need or special services. The history also must include the family's or caregiver's perspective about the child and the need for special services. The history may be obtained by a licensed social worker, special educator, school psychologist, counselor, nurse, teacher or other appropriate persons.

(16) Speech-Language Screening

Speech-language screening quickly and reliably provides information in the areas of articulation, expressive and receptive language, voice and fluency for determining which students have communication within normal limits and which ones need to be referred for further evaluation.

(17) Speech-Language/Communication Evaluation

A speech-language evaluation includes the following aspects of speech-language: articulation, fluency, voice, and language (form, content, and function). A screening of areas not addressed in depth, including: hearing, articulation, language, voice, and fluency should be completed during every evaluation. A variety of assessment tools and strategies to gather relevant functional, developmental, and academic information must be used. Assessment instruments may include: interviews; curriculum-based dynamic assessment tools or criterion referenced tests; and norm referenced tests. Areas of assessment may also include augmentative communication and pragmatics, as appropriate. For a student to be considered for intervention, the student's speech, language, voice, or fluency must be determined to have an adverse effect on educational performance. A speech-language evaluation is conducted by a speech-language pathologist licensed by the State Department of Public Instruction and/or licensed by the State of North Carolina.

(18) Vocational Evaluation

Vocational evaluation is a process involving an interdisciplinary team approach in assessing an individual's vocational potential, training and work placement needs.

the Department of Health and Human Services, the Department of Correction, and the Department of Juvenile Justice and Delinquency Prevention.

(Authority: 20 U.S.C. 1401(19); 34 CFR 300.28; 115C-106.3(11))

NC 1500-2.xx Multi-tiered system of support (MTSS)

MTSS is a multi-tiered framework which promotes school improvement through engaging, research-based academic and behavioral practices. MTSS employs a systems approach using data-driven problem-solving to maximize growth for all.

NC 1500-2.23 Native language

(a) Native language, when used with respect to an individual who is limited English proficient, means the following:
   (1) The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in paragraph (a)(2) of this section.
   (2) The language normally used by the child in the home or learning environment (to be used in all direct contact with a child, including evaluation of the child).

(b) For an individual with deafness or blindness, or for an individual with no written language, the mode of communication is that normally used by the individual (such as sign language, Braille, or oral communication).

(Authority: 20 U.S.C. 1401(20); 34 CFR 300.29)

NC 1500-2.24 Parent

(a) Parent means--
   (1) A biological or adoptive parent of a child;
   (2) A foster parent, unless State law, regulations, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent (e.g. therapeutic foster parent);
   (3) A guardian generally authorized to act as the child's parent, or authorized to make educational decisions for the child (but not the State if the child is a ward of the State);
   (4) An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
   (5) A surrogate parent who has been appointed in accordance with §300.519 or section 639(a)(5) of the Act.

(b) (1) Except as provided in paragraph (b)(2) of this section, the biological or adoptive parent, when attempting to act as the parent under this part and when more than one party is qualified under paragraph (a) of this section to act as a parent, must be presumed to be the parent for purposes of this section unless the biological or adoptive parent does not have legal authority to make educational decisions for the child.
   (2) If a judicial decree or order identifies a specific person or persons under paragraphs (a)(1) through (4) of this section to act as the ''parent'' of a child or to make educational decisions on behalf of a child, then such person or persons shall be determined to be the ''parent'' for purposes of this section.

(Authority: 20 U.S.C. 1401(23); 34 CFR 300.30)

Reevaluation is the process of examining existing data, and if determined necessary, gathering additional data in order to:

- Determine continuing eligibility for special education;
- Assure that the continuing individual needs of a student are identified; and
- Assure appropriate educational programming (review and/or revision of IEP).

(Authority: 20 U.S.C. 1414(a)(2); 34 CFR 300.303)

NC 1500-2.xx Responsiveness to instruction/responsiveness to intervention

Responsiveness to instruction/responsiveness to intervention is the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make changes in instruction or goals, and applying child response data to important educational decisions.

NC 1500-2.30 Screening

Screening may be used for the following purposes:

(a) ~~Mass~~ Universal screenings are those screenings done with all students.

(b) Individual screenings, such as hearing, vision, and motor screenings, may be required as part of the evaluation process for eligibility for special education and related services.

(c) The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services.

NC 1500-2.31 Scientifically based research

Scientifically based research

(a) Means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs; and

(b) Includes research that:

(1) Employs systematic, empirical methods that draw upon observation or experiment;

(2) Involves rigorous data analyses that are to test the stated hypotheses and justify the general conclusions drawn;

(3) Relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;

(4) Is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;

(5) Ensures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum, offer opportunity to build systematically on their findings; and

(6) Has been accepted by a peer-reviewed journal or approved by a panel of independent experts through comparably rigorous, objective, and scientific review.

(Authority: 20 U.S.C. 1411(e)(2)(c)(xi); 34 CFR 300.35)

NC 1500-2.32 Secondary School

(ii) Learn the skills necessary to move effectively and safely from place to place within that environment (e.g. in school, in the home, at work, and in the community).

(5) Vocational education means organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career not requiring a baccalaureate or advanced degree

(Authority: 20 U.S.C.1401(29); 34 CFR 300.39)

NC 1500-2.35 State educational agency

State educational agency or SEA means the State board of education responsible for the State supervision of public elementary schools and secondary schools.

(Authority: 20 U.S.C. 1401(32); 34 CFR 300.41)

NC 1500-2.36 Supplementary aids and services

Supplementary aids and services means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extra-curricular and non-academic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with the least restrictive environment requirements.

(Authority: 20 U.S.C. 1401(33); 34 CFR 300.42)

NC 1500-2.xx Systematic problem-solving process

A systematic problem-solving process is a structured, methodical approach to determine and address student needs to promote growth. Required steps include:
(a) Problem identification and information gathering;
(b) Problem analysis;
(c) Solution development; and
(d) Evaluation of impact.
The process for gathering information includes reviewing, interviewing, observing, and testing across the domains of instruction, curriculum, environment and learner.

NC 1500-2.37 Transition services

(a) Transition services means a coordinated set of activities for a child with a disability that--

(1) Is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;

(2) Is based on the individual child's needs, taking into account the child's strengths, preferences and interests; and includes--

(i) Instruction;
(ii) Related services;
(iii) Community experiences;
(iv) The development of employment and other post-school adult living objectives; and
(v) If appropriate, acquisition of daily living skills and functional vocational evaluation.

(b) Transition services for children with disabilities may be special education, if provided as specially designed instruction; or a related service, if required to assist a child with a disability to benefit from special education.

(Authority: 20 U.S.C. 1401(34); 34 CFR 300.43)

NC 1500-2.38 Universal design

Universal design means the design of products, instruction, assessments, or environments to be useable by all people to the greatest extent possible without the need for adaptations or specialized design.

(Authority: 20 U.S.C. 1401(35); 34 CFR 300.44)

NC 1500-2xx Universal screening

Universal screening includes administering measures or collecting other data to allow broad generalizations to be made regarding the future performance and outcomes of all students at individual and group level (e.g. classroom, grade, school, district). The purpose is to give district and school teams a broad view of the overall health of instruction for all students as well as to identify those students requiring more intensive intervention and enrichment.

NC 1500-2.39 Ward of the State

(a) General. Subject to paragraph (b) of this section, ward of the State means a child who, as determined by the State where the child resides, is--
   (1) A foster child;
   (2) A ward of the State; or
   (3) In the custody of a public child welfare agency.

(b) Exception. Ward of the State does not include a foster child who has a foster parent who meets the definition of a parent in NC 1500-2.24.

(Authority: 20 U.S.C. 1401(36); 34 CFR 300.45)

(ii) To be determined eligible in the disability category of multiple disabilities, a child must demonstrate:
- (A) Two or more disabilities occurring together,
- (B) The combination of which is so severe, complex, and interwoven that identification in a single category of disability cannot be determined.

(iii) The disability must:
- (A) Have an adverse effect on educational performance, and
- (B) Require specially designed instruction.

(9) Orthopedic Impairment

(i) Required screenings and evaluations:
- (A) Hearing screening;
- (B) Vision screening;
- (C) Social/developmental history;
- (D) Summary of conference(s) with parents or documentation of attempts to conference with parents;
- (E) Observation across settings, to assess academic and functional skills;
- (F) Educational evaluation;
- (G) Medical evaluation;
- (H) Motor evaluation.

(ii) To be determined eligible in the disability category of orthopedic impairment, a child must demonstrate:
- (A) A severe physical impairment;
- (B) Caused by congenital abnormalities, disease, or other causes.

(iii) The disability must:
- (A) Have an adverse effect on educational performance, and
- (B) Require specially designed instruction.

(10) Other Health Impairment

(i) Required screenings and evaluations:
- (A) Hearing screening;
- (B) Vision screening;
- (C) Two scientific research-based interventions to address academic and/or behavioral skill deficiencies and documentation of the results of the interventions, including progress monitoring documentation;
- (D) Summary of conference(s) with parents or documentation of attempts to conference with parents;
- (E) Observation across settings, to assess academic and functional skills;
- (F) Social/developmental history;
- (G) Educational evaluation; and
- (H) Medical evaluation.

(ii) To be determined eligible in the disability category of other health impairment, a child must have a chronic or acute health problem resulting in one or more of the following:
- (A) Limited strength;
- (B) Limited vitality;
- (C) Limited alertness, including heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment.

(iii) The disability must:
- (A) Have an adverse effect on educational performance, and
- (B) Require specially designed instruction.

(11) Specific Learning Disability. **(EFFECTIVE UNTIL July 1, 2020)**
There are two methods for determining eligibility in the disability category of Specific Learning Disability. One method is the use of a discrepancy, which may result in the use of an

alternative to the discrepancy analysis*, obtained by calculating a discrepancy between achievement (as measured by the educational evaluation) and measured ability (as measured by the intellectual evaluation) of at least 15 points. Subscale, subtest, factor or other scores used to estimate intellectual functioning may not be used to determine a discrepancy. The other method is the use of a process based on scientific research-based interventions (RtI) and the evaluation of data (i.e. progress monitoring data) documenting the child's response to scientific researched-based instruction. Based on a preponderance of the data, including the child's achievement level and rate of progress, the IEP Team must determine that the child needs resources beyond what can reasonably be provided in general education.

*When the parent and team of qualified professionals, including at least one person qualified to conduct individual diagnostic examinations, determine that a discrepancy of fewer than 15 points is not an accurate reflection of the student's academic functioning, the team must document other sources of evidence to support an eligibility determination. These sources of evidence may include, but are not limited to, the following: other formal or informal assessment measures; classroom performance; pre- and post-data from required research-based interventions; or a pattern of strengths and weaknesses not reflected in the student's performance on standardized cognitive and/or achievement measures.

(i) Required screenings and evaluations using either method.
- (A) Hearing screening;
- (B) Vision screening (far and near acuity);
- (C) Speech/language screening;
- (D) Two scientific research-based interventions to address academic skill deficiencies and documentation of the results of the interventions, including progress monitoring data;
- (E) Summary of conference(s) with parents or documentation of attempts to conference with parents;
- (F) Review of existing data (for RtI, include documentation of problem-solving process);
- (G) Social/developmental history;
- (H) Observation across settings to assess academic and functional skills;
- (I) Educational evaluation, including nationally normed and criterion-referenced assessments, as appropriate when using RtI; and
- (J) Psychological evaluation, to include an intellectual evaluation, as appropriate when using RtI.

(ii) In order to be eligible in the disability category of specific learning disability, the criteria in subsections (A), (B), (C) and (D) below must be met:
- (A) The child does not achieve adequately for the child's age, intellectual development or to meet State-approved grade-level standards in one or more of the following areas when provided with learning experiences and instruction appropriate for the child's age or State-approved grade-level standards:
  - a. Listening comprehension.
  - b. Oral expression.
  - c. Written expression.
  - d. Basic reading skills.
  - e. Reading fluency skills.
  - f. Reading comprehension.
  - g. Mathematics calculation.
  - h. Mathematics problem solving.
- (B) (i) The child does not make sufficient progress to meet age or State-approved

grade-level standards in one or more of the areas identified above in paragraph (A) when using a process based on the child's response to scientific, research-based intervention; **or**

(ii) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with NC 1503-2.5(d)(11)(i).

(C) The disability must not be the primary result of:

1. Sensory deficits;
2. Motor deficits;
3. Intellectual disability;
4. Serious emotional disability;
5. Environmental influences;
6. Cultural factors;
7. Economic influences;
8. Lack of appropriate instruction in reading or math; and/or
9. Limited English proficiency.

(D) The disability must have an adverse effect on educational performance, and require specially designed instruction.

(11) Specific Learning Disability. **(EFFECTIVE UPON RECEIPT OF A NEW INTENT TO IMPLEMENT RTI FROM AN LEA OR SCHOOL (INSERT SBE APPROVAL DATE); EFFECTIVE FOR ALL REMAINING LEAS/SCHOOLS JULY 1, 2020)**

~~There are two~~ The methods for determining eligibility in the disability category of Specific Learning Disability is the evaluation of multiple sources of assessment data to document low achievement and a child's response to instruction and scientific research-based interventions. ~~use of a systematic problem-solving process based on the child's response to instruction and scientific research-based interventions (RtI/MTSS) and the evaluation of data (i.e. progress monitoring data) documenting the child's response to instruction and scientific research-based intervention. One method is the use of a discrepancy, which may result in the use of an alternative to the discrepancy analysis*, obtained by calculating a discrepancy between achievement (as measured by the educational evaluation) and measured ability (as measured by the intellectual evaluation) of at least 15 points. Subscale, subtest, factor or other scores used to estimate intellectual functioning may not be used to determine a discrepancy. The other method is the use of a process based on scientific research-based interventions (RtI) and the evaluation of data (i.e. progress monitoring data) documenting the child's response to scientific researched-based instruction. Based on a preponderance of the data, including the child's achievement level and rate of progress, the IEP Team must determine that the child needs resources beyond what can reasonably be provided in general education.~~

A child's responsiveness to instruction and scientific research-based intervention is not, when considered alone, a comprehensive evaluation. Teams must draw upon information from multiple sources to conduct a full and individual evaluation, and may not rely on any single procedure or source of data for determining eligibility for special education and related services. Based on a preponderance of the data, including the child's achievement level and rate of progress, the IEP Team must determine that the child needs resources beyond what can reasonably be provided in general education.

~~*When the parent and team of qualified professionals, including at least one person qualified to conduct individual diagnostic examinations, determine that a discrepancy of fewer than 15~~

~~points is not an accurate reflection of the student's academic functioning, the team must document other sources of evidence to support an eligibility determination. These sources of evidence may include, but are not limited to, the following: other formal or informal assessment measures; classroom performance; pre- and post-data from required research-based interventions; or a pattern of strengths and weaknesses not reflected in the student's performance on standardized cognitive and/or achievement measures.~~

*When using a child's responsiveness to instruction and scientific research-based intervention as the basis for eligibility decisions for children with Specific Learning Disabilities, the following essential components must be in place:
(a) A system of high-quality core instruction and scientific research-based intervention;
(b) Multiple tiers of instruction, that vary in intensity, matched to student need;
(c) A systematic process of problem-solving/data-based decision making; and
(d) A comprehensive, balanced assessment system that includes: common formative assessments, interim/benchmark assessments, outcome assessments, universal screening, progress monitoring and diagnostic assessments.

Determination of Eligibility
Determination of a specific learning disability includes all of the following conditions:
(a) Inadequate academic achievement;
(b) Insufficient rate of progress; and
(c) Adverse effect on educational performance that requires specially designed instruction.

(i) A comprehensive evaluation includes the following ~~R~~required screenings and evaluations. ~~using either method.~~

(K) Hearing screening;
(L) Vision screening (far and near acuity);
(M) Speech/language screening;
(N) Documentation of the results of ~~A~~at least ~~T~~two identified scientific research-based interventions which align to the academic area(s) of concern (e.g. critical components of reading, math, writing, listening comprehension, oral expression, etc.) ~~to address academic skill deficiencies and documentation of the results of the interventions~~, including progress monitoring data;
(O) Summary of conference(s) with parents or documentation of attempts to conference with parents;
~~(P)~~ Review of existing data ~~(for RtI, include documentation of problem-solving process);~~ to include documentation of the systematic problem-solving process (which would include formal and/or informal diagnostic assessments) and observation data of core instruction;
(Q) Social/developmental history, including any educationally relevant medical findings, a review of disciplinary removals, mobility and attendance/tardy rates;
(R) Observation across settings, including core instruction and the setting in which intervention is delivered, to assess academic and functional skills;
(S) Multiple sources of educational assessment data, which must include, but are not limited to: universal screening, interim/benchmark assessments, data from progress monitoring and formal and/or informal diagnostic assessments. Student performance must include comparison to state and/or national norms, and district norms when available.
~~(T) Educational evaluation, including nationally normed and criterion-referenced assessments, as appropriate when using RtI; and~~

~~(U) Psychological evaluation, to include an intellectual evaluation, as appropriate when using RtI.~~

(ii) In order to be eligible in the disability category of specific learning disability, the criteria in subsections (A), (B), (C) and (D) below must be met:

~~(A) The child does not achieve adequately for the child's age, intellectual development or to meet State-approved grade-level standards in one or more of the following areas when provided with learning experiences and instruction appropriate for the child's age or State-approved grade-level standards:~~

~~i. Listening comprehension.~~
~~j. Oral expression.~~
~~k. Written expression.~~
~~l. Basic reading skills.~~
~~m. Reading fluency skills.~~
~~n. Reading comprehension.~~
~~o. Mathematics calculation.~~
~~p. Mathematics problem solving.~~

~~(B) (i) The child does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified above in paragraph (A) when using a process based on the child's response to scientific, research-based intervention; **or**~~

~~(ii) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with NC 1503-2.5(d)(11)(i).~~

(A)~~(C)~~ The disability must not be the primary result of:

~~1. Sensory deficits;~~
~~2. Motor deficits;~~
1. A visual, hearing or motor disability;
2. Intellectual disability;
3. ~~Serious emotional disability~~ Emotional disturbance;
4. ~~Environmental influences~~;
5. Cultural factors;
6. Environmental or ~~E~~economic influences; and/or
7. Loss of instructional time due to factors that include, but are not limited to absences, tardies, high mobility rates and suspensions.
~~8. Lack of appropriate instruction in reading or math; and/or~~
~~9. Limited English proficiency.~~

A child must not be determined to have a specific learning disability if the determinant factor for that determination is any of the following:

1. Limited English Proficiency;
2. Lack of appropriate instruction and scientific research-based intervention in reading, including the essential components of reading instruction as defined in Section 1208(3) of the ESEA (i.e. phonemic awareness, phonics, vocabulary, fluency and comprehension); and/or
3. Lack of appropriate instruction and scientific research-based intervention in math.

(B) Inadequate academic achievement: Inadequate academic achievement is based on evidence from multiple sources of data indicating the child does not achieve adequately for the age or grade level standards in which the child is enrolled in one

or more of the following areas when provided with learning experiences and instruction appropriate for the child's age or State-approved grade-level standards:

1. Basic reading skills;
2. Reading fluency skills;
3. Reading comprehension;
4. Written expression;
5. Mathematics calculation;
6. Mathematics problem solving;
7. Listening comprehension; or
8. Oral expression.

These measures must include, but are not limited to, two or more of the following: universal screening, interim/benchmark assessments, data from progress monitoring and/or standardized measures of achievement related to the area of concern. When available, sources of data must include state and districtwide assessments. Student performance must include comparison to state and/or national norms and district norms when available. This may include comparison to other groups such as culturally and linguistically similar peers, classroom, school, and/or comparison groups other comparison groups (such as culturally and linguistically similar peers, classroom and/or school) . These data must be relevant to the area(s) of concern (e.g., reading, math, writing, listening, and oral language).

When the area of concern includes Listening Comprehension and/or Oral Expression, additional measures of other academic skills impacted may be necessary to document inadequate achievement.

(C) Insufficient rate of progress: When provided with high-quality core instruction that a majority of students are responding to and scientific, research-based intervention(s) matched to area(s) of need, the child demonstrates either a lack of response to instruction and intervention or is responding at a rate that is insufficient to reduce their risk of failure after an appropriate period of time.

Documentation of insufficient rate of progress must include:

1. The type, intensity, and duration of identified scientific, research-based instructional intervention(s)
   - Documentation that the intervention length and frequency is in accordance with the identified research-based criteria that supports effective results;
2. The child's rate of progress during the instructional intervention(s);
3. A comparison of the child's rate of progress to expected rates of progress, including evidence that the intervention yielded successful responses and outcomes for the majority of other children receiving the intervention;
4. Progress monitoring on a schedule that:
   - Allows a comparison of the child's progress to the performance of peers;
   - Is appropriate to the child's age and grade placement;
   - Is appropriate to the content monitored; and

- Allows for interpretation of the effectiveness of intervention; and
- Evidence that the intervention was implemented with fidelity.

* Valid and reliable measures of progress-monitoring may not be available for the areas of Listening Comprehension and Oral Expression. In these cases, teams may use valid and reliable measures of other academic skills that are impacted by the Listening Comprehension and/or Oral Expression deficits (i.e., reading, math, written language measures of progress monitoring) to assess a student's rate of progress and the impact of the scientific research-based intervention on these academic areas. Additional measures that directly assess progress in Listening Comprehension and/or Oral Expression should also be collected to supplement these data.

(D) Demonstrated educational need: The disability must ~~have an~~ adversely ~~effect on~~ educational performance, and require specially designed instruction.

(12) Speech or Language Impairment.

(i) Required screenings and evaluations:

(A) Hearing screening;

(B) Articulation screening;

(C) Fluency screening;

(D) Language screening;

(E) Voice/resonance screening;

(F) Social/developmental history;

(G) Observation across settings, to assess academic, functional, and behavior skills;

(H) Summary of conference(s) with parents or documentation of attempts to conference with parents; and

(I) Educational evaluation.

(ii) Additionally, one of the following evaluations shall be completed. The required evaluation(s) shall be determined based on screening results and shall be individualized to address the specific area(s) of concern as listed:

(A) Articulation evaluation;

(B) Fluency evaluation;

(C) Language evaluation, including form, content and function;

(D) Voice/resonance evaluation.

(iii) To be determined eligible for services in the disability category of speech or language impairment, a child must meet the criteria listed in one or more of the following areas:

(A) Articulation. It is required that a child's speech have:

a. Two or more phonemic errors not expected at the child's age or developmental level observed during direct testing and/or in conversational speech, and/or

b. Two or more phonological processes not expected at the child's age or development level observed during direct testing and/or in conversational speech.

(B) Fluency. It is required that a child demonstrate non-fluent speech behavior characterized by repetitions/prolongations/blocks on a regular basis.

(C) Language. It is required that two diagnostic measures occur, one assessing comprehension and one assessing production of language. It is required that:

a. Standard scores on the particular standard evaluation instrument suggest a language disorder; and/or

b. Non-standardized/informal assessment indicates that the child has difficulty understanding and/or expressing ideas and/or concepts.

(D) Voice. It is required that a child must demonstrate consistent deviations in vocal production that are inappropriate for chronological/mental age, gender, and ability.

(iv) The disability must:

(A) Have an adverse effect on educational performance, and

(B) Require specially designed instruction.

(13) Traumatic Brain Injury.

(i) Required screenings and evaluations:

(A) Hearing screening;

(B) Vision screening;

(C) Speech/language screening;

NC 1503-3 **Additional Procedures for Evaluating Children with Specific Learning Disabilities**

NC 1503-3.1 **Specific learning disabilities**

(a) General. The State has adopted, consistent with NC 1503-3.3, criteria for determining whether a child has a specific learning disability as defined in NC 1500-2.4(c)(11). The criteria –
   (1) Does not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability, as defined in NC 1500-2.4(c)(11). **(ELIMINATED June 30, 2020)**
   (2) Permits the use of a process based on the child's response to scientific, research-based intervention. **(ELIMINATED June 30, 2020)**
   (3) Requires the use of a systematic, problem-solving process based on the child's response to scientific, research-based interventions (RTI/MTSS) and the evaluation of data (i.e. progress monitoring data) documenting the child's response to instruction and scientific research-based intervention. **(EFFECTIVE July 1, 2020)**

(b) Consistency with State criteria. LEAs must use the State criteria adopted pursuant to paragraph (a) of this section in determining whether a child has a specific learning disability.

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6); 34 CFR 300.307)

NC 1503-3.2 **Additional group members (EFFECTIVE UNTIL July 1, 2020)**

The determination of whether a child suspected of having a specific learning disability is a child with a disability as defined in NC 1500-2.4, must be made by the child's parents and a team of qualified professionals, which must include--

(a) (1) The child's regular teacher; or
   (2) If the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age; or
   (3) For a child of less than school age, an individual qualified by the SEA to teach a child of his or her age; and

(b) At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher.

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6); 34 CFR 300.308)

NC 1503-3.2 **Additional group members (Effective July 1, 2020)**

The determination of whether a child suspected of having a specific learning disability is a child with a disability as defined in NC 1500-2.4, must be made by the child's parents and a team of qualified professionals, which must include--

(c) (1) The child's regular teacher; or
   (4) If the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age; or
   (5) For a child of less than school age, an individual qualified by the SEA to teach a child of his or her age; and

~~(d)~~ At least one person qualified to conduct and interpret individual diagnostic examinations of children.~~, such as a school psychologist, speech-language pathologist, or remedial reading teacher.~~

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6); 34 CFR 300.308)

NC 1503-3.3 Determining the existence of a specific learning disability (EFFECTIVE UNTIL July 1, 2020)

(a) The group described in NC 1503-2.6 may determine that a child has a specific learning disability, as defined in NC 1500-2.4(b)(11), if the child meets the criteria described previously in section NC 1503-2.5(d)(11).

(b) To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in NC 1503-2.4 through NC 1503-2.6 -

(1) Data that demonstrates that prior to, or as a part of the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and

(2) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, was provided to the child's parents.

(c) Following a referral from school personnel or a parent, if additional data is sought for determining a child's eligibility, parental consent must be obtained and the public agency must adhere to the timeframes described in NC 1503-2.1 and NC 1503-2.3 unless extended by mutual written agreement of the child's parents and a group of qualified professionals, as described in NC 1503-2.6(a)(1) –

(1) If, prior to a referral, the child has not made adequate progress after an appropriate period of time, when provided instruction as described in paragraphs (b)(1) and (b)(2) of this section; and

(2) Whenever a child is referred for evaluation.

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6); 34 CFR 300.309)

NC 1503-3.3 Determining the existence of a specific learning disability (EFFECTIVE July 1, 2020)

(d) The group described in NC 1503-2.6 may determine that a child has a specific learning disability, as defined in NC 1500-2.4(b)(11), if the child meets the criteria described previously in section NC 1503-2.5(d)(11).

(e) To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in NC 1503-2.4 through NC 1503-2.6 -

(3) Data that demonstrates that prior to, or as a part of the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel;

(4) Documentation that scientific, research-based interventions addressing the identified area(s) of concern were delivered by qualified personnel; and

(5) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting the child's progress and changes in intervention ~~formal assessment of student progress during instruction~~, was provided to the child's parents.

(f) Following a referral from school personnel or a parent, if additional data is sought for determining a child's eligibility, parental consent must be obtained and the public agency must adhere to the timeframes described in NC 1503-2.1 and NC 1503-2.3 unless extended by mutual written agreement of the child's parents and a group of qualified professionals, as described in NC 1503-2.6(a)(1) –

(3) If, prior to a referral, the child has not made adequate progress after an appropriate period of time, when provided instruction as described in paragraphs (b)(1),(b)(2) and (b)(~~2~~3) of this section; and

(4) Whenever a child is referred for evaluation.

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6); 34 CFR 300.309)

NC 1503-3.4 Observation (EFFECTIVE UNTIL July 1, 2020)

The LEA must ensure that the child is observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.

(a) The group described in NC 1503-2.7(a)(1), in determining whether a child has a specific learning disability, must decide to –
   (1) Use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation; or
   (2) Have at least one member of the group described in NC 1503-2.7(a)(1) conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with NC 1503-1(a), is obtained.

(b) In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6); 34 CFR 300.310)

NC 1503-3.4 Observation (EFFECTIVE July 1, 2020)

(c) The LEA must ensure that ~~the child is observed~~ systematic observational data is collected in the child's learning environment (including core instruction and the setting in which the child received intervention ~~the regular classroom setting~~) ~~to document the child's academic performance and behavior in the areas of difficulty~~ in order to:
   (1) Document the child's academic achievement, functional performance and behavior in the area(s) of difficulty.
   (2) Assist in the documentation that appropriate instruction was provided, and that scientific research-based interventions were delivered.

(d) The ~~group~~ IEP Team described in NC 1503-2.7(a)(1), in determining whether a child has a specific learning disability, must decide to use-
   (3) Information from ~~an~~ at least one systematic observation conducted during ~~in~~ routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation;
   (4) Information from at least one systematic observation conducted within the setting in which the child receives scientific research-based intervention that was completed before the child was referred for an evaluation; or
   The person(s) responsible for collecting the observational data of scientific research-based intervention must have specific content knowledge of the curriculum and/or behavioral area that is targeted for the intervention.
   ~~(5) Have at least one member of the group described in NC 1503-2.7(a)(1) conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with NC 1503-1(a), is obtained.~~
   Information from at least one systematic observation, that was conducted by a member of the group described in NC 1503-2.7(a)(1), of the child's academic performance during routine classroom instruction after the child has been referred for an evaluation and parental consent, consistent with NC 1503-1(a), is obtained.

(e) For English Language Learners (ELLs), at least one of the individuals conducting the observation(s) must be a person knowledgeable about instruction for ELLs, as well as any pertinent cultural and/or linguistic characteristics of the individual child.

(d) In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

(e) In the case of a school-age child who is in a placement outside of the local education agency (LEA), a team member must observe the child in the child's current educational environment.

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6); 34 CFR 300.310)

NC 1503-3.5 Specific documentation for the eligibility determination (EFFECTIVE UNTIL July 1, 2020)

(a) For a child suspected of having a specific learning disability, the documentation of the determination of eligibility, as required in NC 1503-2.7(a)(2), must include a statement of--
- (1) Whether the child has a specific learning disability;
- (2) The basis for making the determination, including an assurance that the determination has been made in accordance with NC 1503-2.7(c)(1);
- (3) The relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning;
- (4) The educationally relevant medical findings, if any;
- (5) Whether –
  - (i) The child does not achieve adequately for the child's age, intellectual development or to meet State-approved grade-level standards consistent with NC 1503-3.3(a); and
  - (ii) (A) The child does not make sufficient progress to meet age or State-approved grade-level standards consistent with NC 1503-3.3(a); or
    (B) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards or intellectual development consistent with NC 1503-3.3(a).
- (6) The determination of the group concerning the effects of a visual, hearing, or motor disability; intellectual disability; emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level; and
- (7) If the child has participated in a process that assesses the child's response to scientific, research-based intervention –
  - (i) The instructional strategies used and the student-centered data collected; and
  - (ii) The documentation that the child's parents were notified about –
    - (A) The State's policies regarding the amount and nature of student performance data collected and the general education services that would be provided;
    - (B) Strategies for increasing the child's rate of learning; and
    - (C) The parent's right to request an evaluation.

(b) Each group member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the group member must submit a separate statement presenting his or her conclusions.

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6); 34 CFR 300.311)

NC 1503-3.5 Specific documentation for the eligibility determination (EFFECTIVE July 1, 2020)

(c) For a child suspected of having a specific learning disability, the documentation of the determination of eligibility, as required in NC 1503-2.7(a)(2), must include a statement of--
- (8) Whether the child has a specific learning disability;

(9) The basis for making the determination, including an assurance that the determination has been made in accordance with NC 1503-2.7(c)(1);

(10) The relevant academic, functional and behavioral data collected, ~~if any, noted~~ during the observations of the child ~~and~~ in ~~the~~ relationship ~~of that behavior~~ to the child's academic functioning;

(11) The educationally relevant medical findings, if any;

(12) The determination of the group concerning the effects of Limited English Proficiency or lack of appropriate instruction in reading or math on the child's achievement level;

~~(13) Whether –~~

(iii) ~~The child does not achieve adequately for the child's age, intellectual development or to meet State-approved grade-level standards consistent with NC 1503-3.3(a); and~~

(iv) ~~(A) The child does not make sufficient progress to meet age or State-approved grade-level standards consistent with NC 1503-3.3(a); or~~
~~(B) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards or intellectual development consistent with NC 1503-3.3(a).~~

(14) The determination of the group concerning the effects of a visual, hearing, or motor disability; intellectual disability; emotional disability; cultural factors; environmental or economic ~~disadvantage; or limited English proficiency~~ influences; or loss of instructional time due to factors such as absences, tardies, high mobility rates and disciplinary removals on the child's achievement level;

(15) Whether the child is demonstrating either a lack of response to instruction and intervention or is responding at a rate that is insufficient to reduce their risk of failure after an appropriate period of time;

(16) ~~If the child has participated in a process that~~ Within the assessment of the child's response to scientific, research-based intervention –

(iii) The instructional strategies used and the student-centered data collected; and

(iv) The documentation that the child's parents were notified about –

(D) The State's policies regarding the amount and nature of student performance data collected and the general education services that would be provided;

(E) Strategies for increasing the child's rate of learning; and

(F) The parent's right to request an evaluation.

(d) Each group member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the group member must submit a separate statement presenting his or her conclusions.

(Authority: 20 U.S.C. 1221e-3; 1401(30); 1414(b)(6); 34 CFR 300.311)

NC 1503-4 Individualized Education Programs

NC 1503-4.1 Definition of individualized education program

(a) General. As used in this part, the term individualized education program or IEP means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with NC 1503-4.1 through NC 1503-5.1, and that must include--

(1) A statement of the child's present levels of academic achievement and functional performance, including--

(i) 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

(ii) For preschool children, as appropriate, how the disability affects the child's participation in appropriate activities;