EVALUATION GUIDE

Emotional Behavioral Disability

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Educational Evaluation of Emotional Behavioral Disability (EBD) – 2nd edition

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Wisconsin eligibility criteria [WI Admin. Code PI-11.36(7)] for emotional behavioral disability (EBD) were revised, updated and implemented on July 1, 2001. A Task Force including directors of special education, school psychologists, EBD teachers, college and university faculty, and parents and parent advocacy groups wad invited to participate in this process over several years.

Some Task Force members and many others provided material and input into the development of *EDUCATIONAL EVALUATION OF EMOTIONAL BEHVIORAL DISABILITY* and this document was posted to the DPI website in August 2002. It was also disseminated through other means, such as hard copy mailings and distribution at various conferences, conventions and meetings throughout Wisconsin.

Some material in this document was taken from EDUCATIONAL ASSESSMENT OF EMOTIONAL DISTURBANCE, (Wisconsin Department of Public Instruction, 1990; 2nd edition, 1992), A PROGRAMMING GUIDE FOR EMOTIONAL DISTURBANCE, (Wisconsin Department of Public Instruction, 1994), and EDUCATIONAL EVALUATION OF EMOTIONAL BEHAVIORAL DISABILITY (EBD), (Wisconsin Department of Public Instruction, August 2002). This document replaces all of the above publications which are no longer available.

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OVERVIEW

The purpose of this guide is to clarify changes in the EBD eligibility criteria, operationalize those criteria, and provide suggestions for best practice in the educational identification of emotional behavioral disability (EBD). This is not a compliance document or official rule. Revised eligibility criteria and terminology (EBD, rather than ED or emotional disturbance) took effect July 1, 2001. The changes were made for the following reasons:

- To clarify that this is an identification of an educational disability and not a medical or mental health diagnosis;
- To update language since the previous criteria had not been substantially changed or reviewed since the 1970s;
- To remove outdated references to "autism" and "autistic-like". "Autism" has been a separate disability in federal law since 1992 and in Wisconsin since 1994.

Evaluation for EBD is a process for an Individualized Education Program (IEP) team. Parents are IEP team participants and must have an opportunity to participate in the decision making process. In addition to the parents and, if appropriate, the student, IEP team participants must include at least one regular education teacher, at least one special education teacher, and a representative of the local education agency (LEA). The latter are individuals, by local policy, designated to serve in this role and must be "qualified to provide, or supervise the provision of, special education, is knowledgeable about the general curriculum and is knowledgeable about and authorized to the commit the … resources of the local education agency."[1]

When evaluating a child suspected of having the disability of EBD, it is important to address the Wisconsin eligibility criteria. Educators cannot determine a child to be EBD by using definitions or criteria from other professions for such conditions as delinquency, drug and alcohol addiction, mental health conditions, sociological conditions, and so on. There can be co-morbidity with other labels or conditions, but there also are individual cases where differentiation can be made.

Although there are four paragraphs or pieces in the eligibility criteria for EBD, it is important to consider the whole picture these pieces provide—to look at the whole student rather than fragments. The criteria form a **three-dimensional model: a characteristic (or characteristics) of social/emotional/behavioral functioning that is severe, chronic, frequent, and occurs across settings.** An eligibility criteria checklist can be found at http://dpi.wi.gov/sped/program/emotional-behavioral-disability. Details in the following sections may be helpful for examples in documenting how an individual child's disability is manifested in that particular child. It is important to provide discussion and examples, rather than just checking boxes on a checklist.

[1] s. 115.78 (1m)(d), Wis. stats; 20 USC 614 (d)(1)(b); 300CFR 344 (a)(4)

PI 11.36 (7): Emotional Behavioral Disability

[Note: following is the text of the EBD eligibility criteria found in WI Administrative Code PI 11.36 (7)]

(a) Emotional behavioral disability, pursuant to s. 115.76 (5)(a)5., Stats., means social, emotional or behavioral functioning that so departs from generally accepted, age appropriate ethnic or cultural norms that it adversely affects a child's academic progress, social relationships, personal adjustment, classroom adjustment, self-care or vocational skills.

(b) The IEP team may identify a child as having an emotional behavioral disability if the child meets the definition under par. (a), and meets all of the following:

1. *The child demonstrates severe, chronic and frequent behavior that is not the result of situational anxiety, stress or conflict.*
2. *The child's behavior described under par. (a) occurs in school and in at least one other setting.*
3. *The child displays any of the following:*
   a. *Inability to develop or maintain satisfactory interpersonal relationships.*
   b. *Inappropriate affective or behavior response to a normal situation.*
   c. *Pervasive unhappiness, depression or anxiety.*
   d. *Physical symptoms, pains or fears associated with personal or school problems.*
   e. *Inability to learn that cannot be explained by intellectual, sensory or health factors.*
   f. *Extreme withdrawal from social interactions.*
   g. *Extreme aggressiveness for a long period of time.*
   h. *Other inappropriate behaviors that are so different from children of similar age, ability, educational experiences and opportunities that the child or other children in a regular or special education program are negatively affected.*

(c) The IEP team shall rely on a variety of sources of information, including systematic observations of the child in a variety of educational settings and shall have reviewed prior, documented interventions. If the IEP team knows the cause of the disability under this paragraph, the cause may be, but is not required to be, included in the IEP team's written evaluation summary.

(d) The IEP team may not identify or refuse to identify a child as a child with an emotional behavioral disability solely on the basis that the child has another disability, or is socially maladjusted, adjudged delinquent, a dropout, chemically dependent, or a child whose behavior is primarily due to cultural deprivation, familial instability, suspected child abuse

or socio-economic circumstances, or when medical or psychiatric diagnostic statements have been used to describe the child's behavior.

ANALYSIS OF THE ELIGIBILITY CRITERIA: *THE DEFINITION[PI 11.36(7)(a)*

The definition is only the first step in determining eligibility. If the student meets the definition, there are three other sections of the criteria to consider. The definition contains three key components:

SOCIAL, EMOTIONAL OR BEHAVIORAL FUNCTIONING: The reason for the referral is the student's behavior, emotionality and/or social competence. It is not important to specifically define those three terms, and it is not necessary to delineate which one, two, or three apply to an individual student. The student may have needs in any or all of the areas. The key concept is the underlying issue is not a communication disorder, cognitive limitations, learning problems -– the child may have an academic deficit but it is as a result of underlying social and/or emotional and/or behavioral issues. This concept has not changed.

DEPARTS FROM GENERALLY ACCEPTED, AGE APPROPRIATE, ETHNIC OR CULTURAL NORMS: The child's behavior is affecting the child to a greater degree than similar problems are affecting or would be expected to affect peers. The behavior is not the result of a developmental phase, and it is important to consider ethnic or cultural issues so as to avoid the misidentification or over-identification of children of color as EBD.

ADVERSELY AFFECTS A CHILD'S PROGRESS IN ONE OR MORE OF SIX AREAS: The purpose of evaluation and reevaluation under s. 115.782 (2), Wis. Stats., is not only to determine whether the child has a disability, but also to establish the educational needs of the child. This piece of the definition is the first step in determining those needs.

Academic progress—traditional measures of school progress: report card grades, attendance, high school credit accumulation, levels of achievement compared to potential, performance on standardized tests such as statewide or district-wide assessments, meeting expectations for processing information and learning.

A student *need not be failing academically* to meet the definition of EBD, since there are five other need areas that may be descriptive related to EBD.

Social relationships—ability to get along with others, to interact with both adults and peers formally and informally, manage one's behavior in a variety of environments, read social cues, initiate and maintain relationships with others, integrate socially into the school and community.

Personal adjustment—ability to handle stress; self-concept and self-esteem issues; and how the student feels about himself/herself.

Classroom adjustment—skills related to the ability to function and succeed in classroom settings, set goals, follow classroom and school rules, attend regularly and arrive on time, comply with requests, bring materials to class, work in large and small groups, perform on classroom assignments and tests, organizational and study skills, note taking if appropriate to grade level, keeping an assignment notebook if appropriate, keep track of long term assignments, accept feedback and correction, work independently, skill at "being a student".

Self-care—as it relates to EBD, self-care is not the skill deficit of attending to one's own personal care and hygiene; rather, it is a performance deficit: the student *knows* the basic self-care concepts but is not *demonstrating* those skills. The student may exhibit a lack of personal care to an extent that prevents or significantly impairs his/her ability to interact with others. This may include students with eating disorders, those who exhibit self-mutilating behaviors, who are self-destructive, or engage in dangerous thrill-seeking behaviors. This area of need is not the same as adaptive skill behavior included under the eligibility criteria for a cognitive disability.

Vocational skills—skills that should be incorporated into transition planning. Rather than teaching job skills or how to apply to post-secondary education programs, this area focuses on the student's ability to manage his/her personal needs in a work or other post-high school setting, to appropriately apply social skills to those settings, and to demonstrate self advocacy skills in understanding his/her disability and the ramifications of that disability. For students who have mental health needs, this area may include helping them to identify community resources and to transition from the child/adolescent system to the adult system.

ANALYSIS OF THE ELIGIBILITY CRITERIA: *THREE CRITERIA [PI 11.36(7)(b)1-3]*

If the child meets the definition of EBD as noted above, the IEP team must then address the three criteria. **The student *must meet all three* of these criteria**. There is an interrelationship among the criteria—the pattern of characteristics must be severe, chronic, and frequent, and occur in school and at least one other setting—and should be viewed as a three-dimensional model rather than as three separate and distinct phrases. For example, a behavior such as a suicide attempt might be considered severe, but may not be part of a chronic and frequent pattern of unhappiness or depression that occurs in school and at least one other setting. Another severe behavior would be bringing a weapon to school. It is important to explore whether there is a chronic and frequent pattern of extreme aggression that occurs in school and at least one other setting. Students who exhibit suicidal, dangerous, or other behaviors of concern certainly need interventions and the school may play an important role in addressing those problems, but it is not necessarily indicative of an educational disability.

SEVERE, CHRONIC AND FREQUENT BEHAVIOR THAT IS NOT THE RESULT OF SITUATIONAL ANXIETY, STRESS OR CONFLICT: the student's behavior must be all three - severe *and* chronic *and* frequent. Some general guidelines may be useful even though the terms "severe", "chronic", and "frequent" cannot be absolutely defined, as the IEP team must make individual decisions. The following examples are not exhaustive lists and should be used for general guidance only, and are not to be considered complete definitions. Only the IEP team can determine whether specific behaviors are "severe", "chronic" and "frequent".

> **Severe—**behavior hampers normal functioning to a significant degree; behavior is a threat to the student or others; behavior causing a student to fail academically, get into trouble with the law, or repeatedly be in situations which result in disciplinary actions; impacts negatively on social interactions. Synonyms include:
>
> - extremely intense
> - harsh or hard

- uncompromising, unyielding, inflexible of temper or character
- austere
- hurtful
- violent
- disruptive
- in excess compared to developmental norms or functioning of peers with similar backgrounds.

Chronic—behavior that is markedly impacted by the length of time the behaviors of concern have been exhibited in relation to the age of the student. The behavior is not symptomatic of a developmental level or a situational stress (such as parents divorcing, serious illness or death in the family, a recent major move, serious injury or illness of the student, a parent remarrying, transition to a new level of school, mismatch with program style, a new sibling, family financial crisis). Synonyms include:

- habitual
- persistent
- recurring over a long period of time
- an on-going pattern or history.

Some schools districts have arbitrarily defined "chronic" as "lasting for at least six months." Great care should be taken to avoid absolute statements or blanket policies that fly in the face of "individualization". While six months might be a minimal starting point, the IEP team should compare this with the age of the child. Six months in the life of a four-year-old may be much more significant than six months in the life of a 14-year-old.

Frequent—consider predictability of the behavior and the effects of the environment. Since behavior occurs in a context, it is important to note factors that may affect the frequency such as others in the setting, prevention strategies, time of day, activities or assignments and so on. If the behavior is situational, it may be that environmental manipulations will resolve the issues. Synonyms include:

- much more than normal or expected
- occurring regularly or with short intervals between occurrences
- continual.

Using a continuum or Likert scale may be helpful: "1 = never or not observed" to "6 = continuous throughout the day". When using a Likert scale, it is preferable to have an even set of numbers (1 through 6, for example) so that there is no absolute center point. Respondents are then forced to choose something other than the middle ground.

OCCURS IN SCHOOL AND IN AT LEAST ONE OTHER SETTING: to emphasize that this is an educational disability, "school" must be one of at least two settings in which the behavior occurs. The other settings are "home" and "community". *Note the criteria say behavior "occurs", not the behavior "is a problem".* The IEP team's task is not only to collect data, but also to synthesize and analyze the information. A student may have a short attention span and be frequently off task but this may not present the same "problem" at home that it does in school. Nevertheless, the off task behavior "occurs" across settings. It is important to describe what can be "seen" or "heard" rather than to make value judgments such as identifying a behavior as "problematic" or "bad".

When evaluating a child who has not yet reached the age of mandatory school attendance, consider the activities and settings that are appropriate for a child of that age. Structured environments may include daycare, preschool, nursery school, play groups, Head Start, regular education early childhood programs including four-year-old kindergarten, or religious education programs. It is less important to be concerned about what settings are "school" for this population than to focus on the child's behaviors across a variety of settings and activities, both structured and unstructured. More information related to evaluating preschool age children for EBD can be found on page 20.

School—this includes all school-based settings such as the lunchroom, classrooms, playground, media center, gymnasium, hallways and so on. The behavior may not occur evenly in all school settings, and, again, it is important to consider environmental factors that may impact the student either positively or negatively: With what teaching styles? In what classes and activities? Structured vs. unstructured time?

Don't jump to the conclusion that because there are problem behaviors on the bus, you have a second environment. Students certainly need to behave appropriately on the bus but that doesn't create a second environment beyond school. The bus is a school-related function. Field trips, for example, are not "school" in the typical everyday sense but they certainly are school activities. The bus may be viewed in a similar fashion.

Home—where the child lives, whether with parents, foster parents, in a group home, with a relative, and so on. It is important to talk about specific behaviors and to describe what is observed (e.g., seen or heard). Particular behaviors may not be a "problem" across settings and there is no need to categorize them in that manner. It may be that the child does not have any chores, rules, or expectations at home because, in the interest of avoiding conflict, the rest of the family has learned to accommodate the child, for example.

Community—in the neighborhood; with merchants; involvement with law enforcement, juvenile justice, social service or mental health agencies;

in recreational activities such as clubs or recreational sports; in church or other religious settings. Also, consider structured settings or activities vs. unstructured; ask if the parents take the student on outings in the community or shopping trips. If not, ask why not. Do parents leave the child with a babysitter or in day care? In the neighborhood, is the child invited to other homes to play or participate in other age-appropriate activities?

ANY OF THE EIGHT CHARACTERISTICS: the following eight characteristics or patterns of behavior are not necessarily apparent in every student who is EBD. Conversely, some of these patterns are evident in other children but are not severe, chronic, and frequent, and do not occur across settings. The examples included are not exhaustive, but are suggested as behaviors that might fall into the patterns. Identify pervasive *patterns* rather than *discrete behaviors*, and consider behavioral deficits or excesses (too much, too often, too little). The examples listed below may assist in documenting the specifics of an individual student's behavior.

An inability to develop or maintain satisfactory interpersonal relationships

- Lacks trust in others or is fearful of others
- Ignored or rejected by peers
- Is too easily influenced by peers
- Uses/manipulates others
- Excessively dependent
- Excessively controlling
- Inability to interact with a group/play by the rules
- Wants constant attention or approval
- Sees self as a victim
- Difficulty attaching to others
- Difficulty separating from caregivers
- Lack of social awareness—may not understand social conventions or behavioral expectations
- Exhibits inappropriate sexual behavior
- Overly affectionate

Inappropriate affective or behavioral response to a normal situation

- Inappropriately laughs or cries
- Lies, cheats, steals
- Overreacts
- Refuses to do school work
- Refuses to respond to others
- Non-compliant or passive-aggressive
- Inability to make changes or transitions
- Exhibits flat affect

- Appears remorseless
- Becomes defensive without provocation
- Lacks empathy
- Overly perfectionistic or hard on self
- Disorganized or scattered thought processes
- Lack of assertiveness
- Wide mood swings
- Excessive emotional responses
- Impulsive; lack of self control
- Extreme responses to changes in routine or schedule

Pervasive unhappiness, depression or anxiety

- Listless or apathetic
- Thinks/ talks repeatedly of suicide
- Overly pessimistic
- Preoccupied with negative feelings
- Hides
- Runs away from home
- Anxious habits such as nail biting or hair pulling
- Expresses feelings of worthlessness, hopelessness
- Preoccupied
- Obsessive/compulsive
- Loss of interest in activities
- Lacks interest in surroundings, activities, etc.
- Volatile temper or excessive anger
- Blames self; extremely self-critical

Physical symptoms, pains or fears associated with personal or school problems

- Physical complaints that cannot be easily checked or verified and are most visible during stressful situations
- Excessive absences, tardiness, truancy
- Frequently requests visits to the school nurse
- Refuses to attend school ("school phobic")
- Self-mutilating
- Unusual sleeping or eating patterns
- Eating disorders
- Flinches or cowers
- Has atypical physical reactions (i.e., sweaty palms, dizziness, voice tone, always "freezing", and so on)
- Excessively fearful in response to new situations, certain people or groups, certain classes or activities
- Neglects self-care and hygiene
- Auditory or visual hallucinations

- Psychosomatic illnesses (stomach aches, nausea, dizziness, headaches, vomiting)

Inability to learn that cannot be explained by intellectual, sensory or other health factors

- Disorganized
- Quits or gives up easily
- Has been retained
- No health or sensory impairments have been found by a physician or impairments are not significant enough to explain the discrepancy
- May be learning to some extent but there's a significant difference between potential and demonstrated learning
- Achievement scores are incompatible with IQ scores
- Difficulty retaining material

Extreme withdrawal from social interaction

- Does not participate in class
- Isolates self from family, peers, staff at school
- Avoids eye contact
- Keeps head down on desk; may cover head with jacket or other apparel
- Speaks in a quiet voice or mumbles; refuses to speak
- Truant or runs away
- Shuts self in room

Extreme aggressiveness

- Recurring patterns (not isolated incidents)
- Verbal: vulgar language, swears, threatens, belittles, name calling, loud, argumentative, challenging, condescending, lying
- Physical: spits, kicks, trips, hits, bites, pinches, throws or destroys objects, carries and uses weapons, intimidating, destroys property, vandalism, tantrums, cheating, stealing, bullying, cruelty to animals

Other inappropriate behaviors that are so different from children of similar age, ability, educational experiences and opportunities that the child or other children in a regular or special education program are negatively affected

- Within a reasonable range of expectations
- Reactions are more intense/extreme or passive/apathetic than peers in cultural reference group
- Taking into account any cultural or ethnic issues so as to avoid misidentification or over-identification of children of color
- Social maturity

- Emotional maturity
- Ostracized by peers
- Presence interferes with the education of others
- Reality distortion
- Hallucinations
- Rigid or ritualistic behaviors
- Stereotypic movements

ANALYSIS OF THE ELIGIBILITY CRITERIA: *EVALUATION COMPONENTS [PI 11.36(7)(c)]*

An evaluation for EBD begins with a review of existing data and the IEP team may decide that no further testing or other evaluation materials are needed. "Additional tests or other evaluation materials" are not limited to test instruments; observations, rating scales, or interviews that are not part of the existing record are "other evaluation materials."

Minimally, the IEP team should have existing information from records, current and past teachers, parents and the student, current classroom observations, and knowledge of previously attempted interventions and their effects. If additional information is needed, consider the following sources of data. The list is not exhaustive and not all components are necessary in all cases. It is important to tailor additional tests and other evaluation materials to the individual case, based on review of existing data.

- Medical and social histories, including updated medical information
- Additional record review to include discipline notices, attendance, standardized test scores, grades, work samples, anecdotal information, and so on
- Observations—consider different times of the day and different days of the week. Using at least three environments may be helpful, with two being structured or academic activities, and at least one being unstructured. "Collecting Observational Data" covers this topic in more detail and is linked from http://dpi.wi.gov/sped/program/emotional-behavioral-disability
- Interviews with teachers/staff and parents. For more information about using interviews, "Using Interviews to Collect Behavioral Data" is also linked from http://dpi.wi.gov/sped/program/emotional-behavioral-disability
- Student interview, including any rating scales, self-concept scales, sentence completion activities, reinforcement inventories, and so on

- Academic assessment, especially general knowledge—this also allows for face-to-face interaction with the student and an opportunity to observe the student work, attack difficult problems, and handle frustration. Note that even in a situation when the student refuses to complete the test, there is valuable observational information from the situation (see page 21 for more)
- Formal rating scales—consider using two different scales, and get input from parents, at least two of the child's teachers, and perhaps one person who worked with the child the previous year
- IQ score if warranted—this is not required for EBD evaluation but may provide valuable information. It may be worthwhile to update an IQ score, or there may be current information in the file already
- Data from a functional behavioral assessment (FBA) which can usually be gathered at the same time as the eligibility evaluation is being completed
- Projective/psychological tests by the school psychologist
- Interviews with any agency personnel involved with the student
- Documentation of previous intervention, timelines, and results

VARIETY OF SOURCES OF INFORMATION: While IQ scores may be helpful in determining realistic expectations for the student or determining achievement relative to ability, IQ scores are not critical for identification purposes. There are no definitive instruments, standard scores, or percentiles to assist in determining eligibility. Therefore, it is important for the IEP team participants to consider a variety of sources of information when evaluating students for a possible EBD. Even with a review of existing data, the IEP team will have several sources of information from individuals who have worked with the child as well as from existing records.

Common sources of information include:

- Attendance records
- Health records
- Grades and report cards
- Standardized test scores; statewide and districtwide assessments
- Permanent products or work samples
- Results of previous IEP team evaluations
- Disciplinary or behavioral records
- Rating scales
- Interviews with the target student, parents, other significant adults
- Formal and informal observations
- Norm- and criterion-referenced tests
- Anecdotal records
- Referrals to other agencies or services
- Extracurricular activities, including non-school activities

Since this process is so individual child specific, it is good practice to triangulate data. Triangulation is a research technique for increasing the validity of one's results by using multiple and diverse (at least three) collection methods or data sources. These shouldn't just be three sources of information, but three sources that corroborate each other. For example, an interview by itself is not as reliable as is an interview that is supported by direct observation and by a second interview source.

INTERVIEWS

Interviews, whether with parents, teachers, or students, are an important part of the evaluation process for EBD. Interviews help clarify the perspective of the person being interviewed, and can provide clues as to motivation, the value placed on certain behaviors or activities, and perceptions about the intentions of others. Sample questions are included in "Using Interviews to Collect Behavioral Data" (http://dpi.wi.gov/sped/program/emotional-behavioral-disability).

Interviews are a type of indirect assessment and are subjective - based on people's opinions and perceptions. It is important to verify interview information whenever possible—this is part of triangulating data (having multiple sources or confirmations of information). An interview is not the same as having someone fill out a questionnaire or rating scale. Ideally, interviews take place face-to-face, although they can be conducted over the telephone. The disadvantage of the latter is that the interviewer cannot observe facial expression or other body language that may assist in interpreting the information given. Other tips for using interview time effectively are listed below. When interviewing children, be aware of the child's developmental level. In general:

- Preschool age children
    - Lack logical reasoning skills
    - More easily follow positive instructions or direction
    - Have difficulty comprehending or understanding the viewpoint of others
    - Have difficulty recalling specific information
    - Consider behavior to be "right" or "wrong" depending on the consequences of the behavior
    - Tend to give higher quality interview information if they are comfortable
    - Respond better to interviews that include a combination of open-ended and closed questions, have simple questions, perhaps allow for the use of props or toys, and allow the child some control over the direction of the conversation.
- Elementary age children
    - Are more likely than preschool age children to give high quality information
    - Can use simple logic
    - Understand that actions can be reversed
    - Can look at several features of a problem
    - Are learning to function socially, especially beyond the family
    - Tend to view rules and social norms as absolute guides
    - Have difficulty with abstract or symbolic questions

- Give better quality information when rapport and familiarity are established with the interviewer
- Respond more positively if they are in a familiar setting, can use props or drawings if they wish, and are allowed to avoid constant eye contact

- Adolescents

  - Can use formal logic and can understand abstractions
  - Are more systematic in problem solving
  - Have a wider range of emotional responses than younger children or than adults
  - Should not be viewed by adult standards even though they may look and sound like an adult; keep in mind normal adolescent development
  - Especially by late adolescence, may judge actions based on individual principles of conscience (rather than by social mores or fear of consequences)

Establish an interpersonal relationship with the person being interviewed

- Be empathetic, respectful and genuine
- Be willing to listen
- Be comfortable with silence; give the person being interviewed time to process the question, recall relevant information, formulate an answer
- Be aware of own body language and other non-verbal messages

Be aware of any cultural factors but avoid stereotyping. Some common issues include

- Volume and pace of speaking
- Eye contact vs. indirect gazes
- Comfort with interrupting or interjecting
- Physical distance
- Quick responses vs. delayed responses
- Comfort with silence
- Perception of authority or status

SYSTEMATIC OBSERVATIONS IN A VARIETY OF EDUCATIONAL SETTINGS: As part of the review of existing data, IEP teams already are required to document current observations, and it may not be necessary for IEP team participants to do additional observations. The purpose of this requirement in the EBD criteria is that behavior occurs in a context and is important to view the child's behavior in the environments where it happens. This helps to identify key variables and predictors of behavior, and to document observable behavior – what is *seen* and/or *heard*. Various methods of observations and good practice are included in "Collecting Observational Data" (http://dpi.wi.gov/sped/program/emotional-behavioral-disability).

The value of observations is the support they give to other sources of information. The student should be observed in settings where s/he is successful as well as those that are unsuccessful. Observations can be formal (e.g., a set time to sit in a classroom or other setting and collect

data) or informal (e.g., observing while team teaching in the classroom, supervising the lunchroom or playground, or passing in the hallways).

When administering standardized tests, an evaluator can also observe the student's behavior. Consider:

- comfort level, ease or tension
- subject area preferences
- student's view of own abilities
- reactions to the tasks
- response rates on various tasks
    - in strength areas
    - in weak areas
    - when nearing scoring ceilings
- strategies
    - visual cues (rereading, following with finger along the line to be read, counting on fingers or with hash marks)
    - auditory cues (reading aloud, other self talk)
- student's reaction to not knowing the answer or not knowing how to calculate the answer
- observed reason for errors
    - decoding errors rather than comprehension
    - did correct operation but was one number off, forgot to carry, etc.
- ask the student questions informally to gain insights on their reasoning or strategies
    - how did you figure that out?
    - how or where could you find the answer if you really needed to?
- general attention to tasks presented
    - short term
    - long term: how can you tell if the student is tiring? becoming frustrated? being distracted? average attention span? increase or decrease in physical movements?
- motivation and reinforcement
    - how often does the student need prompts or encouragement?
    - what are extrinsic and intrinsic reinforcers for the student?
- reactions to evaluator
- other factors
    - visual: nearness to material, squinting, rubbing eyes
    - auditory: needs repeats of verbal instructions, word confusion when given orally
    - language: fluency, grammatical errors, sentence complexity
    - physical: fidgeting, rocking, tapping, body language
    - general attitude: eager to finish? rushing through? genuine effort?

PRIOR, DOCUMENTED INTERVENTIONS: The IEP team must document prior interventions and their effects. Since a determination of EBD is based on behaviors that are not situational, it is important to consider whether there are interventions less restrictive than special education. Some helpful questions include

- What has been attempted? What are the results or effects?
- Have the interventions been implemented for a reasonable amount of time?
- Have individual students or small groups been targeted for interventions dealing with an identified problem and has there been an evaluation of the intervention(s) to determine effectiveness?
- Have antecedents to behavior been addressed? Environmental or setting events?
- Are school expectations clearly communicated to the student?
- Has the family been involved? Outside agencies? A pre-referral, teacher assistance or building assistance team involved?
- Are there other reasonable things to try? It is not necessary to try every possible intervention just for the sake of checking them off. However, it is important to ask whether anything obvious has been missed.
- Finally, what has been successful? What can be built on? It may be that successful interventions have been identified, but it is not reasonable to continue those efforts in the regular education program as structured. Don't be afraid of success—it's something positive to build on.

Many people ask when an intervention is adequate, and want to know when "enough" has been tried. Those decisions are up to the IEP team. It is not necessary to have attempted every possible intervention, but it is important to ask "are we missing something? Is there something else that we should try at this point?" Generally when we intervene with behavior, that behavior gets worse before it gets better. Students may test the limits of the new intervention, or try to find out if the interveners are really serious. Behavior theory suggests that it may take four to eight weeks to see improvement in behavior once an intervention has been introduced, and that would seem a reasonable standard for "has it been long enough?" All too often, an intervention is attempted, behavior deteriorates, and so the intervention is scrapped because it didn't "help". It is important to expect this initial deterioration and to be ready to stick with the intervention. It is also important to realize that even after behavior improves, the behavior may resurface ("spontaneous recovery"). Usually the behavior is not as intense as it was initially and will again decrease. This may happen several times before the behavior is finally gone.

CAUSE MAY BE INCLUDED: while knowing the cause of the EBD (e.g., a mental health condition, a history of abuse, ADHD, etc.) may be helpful in developing programming and for shedding light on the context or function of the behavior, the IEP team is not required to identify or verify the cause. Wisconsin's criteria do not require a mental health diagnosis, and there may be many interrelated factors that an IEP team cannot effectively sort out. In addition, this avoids blame and value judgments that might be implied if the cause had to be defined.

ANALYSIS OF THE ELIGIBILITY CRITERIA: *INCLUSION AND EXCLUSION [PI 11.36(7)(d)]*

This paragraph in the criteria is a cautionary statement only. It means that educational identification of EBD is not synonymous with any of the other listed terms, and terms alone do not substantiate EBD. There are no automatic inclusions or exclusions for special education based on labels from other systems such as law enforcement or mental health. There may be co-morbidity – a student may be both socially maladjusted and EBD, for example, or may be one or the other. Only an IEP team determines whether a student meets the eligibility criteria for an impairment and has a need for special education; only an IEP team determines whether a child has an *educational* disability. Records and other information from non-educational settings are obviously valuable and should be considered by the IEP team, but there is no automatic entitlement. Thus, the key word in this paragraph is "solely". The IEP team must conduct a full and complete evaluation and make individual decisions in determining whether or not the child is a child with a disability under state and federal special education laws, regardless of other existing issues or labels.

SPECIAL ISSUES

EVALUATING PRESCHOOL AND EARLY CHILDHOOD CHILDREN

Early childhood: special education (EC:SE) is not a disability but is a program delivery model. Each child placed in such a program must meet criteria for one or more of the impairments listed in PI 11.36. Wisconsin rules do not specifically address criteria for preschool children, but a child must meet criteria for EBD as previously discussed to be educationally categorized as having an emotional behavioral disability.

When evaluating young children, it may help to keep in mind PI 11.36(7) (b) 3 h:

> *"inappropriate behaviors that are so different from children of similar age, ability, educational experiences and opportunities that the child or other children in a regular or special education program are negatively affected"*

which emphasizes the need to compare the given child's behavior to the average or typical child of that age. It is important to ask if the child's developmental performance is within a reasonable range for his/her chronological age and ability level; do the child's emotional or behavioral problems appear to be affecting educational/developmental performance to a greater degree that similar problems that are affecting peers?

With young children, an evaluation for suspected EBD may focus on the child's ability to develop and maintain functional interpersonal relationships and to exhibit age-appropriate social and emotional behaviors. Ask whether there has been regular growth in skill development; if not, does it appear that emotional, social and/or behavioral needs are a concern? The evaluation process is a fact-finding task that includes an analysis of all aspects of a child's past and present performance to answer the question: *what exactly are the concerns and how severe are they?*

The following behaviors may signify a social-emotional problem in a young child:

- a low threshold or tolerance for frustration
- excessive trouble socializing with people, and/or difficulty trusting others
- throws toys or other objects whenever things do not go the child's way
- yells, shouts or curses to excess at other people
- frequent and extreme temper tantrums
- enjoys being alone most of the time, not apparently interested in being with children of own age
- frequently appears depressed or withdrawn
- exhibits unusual behavior patterns such as eating unusual things, excessively picking at certain areas of the body, crying at inappropriate times
- a short attention span, a high degree of distractibility, anxiety or impulsiveness.

These behaviors alone do not indicate an emotional behavioral disability; they do, however, suggest that further evaluation may be appropriate.

Evaluators of young children must be sensitive to the rapid changes that occur during the early years of life and must possess a special alertness to, and a working knowledge of, the many stages and phases through which young children go. Without this insight into the usual sequence of development, it is difficult to discern what the norm is and what is not. Behavior should be examined over a period of time to avoid making judgments based on narrow "snapshots." Alternative interventions should be considered and health-related problems ruled out.

Evaluators should consider the environment in which the child is misbehaving to determine if it appropriate for young children and also if the expectations of that environment are appropriate. For prekindergarten-age children, it is less important to categorize behaviors as occurring in "school", "home", and/or "community" and more critical to look at whether behaviors occur in a variety of settings. Environments for preschool children may include day care, preschool

programs, homes of child care providers, homes of relatives, stores, playgrounds and parks, neighborhoods, and religious meeting places. It is sometimes wrongly assumed that any setting where the child is accompanied by a parent is an extension of "home". Also, if young children are not taken on shopping expeditions or other outings, evaluators may want to ask why not. Parents may feel uncomfortable bringing the child into those situations again if there have been past behavior problems.

Even when an impairment is documented, the IEP team needs to determine if it significantly interferes with the child's ability to operate on a developmental level commensurate with peers. The discussion regarding need for special education will focus on activities that are appropriate for the child's age and developmental level rather than on the regular education curriculum.

EMOTIONAL BEHAVIORAL DISABILITY VS. SOCIAL MALADJUSTMENT

There are those who think the federal definition allows for automatic exclusion from ED[2] of students who are socially maladjusted. In fact, this is not the case. The federal definition also allows for the co-morbidity of social maladjustment and ED. The federal definition [300.7 (c)(4)(ii)]reads, in part:

> *"…The term does not apply to children who are socially maladjusted,* ***unless it is determined that they have an emotional disturbance****…." (emphasis added)*

Those who read the above sentence as an entitlement to exclude students who are socially maladjusted generally leave off the last phrase. If read correctly, the concept is the same in both the federal and state levels. The group who are excluded are not simply those who are socially maladjusted, but those who are not also EBD.

The issue of social maladjustment vs. EBD is one that has engendered considerable controversy and debate over many years. There is no commonly understood, accepted definition for "social maladjustment". The term is sometimes used interchangeably with "conduct disorder" but there is disagreement as to whether the terms are comparable or not.

It is not appropriate for an IEP team to make a clinical diagnosis, such as "conduct disordered" and a diagnosis from the medical or mental health community does not automatically qualify or disqualify a student from EBD as discussed above.

The following chart was compiled from a variety of sources and is for information purposes only. It is not meant to be used as a checklist, diagnostic tool, or definitive guide to the characteristics of any terminology or label. It may be helpful in conceptualizing possible differences or overlap between labels. Keep in mind that some students may display a public façade, while privately they are quite different. It is important not to be swayed by superficiality but to do some detective work and try to define what really is happening.

[2] erminology to be used in Wisconsin is "emotional behavioral disability" or EBD.

EBD	Social Maladjustment
* Self critical; unable to have fun	* Little remorse; seeks pleasure
* Naïve; gullible, fantasizes	* Street-wise
* Consistently poor adaptive behavior	* More situationally dependent
* Feelings easily hurt; a victim	* Acts tough; a survivor
* Hurts self or others as an end	* Hurts self or others as a means to an end
* Ignored or rejected by peers	* Often viewed as "cool" even if feared
* Friends tend to be law abiding, often younger; has no friends	* Friends are same age or older; often described as "bad"
* Seen as able to comply inconsistent achievement; appreciates help	* Seen as unwilling to comply; generally low achievement; doesn't want help
* Blames self	* Blames others
* Emotional overreactions tend to be anxiety, depression, guilt	* Anger is the most common emotional overreaction
* Behaviors may be unusual, bizarre, idiosyncratic	* Behaviors may be self-serving, manipulative
* Lack of social awareness	* Understands but does not accept general behavioral standards
* Limited or no social support for inappropriate behaviors	* Possible family, peer, neighborhood support for behaviors
* Social relationships tend to be characterized by inappropriate dependence	* Usually loyal to a delinquent peer group
* Often low self esteem or distorted self esteem	* May appear to have adequate self esteem; may show "macho" or "bravado"
*Preoccupied with conflicts and overly self concerned	* Rarely self reflective; very superficial sense of self

AODA ISSUES AND EBD

Alcohol and other drug abuse problems can co-exist with EBD, and this is another example of a label that does automatically include or exclude a student from special education. Chemical dependency issues become more of an issue with older students and may present challenges especially when evaluating a middle school or high school age student who has not been identified previously as EBD.

Although there has been little research done specifically on drug use among adolescents with EBD, the research that is available identifies significant drug involvement of students who are EBD. For those students already identified as EBD, this may have implications for on-going programming including disciplinary actions, but will not be cause to disqualify them from EBD unless it is determined they are no longer EBD.

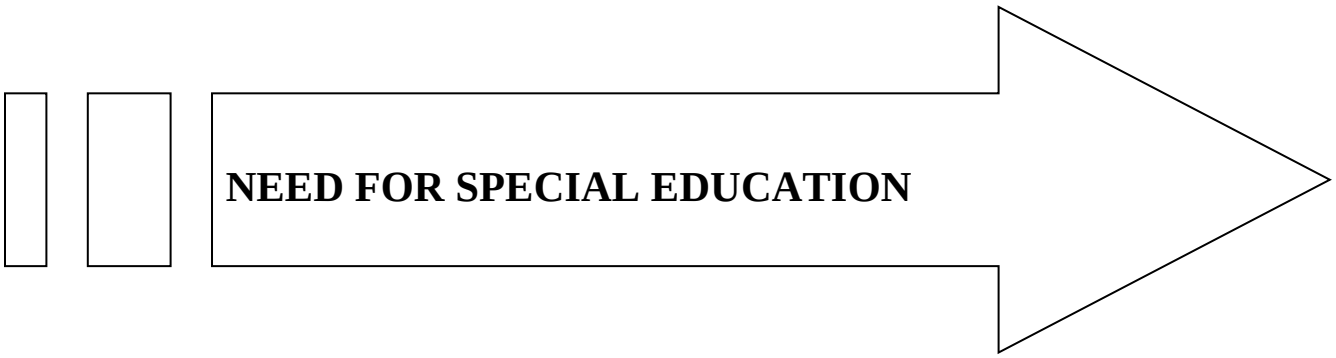
When evaluating students who have not previously been identified as EBD, it is important to look carefully at the issues. The disease of chemical dependency has a very rapid progression in adolescents, and chemical use and abuse may be episodic. There may be no long history and the chemical use and related behaviors may not occur across settings. Thus, the behaviors may fail the "severe, chronic, frequent, across settings" tests. Here are some questions and issues to consider:

- How does the time of onset of inappropriate behavior compare to the age of onset of chemical use and abuse? Is there a nexus? Do the patterns seem to have evolved together? Did the student's behavior and/or grades decline suddenly, or had there

been a history of school-related problems that seems to have been exacerbated by the use of alcohol or other drugs?

- What was the student like before beginning to regularly use and abuse chemicals? What is the student like when he/she is straight or sober?
- Do specific incidents, including disciplinary referrals, tend to relate to episodes of drinking or other drug use?
- Is there a pattern to the chemical use and related behaviors; e.g., Monday morning, before high stress events, etc.?
- What does the student say about his/her chemical use and abuse? What about his/her peer group? Does the student tend to use alone, or is he/she generally with a group of students, at a party, etc.?

As part of an evaluation, an AOD assessment can be considered. Chemical dependency is one of the conditions listed in PI 11.36 (7) (d) and neither automatically includes nor excludes a student as being identified as EBD. It is information for the IEP team to consider as they determine whether or not the student is a child with a disability.



PI 11.35 (2) A child shall be identified as having a disability if the IEP team has determined from an evaluation conducted under s. 115.782, Stats., that the child has an impairment under s. PI 11.36 that adversely affects the child's educational performance, and the child, as a result thereof, needs special education and related services.

PI 11.35 (3) As part of an evaluation or reevaluation under s. 115.782, Stats., conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the IEP team shall identify all of the following:

(a) The child's needs that cannot be met through the regular education program as structured at the time the evaluation was conducted.

(b) Modifications, if any, that can be made in the regular education program, such as adaptation of content, methodology or delivery of instruction to meet the child's needs identified under par. (a), that will allow the child to access the general education curriculum and meet the educational standards that apply to all children.

(c) Additions or modifications, if any, that the child needs which are not provided through the general education curriculum, including replacement content, expanded core curriculum or other supports.

A disability under federal and state special education requirements means that the student meets the eligibility criteria for at least one of the impairments and has a "need" for special education. A student may meet the eligibility criteria for EBD, for example, but does not automatically have a need for special education. A sample form for documenting the need for special education can be found at http://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms as part of the "Evaluation Report" (ER-1).

Throughout the determination of whether the student has an impairment, the IEP team has also been discussing the student's needs for program planning. Once the IEP team has determined the impairment they now must make a decision as to whether the student needs special education and related services as a result of that impairment.

The need for special education is an important issue that often is overlooked. The IEP team should ask questions such as "why does this impairment/why do these needs *require* special education? Does this really require special education and an IEP?"
As part of an evaluation or reevaluation conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the IEP team must address three questions:

I. What are the child's needs that cannot be met in regular education as structured at the time of the evaluation?

In discussing this issue, the IEP team should keep in mind that there is some level of variability within classrooms and schools have an obligation to address it. This first question requires the IEP team to examine the regular education environment to identify needs that cannot be met in that environment as structured. The IEP team must discuss the match-mismatch between the needs of the student and the regular education program. If there is a match between the regular education program and the needs of the student, the IEP may decide that the child has an impairment but does not need special education. If the mismatch is too great, the IEP team's analysis is not finished and they will move on to the second question. It may also be important to ask whether the needs are *educational* interventions vs. outside interventions (e.g.; psychiatric therapy, medications, other agency services) or both.

One example would be a student who has significant mental health needs, including an anxiety disorder. The student meets the eligibility criteria for EBD, and the IEP team must determine whether the student needs special education. The student is receiving out-patient psychiatric therapy counseling on a regular basis. School is important to him and he is holding his own in school. When the student feels pressured and his anxiety level increases, he needs a quiet place to spend up to 30 minutes relaxing and unwinding. After that time period, he is able to return to class and finish the school day. The school is able to meet his educational needs in the regular education program as structured by using the

school nurse and guidance counselor when the student needs a brief respite from classes. Therefore, the IEP team decides the student does not need special education.

II. What are the modifications, if any, that can be made in the regular education program to meet the child's identified needs and that will allow the child to access the general education curriculum and meet the educational standards that apply to all children (consider adaptation of content, methodology or delivery of instruction)?

As the IEP team begins to discuss modifications that may be needed in regular education, they should consider the following:

- What is involved in implementing the modification—time to implement? Time for training? Preparation? Short-term implementation vs. long-term or on-going?
- Can the modification be used with more students than the one being evaluated?
- Is this modification based on the general education classroom curriculum?

Appropriate modifications in the regular education classroom may or may not require special education and related services. Some modifications for a particular student may be minimal while others may be more complex.

A student who has an impairment of EBD might require modifications such as:

- more challenging content
- instruction several grade levels below current grade placement
- teaching of splinter skills
- prerequisite skills
- instruction beyond what can be provided through differentiated instruction
- remediation of skill deficits
- preferential seating such as away from distractions, near the teacher, or on the edge (rather than in the middle) of the classroom so that the student can move around without having to walk past other students
- small group or individual instruction rather than large group
- a different modality of instruction (for example, visual rather than auditory presentation)
- classroom organization and management
- assistive technology
- change in pacing such as presenting material more slowly or more quickly
- alternate assignments
- alternate assessments
- alternate classroom evaluation strategies such as test taking accommodations (setting, directions) or alternate methods (oral tests vs. written; a paper or project rather than an exam)

III. What are the additions or modifications, if any, that the child needs which are not provided through the general education curriculum (consider replacement content, expanded core curriculum or other supports)?

Does the student have needs that are not met in regular education even after that environment is carefully scrutinized and appropriate modifications are explored? If so, as the IEP team considers the student's needs, they will need to identify any instruction and supports outside of the regular education curriculum that the student would need. These additions or modification may or may not require special education.

Replacement or supplemental content for students who are EBD might include

- social skills instruction
- anger management training
- cognitive behavioral interventions such as errors in thinking
- moral development (Kohlberg)
- decision making or problem solving
- organizational and study skills
- transition skills such as self advocacy

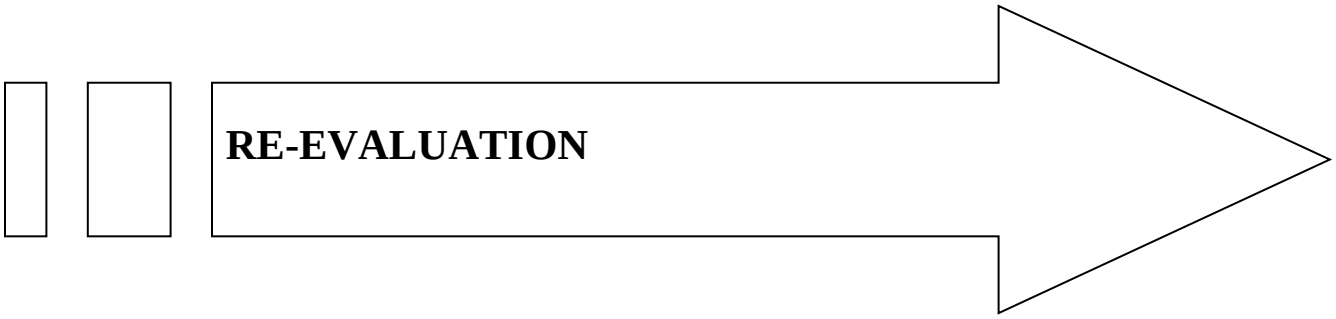
Expanded core curriculum might include "double dipping" where reading is taught using materials that have a prosocial message such as successful conflict resolution. Perhaps the regular education curriculum includes instruction on problem solving but does not include "enough" instruction for student, or the unit does not provide sufficient opportunities for practice and generalization. It might also be that the student needs additional drill and practice.

There are numerous other supports that may be appropriate for students who are EBD. These supports go beyond those modifications in regular education previously suggested in that the supports are generally substantial and time consuming. While it is possible for these supports to be provided in a regular education environment, they are generally not part of the regular education curriculum and/or exceed that generally available in regular education. These supports may be special education services provided, adaptations and modifications needed by the student in the general education environment, and/or program modifications and supports for school personnel:

- immediate feedback
- high degree of structure
- one-to-one instruction or supervision
- a behavior management system such as a token economy
- an alternate setting such as neutral site or a self-contained program
- communication and coordination with family and outside agencies
- cues or prompts
- lots of verbal reinforcement and encouragement
- specially designed physical education
- specially designed vocational education

- proximity control
- a detailed behavior intervention plan (BIP)
- crisis management
- collaboration among all involved staff
- program modifications and supports for school personnel (e.g.; a copy of the BIP or information on a specific syndrome such as Tourette's)
- a timeout area, quiet corner, study carrel, headphones to help screen out distractions

If the IEP team determines a student meets the eligibility criteria and has a need for special education, the student then has, or continues to have, a disability.



Students must be reevaluated at least once every three years, and more often if warranted. At reevaluation, a student may not appear to meet initial eligibility criteria. It is important to look beyond the surface and examine the interventions and supports that are in place and to ask the question "what would happen if we were to remove those programs and modifications?" The key question for the IEP team during a reevaluation is "does the student continue to need special education?" It may be that the student has made progress, but would deteriorate if the supports were removed. On the other hand, it may be time to begin to fade (gradually eliminate) those supports. A good practice is to begin to explore the need for the special education programming, supports, etc. prior to the re-evaluation so data can be collected, analyzed, and appropriate decisions made.

If students had to meet initial criteria at each reevaluation, it could mean dismissing some students and then having to pick them up again a few months later. This is not the intent, and so the focus becomes making an informed decision as to whether the student continues to need special education.

WDPI Web Resources

WI DPI home page for EBD with links to the following:
http://dpi.wi.gov/sped/program/emotional-behavioral-disability

- EBD Eligibility Criteria Checklist
- Evaluation Guide for EBD (this document)
- *Collecting Observational Data*
- *Using Interviews to Collect Behavioral Data*

WI DPI Special Education Index with links to the following:
http://dpi.wi.gov/sped/a-z

- Information Updates (Bulletins)
- Other disability category home pages, including eligibility criteria checklists and evaluation guides
- What's New
- WI Administrative Code PI-11
- And many other topics…