

<p>Chapter III CHILD FIND, EVALUATION AND REEVALUATION 707 KAR 1:300</p>

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SECTION 1. CHILD FIND REQUIREMENTS

Child Find System To Locate, Identify and Evaluate

A LEA shall have in effect procedures that plan and implement a child find system to locate, identify, and evaluate each child:

- (1) whose age is three (3) to twenty one (21);
- (2) who resides in a home, facility, or residence within the LEA's geographical boundaries, including children with disabilities attending private schools, children who are highly mobile such as migrant and homeless children as described in 704 KAR 7:090, and students who are advancing grade to grade resulting from passing a grade but who still may have a disability;
- (3) who is either in or out of school;
- (4) who may need special education and related services; and
- (5) for preschool age children with disabilities, a LEA must ensure a smooth and effective transition from the early intervention program to preschool; and
- (6) each LEA shall participate in transition planning conferences for children with disabilities served by early intervention programs.

The KLEA, through its Child Find system, makes a systematic effort to identify all children with disabilities residing within the district boundaries both out-of school and in school. The Child Find system includes activities to locate, identify, and evaluate each child who may meet the above criteria.

The child find system :

- a. has activities to locate, identify, and evaluate any child who is from three to twenty-one years of age;
- b. is available throughout the calendar year during the normal business day;
- c. involves opportunities for parent and community involvement; and
- d. informs all involved personnel of due process and confidentiality procedures and requirements consistent with Chapters VII and IX, Procedural Safeguards and Confidentiality.

The KLEA includes the involvement of parents and community in the child find system. During the year, the KLEA actively seeks and locates children who may have disabilities by:

- a. conducting awareness activities with the general public and with KLEA personnel to notify them of the need to find children with disabilities who need specially designed instruction and related services;
- b. contacting private and parochial schools and other programs and agencies providing services to children to notify them of the availability of specially designed instruction and related services and methods of referral; and
- c. conducting screening activities to identify any child who may need further evaluation to determine if the child has a disability and needs specially designed instruction and related services.

Public Notice

Annually, the KLEA gives public notice about child identification activities consistent

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with the notice requirements of this section and the procedures for public notice in Chapter IX, Confidentiality. The public notice, which is published in the local newspaper, is provided in conjunction with the public notice the KLEA gives to meet the requirements of the Family Educational Rights and Privacy Act (FERPA), and confidentiality rights to parents under the Individuals with Disabilities Education Act (IDEA).

The public notice is made in the native language or other mode of communication of the various populations in the geographical boundaries of the KLEA including any language or other communication mode that requires an interpreter or translator.

The public notice includes:

- a. a description of children for whom the district will keep personally identifiable information;
- b. what kinds of information the district wants to obtain;
- c. how the district will gather the information it wants, including basic tests administered to, or procedures used with, all children or youth of a given age or in a school, grade, or class which do not require parental consent (e.g., preschool screening);
- d. how the district will use the information it gathers;
- e. a summary of the district's procedures for storage, retention, and destruction of the information gathered (see Chapter IX, Confidentiality); and
- f. a description of the rights of parents, children, and youth regarding the information.

The public notice, child find posters, and child find brochures, which are distributed to a variety of locations, reaches parents who are:

- a. non-readers;
- b. without access to mass media (newspaper, radio, and TV);
- c. without children in school;
- d. homeless; or
- e. not primarily English speaking.

Annually, the DoSE sends a memo to the Director of Pupil Personnel requesting information about families residing in the KLEA boundaries who are non-English speaking. The DPP draws the requested information from the census files kept by the district.

When the DoSE identifies a need to interpret or publish the notice in a language other than English, the DoSE has the notice interpreted, or translated and published in the other language. If the DoSE is unable to find someone, (e.g., by checking the KDE web site for a translation; by contacting surrounding colleges and universities, etc.) to appropriately translate the notice, then the DoSE contacts the KDE, in writing, for assistance in securing the necessary interpretation or translation.

Upon obtaining the name and phone number of the translator or interpreter, the DoSE

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contacts the individual to make arrangements for the needed services.

If the services are for a written translation, the DoSE mails the content to the translator and requests a translation. Upon receipt of the translation, the DoSE delivers or mails the translation to the non-English speaking family or families.

If the services are for an interpreter, then the DoSE follows the phone conversation with a letter describing the dates, times, and services agreed to on the phone.

Copies of all letters of correspondence involved in securing necessary interpretations or translation of the notice, and a copy of any translation are kept on file in the office of the DoSE.

Awareness and Training of KLEA Personnel

The DoSE conducts awareness activities with KLEA personnel to notify them of the need to find children with disabilities who need specially designed instruction and related services. Copies of training materials and agendas are kept on file in the office of the DoSE. The awareness activities for KLEA personnel include the following:

- a. Prior to the start of school, the DoSE or designee trains or updates KLEA administrative personnel about procedures for due process, confidentiality, and referral of children who may have disabilities and need specially designed instruction and related services. Principals or their designees are then responsible for training their respective staff with 30 calendar days of the start of school. (see Chapter IX, Confidentiality, Section 8)
- b. Annually, the DoSE sends Child Find posters to each school building.

Private and Parochial School and Other Agency Involvement

Annually, the DoSE or designee mails and/or delivers Child Find posters and copies of the Child Find public notice to private and parochial schools and other programs and agencies which provide services to children to notify them of the availability of specially designed instruction and related services. Documentation of where and when the materials are delivered is maintained in files in the office of the DoSE. (see Chapter X, Private Schools, Section 2)

Within the first sixty days of the beginning of the school year, the DoSE mails a public service announcement to the local radio station requesting that the announcement be run as a public service. If the public service status is denied, then the KLEA pays for running the notice.

Each Spring, the DoSE sends a letter to the staff of civic organizations; parent groups; and other public and private agencies and facilities located, or serving children, within the jurisdiction of the KLEA. This letter confirms that a representative of the agency will serve as a contact person for child find activities during the next school year. The letter is sent to the following:

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- a. County Health Department,
- b. Early Intervention programs
- c. Civic Clubs (e.g. Optimists, Lions, Knights of Columbus, etc.)
- d. Medical community (e.g. pediatricians, family doctors, etc.)
- e. Preschool Interagency Planning Committee
- f. Head Start
- g. Refugee Center.

The purpose of the selection of Child Find contact persons is to involve community agencies and organizations in implementing activities to carry out the child find system. The child find contact person:

- a. assists in the creation of public awareness, including making non-English speaking and other populations who use another mode of communication aware of child find efforts;
- b. implements strategies and activities such as distributing child find materials to create awareness about the needs of children with disabilities, and
- c. serves as a referral source to locate all children who may have an educational disability and need specially designed instruction and related services;

Use of Screening Information

The KLEA Child Find system uses information obtained through any systematic screening program, including educational history, enrollment requirements of a medical examination, and routine screening (as described in the KLEA School Health Service Manual and in accordance with 704 KAR 4:020, Sections 2 and 3) of all children enrolled in the KLEA in order to identify physical and mental health barriers impacting the learning of individual children. KLEA personnel use screening information to locate any child who differs from the general population and who may have a disability and needs specially designed instruction and related services.

The screening programs are non-discriminatory and:

- a. apply established criteria for passing and not passing each screening activity;
- b. include instruments and techniques appropriate for the various modes of communication and languages in the community;
- c. use only those persons who are qualified and appropriately trained according to the user's manual or directions to conduct screening activities;
- d. include methods for maintaining individual information from screening results in individual student records;
- e. include activities which occur on a regularly scheduled basis, as well as those which are conducted on an as needed basis;
- f. are written and communicated to school staff; and
- g. include methods for sharing the results of screening activities with the parents of the child.

If, after the implementation of KLEA's screening procedures, including any follow-up activities, a child continues to have physical or mental health barriers to learning after the interventions, and a disability is suspected, then the individual who monitors the interventions initiates a referral that is submitted according to procedures in Section 2.

Use of Information Obtained Through Intake Procedures

If information indicating that a child may have a disability is received other than from the results of a screening activity, the DoSE or designee attempts to obtain intake information on the child.

Intake information may include:

- a. the name, date of birth, age, sex, and social security number (if available) of the child;
- b. the address of the child; (The DoSE determines the district of residence of the child. If the child does not live within the KLEA's boundaries, then the child is not a resident of the KLEA. The DoSE or DPP mails a copy of the intake information to the DPP of the district of residence of the child.)
- c. the date the initial intake information is received by the district;
- d. the name, address, home and work phone number (s), place (s) of employment of the parents or guardian; and
- e. the name, address, home and work phone number (s), place of employment and relationship to the child of the person with whom the child resides if the child is not living with the parent (s);
- f. suspected disability;
- g. history of early intervention, prior school attendance, and screening results;
- h. description of services the child is receiving or has received in the past;
- i. names of agencies or organizations providing services to the child;
- j. language or mode of communication used by the family and the child;
- k. the Child Find activity or the reason the individual contacted the school district; and
- l. the recommendations and actions taken, including dates and persons responsible.

The DoSE or designee conducts identification activities to follow-up on the intake information, including:

- a. contacting the parent of the child to obtain additional information and informing the parent of the process for referral of a child suspected of having a disability;
- b. reviewing information available from the representative of the child or youth and any other information available through the school or other agency records to determine the need for further action; and
- c. referring the child to an age-appropriate school or service agency for additional services (e.g., enrolling the child in school or referring a one-year old to a Part C infant-toddler program). If the referral is to an ARC, then the referral is consistent with the criteria in Section 2.

The DoSE contacts the parent or guardian of the child to determine:

- a. if the child is in school or the reason if the child is not in school;
- b. if the parent or guardian is aware of the child's rights and the services available through the KLEA; and
- c. any additional information needed to complete the Child Find intake information.

Child Tracking Information System

The KLEA utilizes the Child Tracking Information System as required by the KDE Division of Exceptional Children Services. The Child Tracking System is used throughout the year to provide needed information (e.g., compilation of child reporting data, identification of those children requiring re-reevaluation).

Action Taken for Ages Birth To Three Years

Prior to the exchange of any personally identifiable information between the KLEA and another agency, parental consent for disclosure is obtained according to procedures in Chapter IX, Confidentiality.

If the child has not reached his or her third birthday, the DoSE contacts the source of the information and requests follow-up information from possible service providers. The verified information is entered in the Child Tracking System.

Monthly, the DoSE reviews a Child Tracking System report of the children who have disabilities and will turn three during the next three months.

The KLEA participates in transition planning conferences for children with disabilities who have been served by early intervention programs and who will be turning three (3) years old within ninety (90) days. This transition planning conference may not be an ARC meeting, but the ARC will meet to determine eligibility for service and develop an IEP before services begin for the child. Eligibility determination and development of the IEP must be completed by the child's third birthday. If a child's birthday occurs during the summer, the ARC determines the date when services under the IEP will begin. (See Chapter II, FAPE, Section 8.)

It is the responsibility of the early intervention program to notify the KLEA of the need for the transition planning conference for a child, in accordance with Sec. 303.148 Transition to preschool programs of 34 CFR Part 303, Early Intervention Program for Infants and Toddlers with Disabilities.

Notify the local educational agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B of the Act, as determined in accordance with State law;

(i) In the case of a child who may be eligible for preschool services under Part B of the Act, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days, and at the discretion of the parties, up to 6 months, before the child is eligible for the preschool services, to discuss any services that the child may receive; or

in the case of a child who may not be eligible for preschool services under Part B of the Act, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services that the child may receive.

The DoSE, or designee, shall attend the transition planning conference, and based on

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information received, determine the appropriate ARC to assume responsibility for planning for the child. (See also Chapter II, FAPE, Section 8.)

Action Taken for Ages Three to Six Years

Prior to the exchange of any personally identifiable information between the KLEA and another agency, parental consent for disclosure is obtained according to procedures in Chapter IX, Confidentiality.

If the DoSE receives intake information and there is a Child Tracking System file on the child, the DoSE accesses the file to determine agency involvement. The DoSE contacts the person responsible by phone or in person and requests a written status report on the referred child.

If there is no Child Tracking System file on the child, the DoSE reviews the intake information and determines if the child has been screened for developmental and skill areas. If screening has been conducted, the DoSE contacts the agency which conducted the screening(s) and requests a copy of the screening results and information about follow up that was provided for the child.

If the Child is enrolled in the KLEA, the information and concern is given by the DoSE to the appropriate KLEA Representative in order that a referral may be prepared for the child.

Action Taken for Ages Six to Twenty-one

When the DoSE receives intake information, and the child has reached his or her sixth birthday, but not the twenty-first birthday, the DoSE uses the intake information and the Child Tracking System file to decide which steps need to be followed.

Prior to the exchange of any personally identifiable information between the KLEA and another agency, parental consent for disclosure is obtained according to procedures in Chapter IX, Confidentiality.

If the child is of compulsory school age (6 to 18), **not enrolled in school** and there is no Child Tracking System file or a Child Tracking System file confirms the child has **not previously been identified** as having a disability nor received special education services, the DoSE gives a copy of the intake form to the DPP. The DPP follows the district's procedures for enrollment and attendance. The DPP notifies the DoSE, who sends a copy of the intake information to the building principal. The building principal initiates procedures for a written referral for special education and related services if it is suspected that the child has a disability.

If the child is of compulsory school age, **not enrolled in school**, and the Child Tracking System file or intake information confirms the child **previously has been provided special education and related services**, the DPP initiates enrollment and attendance

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procedures. The DPP notifies the DoSE, who sends a copy of the intake information and confirmation of prior services to the building principal. The building principal initiates procedures for a written referral for special education and related services or continues the provision of services through the current IEP.

If the child is **enrolled in a school in the district**, the Child Tracking System file confirms the child is **not currently receiving services**, and the intake information indicates the possibility of a disability, the DoSE sends a copy of the intake information to the building principal in the school where the child is enrolled. The building principal initiates procedures for a written referral for special education and related services.

If the information obtained from the Child Tracking System verifies the youth **has an educational disability**, is between ages sixteen and twenty-one, was receiving special education and related services, and **dropped out of school or exited with a certificate** (not a general education diploma) then the DoSE sends written notification to the youth or guardian that the child may return to school to receive a FAPE.

If the child **graduated with a general education diploma**, the DoSE notifies the intake source that the child has completed his/her public education.

If the child is enrolled in a **private or parochial school** and there is no Child Tracking System file, or a Child Tracking System file confirms the child has **not been identified previously as having a disability**, nor received special education services, the DoSE sends the principal of the private school a copy of the intake information and KLEA procedures for referral for special education services. The DoSE requests that the principal provide the needed referral information in writing. When a written referral is received, the DoSE initiates the ARC process according to procedures in Chapter V, IEP, Sections 2 and 3.

If the intake information of Child Tracking System verifies that the youth has **reached the twenty-first birthday**, has a disability and was receiving special education and related services, and **dropped out of school prior to graduation** with a diploma, then the DoSE informs the intake source that the child is no longer eligible for services from the KLEA.

SECTION 2. REFERRAL SYSTEM

A LEA shall have a referral system that explains how referrals from district or non-district sources will be accepted and acted upon in a timely manner.

Assistance in Completing a Referral

School Personnel Referral Source

Each building Principal or designee is responsible for assisting any individual with knowledge about a child in understanding and completing the referral process when

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appropriate. A teacher (or other staff member) who seeks to refer a child will be supported in the development of appropriate instructional and behavior supports for the child, and when it is suspected that the child has a disability, will receive assistance in completing all referral information on a form provided by KLEA.

Parent or other Non-school Referral Source

If a parent or other person not employed by the KLEA seeks assistance for a child whom he or she believes to have a disability, the building principal or designee provides assistance to make sure the written referral:

- a. includes the required information, and
- b. is submitted to the building principal within 15 school days.

The referral will be completed and submitted to the child's principal even though the child's teacher or other school staff may not agree that there is reason to suspect the child has a disability. ***Only the ARC has the authority to determine if a disability is suspected and a full comprehensive evaluation is needed.*** If the child is not enrolled in school, the referral is submitted to the DoSE.

Within two days of the receipt of a referral, the KLEA Representative selects members of the ARC in accordance with Chapter V, IEP, Section 3. An ARC meeting is scheduled to discuss the referral and the possible need for an individual evaluation to determine:

- a. if the child is a child with a disability, and
- b. to specify any additional information needed for a full and individual evaluation.

The meeting is scheduled in accordance with procedures in Chapter VII, Procedural Safeguards,, Section 1 and conducted in accordance with procedures in Chapter V, IEP, Section 2.

Referral Information

A written referral, on a form provided by KLEA, includes the following types of information:

- a. personally identifiable data including name and date of birth of child, social security number if available, parent, and address;
- b. an educational history for each child referred which may include: school(s) attended; patterns of attendance (e.g., excessive absences, excessive tardiness, discipline reports, suspension(s); current level or grade placement; years in school; results of systematic screenings; a summary of achievement data (e.g., rating scales, work samples, grades, teacher records); family and student programs (provided through the school or other agencies) in which the child has received services; and other relevant information (e.g., textbook series used; and other curriculum, etc.);
- c. a written description of the current status of the child in relation to his or her similar age peers in areas such as communication, academic performance or developmental skills; health, hearing, vision and motor abilities; social and

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- emotional interaction; general intelligence; etc., including performance on district-wide and state mandated assessments and existing screening data collected according to KLEA procedures for screening to identify mental and health barriers to learning; and,
- d. for each area of concern, a written summary of appropriate instruction, support services, and interventions (e.g., adjustments in teaching strategies to accommodate learning style or learning preferences) used that have been provided and were proven ineffective to address the concern and improve the educational performance or behavior of the child in the regular educational program and environment. This written summary may, for example, include the following:
 1. the areas of educational performance or behavior targeted for intervention;
 2. specific interventions used (e.g., support services, strategies, methods, materials, environmental changes);
 3. the length of time the interventions were implemented;
 4. the criteria for evaluating acceptable performance;
 5. the methods used for documenting child performance; and
 6. the impact of the interventions on the problem.

ARC Use of Referral Information

Within two days of the receipt of a referral, the KLEA Representative selects members of the ARC in accordance with Chapter V, IEP, Section 3. An ARC meeting is scheduled to discuss the referral and the possible need for an individual evaluation to determine:

- a. if the child is a child with a disability, and
- b. to specify any additional information needed for a full and individual evaluation.

The meeting is scheduled in accordance with procedures in Chapter VII, Procedural Safeguards, Section 1, and conducted in accordance with procedures in Chapter V, IEP, Section 2.

Using the referral information and any other pertinent information provided to the ARC, the ARC examines the current status of the child in appropriate areas as related to the suspected disability to determine:

- a. Whether there is reason to suspect the child is a child with a disability, and
- b. If so, to specify additional information needed for a full and individual evaluation.

At the meeting, the KLEA Representative or other KLEA ARC member describes the decision making process for evaluation as including the following steps:

- a. Discussion and review of the referral;
- b. Decision on whether the child may have an educational disability;
- c. Determination of the suspected disability or disabilities;
- d. Designing an evaluation plan by reviewing existing data (see Section 3) and current status in areas of concern; and,
- e. Obtaining parental consent for evaluation prior to initiating any evaluation procedure.

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First, the ARC reviews referral information to verify that appropriate instruction and support have been provided to address factors possibly contributing to deficits in educational performance (e.g., adjusting teaching strategies to learning style, or learning preference; or support for background factors such as divorce, dialect, neglect, abuse, health and cultural differences).

If the ARC cannot verify that a concern persists after appropriate instruction and supports have been implemented in the general education program, the ARC may discuss appropriate interventions and supports that might be implemented in the general education setting to address the concern. (See following section: "Failure of Referral to Support a Suspected Disability")

If the ARC verifies that appropriate instruction and support have been implemented, then the ARC examines the referral information regarding present levels of educational performance and each area of concern identified. Other referral information, including screening results, is also examined to decide whether or not the child differs from his or her peers in the area(s) of concern to the extent that the information supports the presence of a suspected disability.

Each ARC makes sure that:

- a. results of vision, hearing and other screenings required for all children are available and used in the decision making process;
- b. in the event that screening information (e.g. vision, hearing, health, etc.) required by KLEA for all children is for any reason not available, such screenings are conducted prior to additional assessments being administered; and
- c. all issues identified by failed screenings are addressed prior to collection of other evaluation data;
- d. any needed evaluation is conducted at no cost to the parents; and
- e. all evaluations are administered in conformance with non-discriminatory evaluation procedures.

ARC Action

Failure of Referral to Support a Suspected Disability

If the ARC decides that the referral does not support the possibility of the presence of a disability, and therefore the ARC decides not to conduct an evaluation, the recorder documents the ARC's decisions in the Conference Summary. The ARC may discuss specific instructional and curriculum modifications that might be implemented in the regular classroom including support services (e.g., Title I, counseling, peer tutoring, ESS services) to be offered through the KLEA. This refers to the modifications and interventions that are available to children who are not disabled and are enrolled in a similar program.

The KLEA Representative provides notice of the refused action (refusal to initiate the evaluation of the child) to the parent and to the referring person stating the reason the

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child is not eligible for evaluation services including:

- a. An explanation of why the ARC decided there is no reason to suspect that the child has a disability;
- b. Options the ARC considered and reasons why the options were rejected;
- c. A description of each test, record, or report the ARC uses as a basis to refuse a full and individual evaluation; and
- d. A description of any other factors that are relevant to the ARC's refusal.

Determination that a Disability is Suspected

If the ARC determines that the referral information indicates a need for a full and individual evaluation to determine if the child has a disability and needs specially designed instruction and related services, the ARC completes a review of existing data (see Section 3, Review of Existing Data). The ARC then determines the evaluation information required in accordance with the suspected disability to guide the evaluator(s) in selection of appropriate procedures and instruments according to procedures in Section 3, "Evaluation and Reevaluation Procedures".

Determination of Areas for Evaluation

The ARC members consider the disability definitions and eligibility criteria (Chapter I, Definitions and Chapter IV, Eligibility) to determine which area(s) of disability most closely approximates the area (s) of concern identified on the referral and which disabilities may be eliminated. The ARC is not limited to considering just one disability area.

The ARC uses the referral information, and any other available information (see "Review of Existing Data" section in this Chapter), to determine the area(s) of suspected disability.

A child is assessed in all areas related to the suspected disability.

The ARC documents options considered and reasons why options were rejected, e.g., if referral information shows no deficits in vision, hearing, communication or health these areas may be eliminated as possible disabilities. The ARC members also eliminate the disability areas where there is no match or alignment with the concerns identified on the referral

The ARC compares the problems identified through a review of the referral and other information with the criteria of each disability category and selects one or more categories for direction in additional individual testing.

The KLEA Representative states at this point that determining a suspected disability is only a means of narrowing the evaluation possibilities of the child and that it should not be inferred that the child has been classified as disabled at this time.

The recorder lists the area(s) of suspected disability in the Conference Summary.

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The components of the evaluation are listed on the Conference Summary or the Evaluation Planning Form.

Evaluation/Consent

A full and complete individual evaluation is conducted by qualified evaluators in all areas related to the suspect disability. Assignment, or acquisition, of individual evaluators is an administrative responsibility.

The recorder documents the ARC's decisions in the Conference Summary.

The KLEA Representative provides notice of the proposed action (evaluation) to the parent according to the procedures in Chapter VII, Procedural Safeguards, Section 2 and requests written consent to conduct the full and individual evaluation according to Chapter VII, Procedural Safeguards, Section 4. The KLEA Representative obtains written parental consent before any individual evaluation procedures or instruments are administered to determine if the child has a disability and needs specially designed instruction and related services.

The KLEA Representative arranges for the child to be evaluated in the area(s) related to the suspected disability according to procedures in Section 3 as specified by the ARC on the conference summary only after notice is provided and consent is received. When the written evaluation report is received, an ARC meeting is scheduled to discuss results, determine eligibility and develop and IEP, if appropriate.

If consent is not given, the KLEA Representative and the DoSE follow procedures for Denial or Revocation of Consent in Chapter VII, Procedural Safeguards, Section 4.

SECTION 3. EVALUATION AND REEVALUATION PROCEDURES.

Review of Existing Data (Initial or Reevaluation Process)

Assessment tools and strategies shall be used that provide relevant information that directly assist and are used in the determination of the educational needs of the child. As part of an initial evaluation, if appropriate, or as part of any reevaluation, the ARC and other qualified professionals, if necessary, shall review existing evaluation data on the child including:

- (a) evaluations and information provided by the parents;
- (b) current classroom-based assessments and observations; and
- (c) observations by teachers and related services providers.

Existing evaluation data, including data that may have resulted from previous ARC evaluation efforts, must be reviewed and a determination made regarding current validity to the issues under determination by the ARC. This includes data in all areas as may be related to the disability, such as vision, hearing, intelligence, social-emotional functioning, medical, severe discrepancy and exclusionary factors. Professional ethics requires that the evaluator(s) or qualified substitute review the data and provide input to

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the ARC regarding the current applicability of the data and the possible need for additional data in order to make the decision if the child continues to be a child with a disability.

Professional ethics requires that the evaluator(s) or qualified substitute review the data and provide input to the ARC regarding the current applicability of the data and the possible need for additional data in order to make the decision if the child continues to be a child with a disability. The KLEA Representative is responsible for obtaining this input for the ARC from the evaluator(s), or a qualified equivalent substitute(s). This review of existing data may be conducted without parent consent and without an ARC meeting; however, all data and recommendations must be presented to the ARC for consideration and action.

This input will be shared with the ARC as a review of existing data, and utilized as the ARC conducts its review of existing data and makes the determination regarding the need for additional data.

This existing evaluation data also includes evaluations and information provided by the parent, current classroom-based assessments and observations, and observations by teachers and related services providers, any or all of which data may not have been previously utilized by the ARC to determine eligibility. Such data must also be reviewed by the appropriate qualified professionals who then give input (written or in person) to the ARC.

On the basis of the review, and input from the parents, the ARC shall identify what additional data, if any, are needed to determine:

- (a) whether the child has a particular category of disability, or in the case of a reevaluation of the child, whether the child continues to have a disability;
- (b) the present levels of performance and educational needs of the child;
- (c) whether the child needs special education and related services, or in the case of a reevaluation, whether the child continues to need specially designed instruction and related services; and
- (d) whether any additions or modification to the special education and related services are needed to enable the child to meet the measurable goals set out in the IEP and to participate, as appropriate, in the general curriculum.

The LEA shall administer tests and other evaluation materials as needed to produce the data identified by the ARC.

Initial Evaluation

A LEA shall ensure that a full and individual evaluation is conducted for each child considered for specially designed instruction and related services prior to the provision of the services. The results of the evaluation shall be used by the ARC in meeting the requirements on developing an IEP as provided in 707 KAR 1:320 (Chapter V, IEP).

Before any action is taken with respect to the initial placement of a child with disabilities in a special education program, the KLEA conducts a full and individual evaluation of the educational needs of the child at no cost to parents. The ARC ensures that neither

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specially designed instruction nor related services is provided to a child before a full and individual evaluation is completed and eligibility is determined.

"Individual evaluation" means that evaluation procedures that are used to determine whether or not a child has a disability must be administered selectively and individually to a child, and thus may not include tests administered to or used with all children in a grade, class or school. The ARC does not use the results from group-administered tests or procedures for determining the presence of a disability. However, in accordance with Chapter V, IEP, Section 5, the ARC must also consider for programming purposes in IEP development, the results of the child's performance on any general state or district-wide assessments program.

The ARC is responsible for provision of the assessments needed in order to determine that a child is a child with a disability who requires specially designed instruction and related services. The ARC assures that tests and other evaluation procedures include materials tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.

The ARC makes sure that information from a variety of sources is used in determining eligibility and planning an appropriate program and that a single procedure is never used as the sole criterion determining eligibility or an appropriate educational program for a child.

The KLEA Representative makes sure that a full and individual, non-discriminatory evaluation is arranged, as per the decisions of the ARC, for each child who is suspected of having a disability and needing special education and related services. Upon timely completion of the evaluation (**fifty school days**), the KLEA Representative schedules a meeting of the ARC to consider eligibility determination, and the development of an IEP, if appropriate.

KLEA Criteria for the Selection of Evaluation Instruments

Tests and other evaluation materials used to assess a child shall be:
(a) selected and administered so as not to be discriminatory on a racial or cultural basis; and
(b) provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so.

Materials and procedures used to assess a child with limited English proficiency shall be selected and administered to ensure that they measure the extent to which the child has a disability and needs specially designed instruction and related services, rather than measuring the child's English language skills.

Tests shall be selected and administered so as best to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).

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Tests and evaluations are administered in the native language or other mode of communication used by the child unless it is clearly not feasible to do so.

The ARC makes sure that evaluators accommodate the mode of communication and language (e.g., signing, gesturing, English, Spanish, Japanese) used by the child and that results are non-discriminatory in terms of race, culture, sex, or disability

If the child uses a language other than English, or uses an alternate mode of communication (e.g., American Sign Language, Bosnian, communication board, etc.) components of the evaluation are conducted by a person fluent in the language used by the child in conjunction with a speech-language pathologist to determine the communicative abilities of the child in that language or mode of communication. **Within two (2) business days** of an ARC determination that child evaluation information must be gathered in a language or mode of communication other than English, the KLEA Representative notifies the DoSE about the modification(s) needed. The DoSE arranges for a translator.

A determination that "it clearly is not feasible" to administer an evaluation instrument in the native language or to conduct an assessment in the mode of communication is only made if, after consultation with the Kentucky Department of Education (KDE) and each surrounding state supported institution of higher education within the State, no translator or interpreter can be found.

Tests must be selected and administered so as to ensure that when a test is administered to a child with impaired sensory, motor, or speaking skills, the test results accurately reflect the aptitude or achievement level of the child, or whatever factors which the test purports to measure, rather than reflecting the impaired sensory, motor, or speaking skills of the child (except where those skills are the factors which the test purports to measure). Therefore, the ARC must have appropriate information about the status of these areas before determining the need for further evaluation, e.g., an achievement test administered to a child with an unidentified vision or hearing impairment would violate the child's right to non-discriminatory evaluation.

A variety of assessment tools and strategies shall be used to gather relevant functional and developmental information about the child, including information provided by the parent, and information related to enabling the child to be involved in and progress in the general curriculum described in the Kentucky Program of Studies, 704 KAR 3:303.

The following assessment tools and strategies may be utilized in the determination and implementation of a full evaluation by the ARC and the evaluators:

General education interventions or early childhood screenings may include records of interventions attempted and data collected during planning, implementing, monitoring and evaluating the child's response to interventions. For preschool children, this

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includes records of screening activities such as results of assessments, vision and hearing results, and others.

Record Review includes evaluations and information provided by the parents, current classroom-based assessments, information from Infant-Toddler service providers, health/medical records, records from previous evaluations, vision and hearing screening and evaluation results, reports from other agencies, portfolios, cumulative file information, curriculum guides, and other records.

Interviews include interviews with parents, teachers, related services personnel, and other caregivers as well as with the student, if appropriate. The information gathered during the interview process may include instructional history, social history, additional medical information, learning preferences, and other data from interviews.

Observations include structured observations, rating scales, ecological instruments, behavioral interventions, functional analysis of behavior and instruction, anecdotal, and other observations (conducted by parents, teachers, related services personnel, and others).

Tests include individual and group measures of ability or aptitude, performance-based assessments, norm-referenced or criterion-referenced achievement measures (national, state, or local), adaptive behavior scales, measures of motor function, speech and language, and other tests.

A standardized test given to a child shall:

- (a) have been validated for the specific purpose for which they are used;
- (b) be administered by trained and knowledgeable personnel in accordance with any instructions provided by the producer of the tests; and
- (c) be conducted under standard conditions unless a description of the extent to which it varied from standard conditions is documented in the evaluation report.

Tests and other evaluation materials shall include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.

A single procedure shall not be used as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child.

The child shall be assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

The evaluation shall be sufficiently comprehensive to identify all the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.

Assessments tools used shall be technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

Evaluators must utilize a variety of assessment tools and strategies to gather relevant functional and developmental information about the child, including information from the parents, and information related to enabling the child to be involved, and progress, in the general curriculum (or for a preschool child, to participate in appropriate activities). The tools and strategies must yield relevant information that directly assists in determining the educational needs of the child.

Criteria and Responsibilities of Evaluation Personnel

The DoSE makes sure that evaluation personnel use KLEA criteria to select and administer current editions of the assessment instruments.

Tests and procedures used by the evaluators are:

- a. validated for the specific purpose for which they are used; and
- b. not biased relative to race, culture, socioeconomic status, or impaired sensory, motor or speaking skills.

The ARC makes sure that:

- a. evaluation procedures appropriate for the age and ability level of the child are used by the evaluator; and
- b. procedures selected are normed on a population which includes children and youth the same age.

The ARC makes sure that evaluators use tests with a reliability level of .85 when determining an initial or continuing eligibility for special education for a child.

Note: Evaluators may choose to use measures with a reliability of less than .85 or to use individual subtests to obtain additional instructional or program information, provided the ARC is fully informed of individual test properties (e.g., reliability, limitations in applicability) and of any discrepancies among evaluation results which may occur as a result of test selection.

Each evaluator makes sure that each assessment procedure administered to a child with impaired sensory, motor or speaking skills, is selected to make sure it measures rather than reflects the impaired sensory, motor, or speaking skills of the child.

When evaluating minority children or youth, evaluation personnel select tests and other evaluation procedures which measure and evaluate equally well all significant factors related to the learning process (e.g., cultural, language factors).

Each evaluator:

- a. selects tests and other procedures according to areas assigned for evaluation by the ARC and those which they have been trained to administer;

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- b. administers, scores, and interprets the tests and procedures selected according to the instructions specified in the test manuals or through training for each test or procedure;
- c. makes sure that tests are not administered to children or youth whose age, disability, linguistic or cultural background is outside the range of his or her training or experience; and
- d. describes any modification of standard test administration procedures or scoring with cautions regarding the possible effects of such modifications on validity.

The DoSE makes sure evaluation personnel conduct evaluations only in the areas for which they are qualified consistent with Chapter VI, Comprehensive System of Personnel Development.

The DoSE makes sure that each person administering and interpreting evaluation procedures and instruments meets the training specifications stated in the test administration manual. Evaluation personnel are trained in:

- a. specific areas of evaluation of children and youth with disabilities;
- b. the specific evaluation procedures used with children and youth with disabilities;
- c. use of the procedures for the purpose intended by the developer and with individuals for whom their reliability and validity are empirically supported; and
- d. selection and administration of evaluation procedures so that impaired motor, emotional, communication, and sensory skills or cultural differences do not interfere with the evaluation of other skills and abilities.

When cognitive or intellectual evaluation is obtained through contract with an outside provider, the DoSE makes sure that the evaluation is conducted by persons certified or licensed to conduct such assessments by the State Board of Psychology or Kentucky Board of Medical Licensure. **Copies of the certificates or licenses of the outside providers are obtained by the DoSE and kept on file in his or her office prior to the establishment of the contract.**

Tests are scored and interpreted correctly and if KLEA personnel find that a test has been scored or interpreted incorrectly, KLEA personnel immediately correct the error and the implications of the error. (See procedures for completing the written report in Chapter IV, Eligibility.)

Over-Representation or Under-Representation

If apparently valid and reliable testing and evaluation materials appear to have led to the over-representation or under-representation of children or youth who are members of a particular race, socioeconomic level, national origin or cultural group in any category of children with disabilities, then the KLEA conducts a self-evaluation. The self-evaluation is under the direction of the DoSE.

Written Evaluation Report

The evaluation data obtained from all sources and interpreted and used by the ARC to determine eligibility and plan an appropriate program is documented in the form of a comprehensive written report. (See Chapter IV, Eligibility)

This report, which is written in language understandable to the ARC members, synthesizes the results of each procedure and instrument used in the individual assessment.

The ARC makes sure that the written report includes each procedure and instrument, from the full and individual evaluation of the child, which is used by the ARC to:

- a. validate the specific disability;
- b. determine the need for special education and related services; and
- c. conduct instructional planning.

The written report of the evaluation data used and interpreted by the ARC for determining eligibility and planning an appropriate program may include, for example:

- a. Child identification information (i.e., name, parents, phone, date of birth, grade, school);
- b. A comparison and interpretation of the performance of the child to similar age peers in areas as previously directed by the ARC;
- c. The full name of all instruments and procedures used, the date each was administered and by whom; any departures from standard test administration procedures and the reasons for that departure;
- d. Data and sources from standardized, norm-referenced measures which:
 1. include percentiles and standard scores and not solely grade or age equivalents;
 2. are reported with confidence intervals; and
 3. are in a form that allows for inter-test comparisons (e.g., converted to age-based scores);
- e. Data from all informal measures, including:
 1. results of interventions tried before referral;
 2. a summary of behaviors noted during the observation(s) of the child;
 3. the specific calculations used to determine a severe discrepancy between ability and achievement for a child suspected of having a specific learning disability;
- f. An explanation of any discrepancies among evaluation results, e.g., between formal test results and the customary behaviors and daily activities of the child;
- g. Statements about the unique or individual differences of the child related to the education environment and success in general education curriculum;
- h. Statements about specific classroom tasks or contexts which are unique to the child (e.g., error pattern analysis, learning style or learning preferences, incentive or motivational style, communication and interpersonal skills);
- i. Statements about other factors that impact on the educational performance of the child (e.g., medical, environmental, cultural, linguistic or economic factors);

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- j. Descriptions of the types of activities which might effectively meet the unique educational needs of the child (e.g., instructional techniques, modifications or adaptations, behavior management strategies, lighting, study carrels); and
- k. List of the names and professional roles of all evaluators.

When computer-assisted reports are used, the program:

- a. allows for input of individually relevant data beyond demographic data;
- b. responds to the specific questions and concerns of the ARC;
- c. analysis of the data includes the provision of recommendations that relate to individualized instructional planning specific for the individual child; and
- d. allows for the application of Kentucky specific eligibility criteria.

Upon completion of all the evaluations, the qualified examiner(s) such as: the school psychologist, speech-language pathologist or vision consultant, who is knowledgeable about the evaluation procedures used with the child and is familiar with the results of the evaluation, collects the various evaluation reports from each evaluator and examines the scoring process. If an error is found, the specific evaluator corrects it immediately. The school psychologist, speech-language pathologist or vision consultant then synthesizes all the evaluation data into a single report.

The written report is delivered to the appropriate KLEA representative within fifty (50) school days of the date the Consent to Evaluate was obtained. Within two (2) school days, a Notice of ARC meeting to review evaluation results and determine eligibility is sent to all ARC members.

Procedures for Conducting the Reevaluation

A LEA shall ensure a reevaluation, which may consist of the review described, is conducted at least every three (3) years to determine:

- (a) the present levels of performance and educational needs of the child;
- (b) whether the child continues to need special education and related services; and
- (c) whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum.

Each public agency shall ensure that a reevaluation of each child is conducted if conditions warrant a reevaluation, or if the child's parent or teacher requests a reevaluation, but at least once every three years. §300.536 of Federal IDEA Regulations

The ARC makes sure that each child with a disability has a reevaluation by the third anniversary of the date of the meeting when the ARC last determined that the child was eligible for special education and related services.

This reevaluation requirement includes all children with IEPs and Service Plans, as well as those eligible children in Private Schools who are not currently receiving services (see Chapter III, Child Find and Chapter X, Private Schools).

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Using information from quarterly reports of the child tracking system (see Section 1), the DoSE develops a list of those children who will require a three-year reevaluation for the following year. In addition, the DoSE sends class rolls to the special education teacher responsible for services to the child, and to the school psychologist assigned to that school. The class roll gives re-evaluation due dates for all children and youth.

The special education teacher schedules a discussion of the need for re-evaluation at the annual review meeting prior to the required three-year re-evaluation date.

In addition, reevaluations may be needed when the child demonstrates significant progress or lack of progress in academic, behavioral, or social areas that may indicate a need for a change of program, services, or placement.

When parents, an IEP implementer, or other school personnel request a reevaluation, the KLEA Representative records the date and the reason for the request in writing and schedules a meeting to review the reasons for the request.

Within ten (10) school days of the receipt of the request, the KLEA Representative convenes a meeting according to procedures in Chapter V, Section 2, IEP.

A LEA shall evaluate a child with a disability in accordance with this administrative regulation before determining that the child is no longer a child with a disability.

Before the ARC can determine that a child is no longer a child with a disability, the ARC must conduct a reevaluation in accordance with KLEA procedures as stated in this Chapter.

An evaluation shall not be required before the termination of a child's eligibility due to graduation with a regular high school diploma or exceeding the age eligibility for FAPE. (Chapter IV, Eligibility)

A reevaluation would be required if it is anticipated that a child will exit with a certificate of completion (not a regular high school diploma) prior to the appropriate time for "aging-out". (For example, graduation in May prior to 21st birthday in September.)

Prior to the ARC Meeting to Discuss the Need for a Reevaluation

If, for purposes of a reevaluation, the ARC determines that no additional data are needed to determine whether the child continues to be a child with a disability, the LEA shall notify the child's parents:

- (a) of that determination and reasons for it; and
- (b) of the right of the parents to request an assessment to determine whether, for purposes of services, the child continues to be a child with a disability.

The LEA shall not be required to conduct a reevaluation, if after review of the existing data, the ARC determines no reevaluation is necessary to determine whether the child continues to be a child with a disability, unless the parent requests the reevaluation.

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The preliminary step to conducting a reevaluation is for the evaluators to review existing data (see Section 3, “Review of Existing Data”) to determine the validity of current data and what additional data in their opinion, if any, may be needed for the ARC to determine if the child continues to be a child with a disability and if so, necessary programming requirements.

Data includes information provided by the parents, current classroom-based assessments and observations, and teacher and related services providers' observations.

In determining what additional data may be needed, the evaluator(s) should consider that the reevaluation is to be sufficiently comprehensive to assess all of the child's special education and related services needs, whether or not commonly linked to the exceptionality of the child. This review of existing data may be conducted without parent consent and without an ARC meeting, however, all data and recommendations must be presented to the ARC for consideration and action.

ARC Meeting to Discuss Need for Reevaluation

Written notice of ARC meeting to discuss reevaluation is sent to ARC members in accordance with Chapter VII, Procedural Safeguards, Section 1.

The ARC must meet to review existing data and recommendations regarding validity and usefulness, and must then determine the components needed, if any, for a reevaluation to consider the decisions that must be made. The school district must give the parents prior written notice of its proposal to conduct a reevaluation, including a description of any assessments (additional to the review of existing data) the school district proposes to conduct. Informed written parent consent must be obtained prior to conducting the reevaluation in accordance with procedures in Chapter VII, Procedural Safeguards, Section 4.

If the KLEA does not propose to administer any additional assessments to determine whether the child continues to be a child with a disability, the prior written notice to the child’s parents shall include:

- a. A statement of this fact and the reasons for it; and
- b. A statement of the right of the parents to request additional assessments to determine whether the child continues to be a child with a disability.

The KLEA, under this circumstance, is not required to conduct any assessment of a child to determine if the child continues to be a child with a disability. However, if the parents request an assessment of their child, the KLEA may refuse to do so, but it must provide the parents with prior written notice of the refusal to conduct the assessment and the reasons for the refusal. The parents may request mediation or due process if they want the assessment conducted.

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During reevaluation, like initial evaluation, the KLEA Representative will inform parents of their right to an independent educational evaluation if they disagree with the ARC decision. (See Chapter VII, Procedural Safeguards, Section 2.)

Following the ARC meeting held to discuss the review of existing data and the possible need for additional assessments/data, a Notice of Proposed/Refused Action, usually the Conference Summary, shall be sent to the parents in accordance with timelines in Chapter VII, Procedural Safeguards. Consent for the proposed use of existing data and/or additional assessments as needed to determine whether the child continues to be a child with a disability will be requested through a form provided by KLEA for this purpose.

Conducting Any Needed Assessments

The evaluators must utilize a variety of assessment tools and strategies to gather relevant functional and developmental information about the child, including information from the parents, and information related to enabling the child to be involved in and progress in the general curriculum (or for a preschool child, to participate in appropriate activities). The tools and strategies must yield relevant information that directly assists in determining the educational needs of the child.

The instruments utilized in the reevaluation and the criteria of evaluators must meet all of the requirements as described in this Chapter for initial evaluations.

Consideration of Reevaluation Results by ARC

Upon timely completion of the reevaluation, the KLEA Representative schedules a meeting of the ARC to consider eligibility determination, and the development of an IEP, if appropriate. This meeting must be conducted within three (3) years of the meeting in which the ARC reviewed the previous evaluation.

The ARC will meet to review the results of the reevaluation and to determine:

- a. Whether the child continues to be a child with a disability;
- b. The present levels of performance and educational needs of the child;
- c. Whether the child continues to need special education and related services; and
- d. Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate and progress, as appropriate, in the general curriculum.

When determining whether the student continues to have a disability, the ARC must take into consideration that the student has made progress and that the performance gap may be less at this point than at the time of the initial evaluation. Student performance data would not necessarily disqualify a child if the ARC determines that the child continues to need special education and/or related services. (See Eligibility, Section 1, “Professional Judgement”.)

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A copy of the reevaluation report and documentation of whether or not the student continues to be a student with a disability must be given to the parents. If appropriate, an IEP will be developed in accordance with Chapter V, IEP.

CHILD FIND, EVALUATION AND REEVALUATION RESOURCES

OSEP and IDEA Partnership Approved Materials:

Relevant KY Statutes and Regulations:

704 KAR 7:090 Migrant and Homeless

704 KAR 4:020 School Health Services

Pertinent Case Law:

Holmes v. Millcreek Township Sch Dist., 32IDELR 1 (3rd Cir.2000)

The court ruled that the fact that the school district had accepted some of the recommendations of the private evaluation did not obligate the district to pay for the evaluation. It was also irrelevant that the school district's evaluator was not fluent in American Sign Language (ASL). The Court acknowledged that an ASL-fluent psychologist may have been preferable, but noted that the parent's' own experts admitted that the school psychologist was capable of conducting an appropriate evaluation with the assistance of a sign language interpreter. The court also stated that the school psychologist was better suited to evaluate the girl because he was already familiar with the child, her educational progress, and the curriculum requirements.