
Handbook for the identification and review of students, in Grades 1 to 12, with severe disabilities for independent schools and public charter schools

2022/23 school year

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Handbook for the identification and review of students, in Grades 1 to 12, with severe disabilities for independent schools and public charter schools, 2022/23 school year

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Introduction

The Handbook for the identification and review of students, in Grades 1 to 12, with severe disabilities for independent schools and public charter schools provides information to guide identification of students with severe disabilities. This handbook provides descriptions and case studies of the six severe disability categories listed in the [Special Education Coding Criteria](#). The case studies referenced in this document are fictional and not based on actual student information.

The assignment of an Alberta Education special education code requires specialized assessment and diagnosis by a qualified professional. It is critical that a special education code, only be assigned to a student's Provincial Approach to Student Information (PASI) registration, when there is a documented severe disability. The school must also be providing specialized supports and services to the student.

Information about the allocation criteria for the Severe Disabilities Grant is available in the [Funding Manual for School Authorities](#).

Severe disabilities categories and codes

Accredited, funded independent schools and public charter schools will use the severe disabilities categories and codes outlined in the *Special Education Coding Criteria* and this handbook to determine if they have sufficient information to appropriately assign a severe disabilities code in PASI.

All schools will use Learner Services Branch's **ECS to Grade 12 Severe Disabilities Information SharePoint** site to submit required documentation, locate resources and receive announcements about the Severe Disabilities Grant and deadlines.

Inquiries regarding the identification of students with severe disabilities, should be directed to Alberta Education, Learner Services Branch, at 780-644-2286 (toll-free in Alberta by first dialing 310-0000) or email at EDC.SDF@gov.ab.ca.

Severe disabilities documentation audit

Documentation requirements

All information to substantiate a severe disability code must be maintained by the school and placed in the Student Record. This information should be available to Alberta Education upon request.

Alberta Education will conduct an annual audit of documentation. Each file must contain all of the following information:

- a. assessment and diagnosis by qualified personnel;
- b. documentation/assessments of the student's current level of functioning in the learning environment;

- c. identification of the types of supports and services being provided to the student. The student must receive three or more levels of support (supports and services required to meet their educational goals); and
- d. a current Individual Program Plan (IPP)/Instructional Support Plan (ISP).

Assessment and diagnosis

Each file should include a diagnosis and assessment report(s) from a qualified professional.

Schools should retain the original diagnosis from a qualified professional(s). School authorities should review documentation every three to five years to determine whether new specialized and/or diagnostic assessments would assist with designing or updating the student's IPP/ISP. However, if the diagnosis has not changed since the last assessment, the appropriate qualified professional should conduct a functional assessment to update the impact of the student's disability(or disabilities) in the learning environment.

A **qualified professional** is an individual who has expertise and training in conducting specialized assessments and providing interpretive reports of the results. The individual is also in good standing with his/her professional association. Psychologists, psychiatrists, audiologists, occupational therapists and speech-language pathologists are some of the qualified professionals who provide assessments and interpretive reports for school authorities.

A **specialized assessment** means individualized measurement across a variety of domains that will contribute to a diagnosis and assist with the development and implementation of an IPP/ISP for students. Specialized assessments may include administration of tests of intellectual abilities, speech and language abilities, academic performance, emotional and behavioural development, and physical development of a student. Specialized assessment typically results in a written, interpretative report.

A **functional assessment** includes both formal (objective data such as a standardized checklist) and anecdotal and/or direct observations. The assessment report should provide information about the impact the diagnosis has on the student's functioning in the educational environment in areas such as social interaction, communication, behaviour, skills for daily living, safety and other learning considerations.

Specialized supports and services

Students with severe disabilities must receive three or more levels of support, in order to meet Severe Disabilities Grant eligibility requirements. These supports are required in order for the student to meet their educational goals. They include:

- a minimum 0.5 full-time equivalent (FTE) one-to-one instruction/intervention (e.g., teacher and/or teacher assistant time);
- specialized equipment or assistive technology;
- assistance with basic care (e.g., washroom, grooming, catheterization);
- frequent support of medical and/or behavioural needs; and
- direct support services at a cost to the school (e.g., behaviour specialist, orientation and mobility specialist).

Individual program plan/Instructional support plan

An IPP/ISP should be developed, implemented, monitored and evaluated for each student who is assessed and diagnosed with a mild/moderate or severe disability and are also receiving additional supports and services. The IPP/ISP identifies the instructional strategies and supports the student requires to achieve the outcomes of the IPP/ISP. Information gathered about the student including specialized assessments, behavioural strategies and any other relevant information/documentation, should be considered when developing IPPs/ISPs.

Results and appeal process

Following the audit, results will be posted in your school authority folder on the secure ECS to Grade 12 Severe Disabilities Information SharePoint site.

In situations where a school authority disagrees with a decision, an appeal can be made to Learner Services Branch. The appeal letter should be uploaded to the school authority's folder on the ECS to Grade 12 Severe Disabilities Information SharePoint site within five working days of the school receiving written notification of results.

The appeal letter must include the student's name, severe disabilities code and Alberta Student Number (ASN). Only originally submitted student documentation will be reviewed; no new information can be added during the appeal process.

Following the appeal process, the Director of Learner Services may decide that the original decision stands; or the decision is overturned. The final decision will be communicated in writing and will be uploaded to the school authority folder on the ECS to Grade 12 Severe Disabilities Information SharePoint site.

Severe Education Coding Criteria

Severe Intellectual Disability (Code 41)

A student identified as having a severe to profound intellectual cognitive disability:

- has been diagnosed by a qualified professional as demonstrating:
 - severe delays in all or most areas of daily living, including significant deficits in intellectual functioning, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning and learning from experience; and
 - adaptive behavior skills in the severe or profound range as measured on an adaptive behavior scale; and
- requires ongoing support and intervention for learning, is dependent on others for all aspects of daily living.

Questions and Answers

What are the main characteristics of a student with a severe intellectual disability?

- The student's intellectual level is approximately less than one third of his/her chronological age on a standardized adaptive behaviour scale.
- The student may also:
 - be medically fragile;
 - require assistive technology; and
 - have limited, if any, receptive or expressive language.
- The student's level of dependency requires mostly one-to-one and hand-over-hand assistance to perform tasks for ambulation, daily living and functioning.
- These students usually require extensive supports and services including one-to-one teacher assistant time, assistance with basic care and additional therapeutic services.
- Acquisition of independence, numeracy and literacy skills may be limited.

What documentation is required to support the decision to assign a special education coding?

- The use of adaptive behaviour scales to obtain functional ability scores in the severe to profound range is required. For example, using standardized tests such as the Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V) or Stanford-Binet Intelligence Scales, Fifth Edition (SB-5), may not be appropriate.
- Once an initial diagnosis is made, documentation from professionals specializing in the field may be sufficient to provide an evaluation of functioning and make recommendations that can be included in the student's IPP/ISP.

What other supporting documentation may be provided?

- Physical therapy reports, occupational therapy reports, speech-language therapy reports or medical reports.

Code 41 Case Study – Brandon

<p>Background information, description of severe disabling condition(s)</p>	<ul style="list-style-type: none"> Brandon is an 18-year-old student at Uphill High School. A recent AAMR Adaptive Behaviour Scales School: Second Edition and a functional assessment were completed by S. Adams, Registered Psychologist, indicating that Brandon's intellectual functioning and adaptive functioning was less than one third of his chronological age. Brandon is ambulatory, non-verbal and requires ongoing assistance with his personal care.
<p>Current supports/services in place</p>	<ul style="list-style-type: none"> When Brandon is not participating in his Grade 12 home room, he attends a life skills class with nine students, a 1.0 FTE teacher and 3.0 FTE teacher assistants. Brandon requires one-on-one assistance for personal care, feeding and communication. In consultation with a speech-language pathologist, a Picture Communication Symbols (PCS) program has been used on an iPad to modify instructional materials to Brandon's level. Brandon is receiving consultation support from an occupational therapist to assist with fine motor skills and a speech-language pathologist to address difficulties with swallowing. His family is also accessing support from Family Support for Children with Disabilities program (FSCD) and the 'I CAN Centre' at the Glenrose Rehabilitation Hospital.
<p>IPP/ISP</p>	<ul style="list-style-type: none"> Brandon's IPP/ISP was developed by the learning team, including his parents. Goals reflect improving his communication, fine motor skills, personal care and life skills.

Please note: All case studies referenced in this document are fictional and do not use information about actual children.

Severe Emotional/Behavioural Disability (Code 42)

A student with a severe emotional/behavioural disorder:

- has been diagnosed by a qualified professional;
- displays chronic, extreme, and pervasive behaviours and requires close and constant adult supervision, high levels of structure, and other intensive support services in order to function in an educational setting; and
- behaviours significantly interfere with both the learning and safety of the student and other students. For example, the student could be dangerously aggressive and destructive (to self and/or others), violent, extremely compulsive, withdrawn, delusional, or paranoid.

Diagnoses could include conduct disorder, schizophrenia, bi-polar disorder, severe chronic depressive disorder, severe oppositional defiant disorder, severe obsessive/compulsive disorders, trauma and/or stress-related disorders.

A clinical diagnosis of a severe emotional/behavioural disorder by a psychiatrist, registered psychologist, or a developmental pediatrician is required, in addition to extensive documentation by school authorities on the nature, frequency and severity of the disorder. The effects of the disability on the student's functioning in an education setting should be described in detail. An ongoing treatment plan/behaviour plan should be available and efforts should be made to ensure that the student has access to appropriate mental health and therapeutic services.

NOTES:

1. Students with a primary diagnosis of attention-deficit and hyperactivity disorder (ADHD) are not included in this category.
2. Students diagnosed with fetal alcohol spectrum disorder (FASD) should be reported under Code 44 rather than Code 42.

If the qualified professional chooses to make a statement, rather than a diagnosis, it must indicate the severity of the severe emotional or behavioral difficulties, the frequency and duration of the disturbances, and the necessary structure or intervention required for the student to be successful.

In addition to a diagnosis by a qualified professional, school authorities are required to have extensive documentation, completed by school staff, indicating the quality, nature, frequency, severity and impact of the disability/disorder within the educational environment (see [Appendix A](#)).

An ongoing treatment/behaviour plan must be developed by the school, in consultation with a qualified professional and efforts should be made to ensure that the student has access to appropriate mental health and therapeutic services.

OR

Alternative Documentation

- A statement of impact provided by a professional (teacher, behaviour therapist/consultant, social worker, etc.) that have training in functional behaviour-based assessment, or in emotional/behavioural needs.
 - The statement of impact may include a standardized emotional/behavioral measure such as the Behaviour Assessment System for Children (BASC).
 - The statement of impact must include a clear description of how the chronic, extreme and pervasive behavior impact the learning of the child and/or safety and learning of others and identifies the need for close and constant adult supervision, high levels of structure, and other intensive support services in order to function in an educational setting.
- An ongoing behavior plan, crisis or safety management plan, developed in consultation with the school based learning team, and including the parents/guardians (depending on age of student).
- A behavior tracking summary noting frequency, duration and severity of problematic behaviors.
- An IPP/ISP that include a concise summary that describes the nature, frequency and intensity of the student's behaviour and interventions needed to maintain appropriate behaviour.

NOTE: Follow-up with a formal diagnosis by a psychiatrist, or registered psychologist is required as soon as possible.

Questions and Answers

Why is Alberta Education changing the *Special Education Coding Criteria*?

- School authorities have reported that they have experienced a barrier to access qualified professionals to perform specialized assessments.
- Changes to the *Special Education Coding Criteria* will enable the use of alternative assessments or documentation to determine eligibility for coding and eligibility for Code 42.
- The intention of this change is to reduce barriers to funding for supports and services to students.
- This change will allow school authorities to leverage assessments provided by Alberta Health Services, and other assessments parents have secured, which may increase opportunities for students to access programming.
- The adjustment to the *Special Education Coding Criteria* will allow the department to review the benefits of the alternate documentation as a mechanism for eligibility, address issues or concerns with the new definitions, and make adjustments for 2023/24 school year, if necessary.

What documentation is required to determine if the student meet the severe emotional/behavioural disability coding criteria?

- Documentation in the student's file should include the following types of information:
 - a clinical diagnosis of a severe emotional/behavioral disorder by a psychiatrist, registered psychologist or a developmental pediatrician and extensive documentation that describes the nature, frequency and severity of the aberrant behaviour and the impact on learning; or

- when a qualified professional chooses not to make a diagnosis and provides a professional written opinion of the child’s presentation, the school authority must provide extensive documentation that describes the nature, frequency and severity of the aberrant behaviour, impact on learning and a behaviour/treatment plan.

What alternative documentation is required to determine if students meet the severe emotional/behavioural disability eligibility criteria?

- A statement of impact provided by a professional (teacher, behaviour therapist/consultant, social worker, etc.) that have training in functional behaviour-based assessment, or in emotional/behavioural needs.
 - The statement must include a clear description of how the chronic, extreme and pervasive behavior impact the learning of the child and/or safety and learning of others and identifies need for close and constant adult supervision, high levels of structure, and other intensive support services in order to function in an educational setting.
- An ongoing behavior plan, crisis or safety management plan, developed in consultation with the school based learning team, including the parents/guardians.
- The IPP/ISP should include a concise summary that describes the nature, frequency and intensity of the child’s behaviour and interventions needed to maintain appropriate behaviour.

What specialized expertise and training is required by a teacher to provide the statement of impact for Code 42?

- Teachers must have training in functional behaviour based assessment, or in emotional/behavioural needs, and consult with appropriate professional experts.
- Teachers are required to undertake training in implementing positive and proactive strategies and function based approaches to problem behaviour.
- If Level B assessments are used, only those qualified in Level B assessment and in the use of specific assessment tools (such as the BASC) would provide the interpretation of these results. These assessment results would not be used to determine diagnosis, but rather demonstrate impact of the child’s/student’s difficulties.

What type of information may be included in a behaviour assessment report?

- The type of information typically found in a behaviour assessment report includes:
 - assessment/diagnostic information that clarifies and documents the history that may have precipitated the current behaviours;
 - recent medical history noting any medication that modifies the student’s behaviour and further assessments/follow-up appointments;
 - interviews/surveys (e.g., BASC, Second Edition (BASC-3) or Conners 3), that outline the concerns with the student’s behaviour;
 - extensive documentation as to the nature, frequency and severity of the specific behaviour and steps taken so far to mitigate it; and
 - observations and assessment results from the psychiatrist/registered psychologist making the clinical diagnosis.

How much detail does Alberta Education require in the anecdotal documentation for students with severe emotional/behavioural disabilities? What is required?

- Alberta Education needs to know the specific behaviours the student exhibits that are extreme, pervasive and impact the educational setting, for example, what does a typical week look like?
- To document this, you could prepare a chart (see [Sample Behaviour Chart – Monthly](#)) that explains what the student’s actual behaviours are and the frequency of these behaviours over a period of time.
- You may want to consider adding the time of day to the chart in order to see if the student functions better in the morning or afternoon. This will help to determine what preventative strategies you need to put into place or what changes to routines or direct teaching of social or adaptive skills would benefit the student.
- The information gathered from checklists and anecdotal notes should assist in programming for each student and serve a functional purpose.
- The information should be summarized in point form.

How can I demonstrate that the student’s behaviour is severe?

- A concise summary of anecdotal notes and checklists that describe the nature, frequency and severity of the student’s behaviour, in addition to the behaviour assessment report.
- Documentation that describes the nature, frequency and intensity of the interventions that are needed to maintain appropriate student behaviour.
- Summary of behaviours and results of school interventions required to maintain or improve appropriate behaviours.

The student’s behaviour has improved significantly with all the programming supports that are in place. Will the student still meet criteria?

- The student may continue to meet the criteria, provided that there is evidence that the supports have maintained the behaviours and the level and degree of supports and programming are aligned with an appropriate diagnosis. This information should be recorded in the IPP/ISP.

Should the teacher/parent communication book and/or the teacher’s daily checklist be included in the package for a student?

- Communication books and daily checklists are useful for sharing information with parents and tracking behavioural incidents, but they should not be included in the funding request package.

What other documentation should be kept in the student file?

- An annual summary that documents evidence of the chronic, extreme and pervasive behaviours that interfere with the learning and safety of the student, other students and staff should be included in the student file.

Code 42 Case Study – Harley

<p>Background information, description of severe disabling condition(s)</p>	<ul style="list-style-type: none"> • Harley is a 15-year-old in Grade 11 at Dry Creek High School. • Harley currently resides in a foster home near the school. • Harley was diagnosed as having bipolar disorder by Dr. Bunton when he was 13. • Harley is currently under the care of Dr. Panwhar, Psychiatrist, who has prescribed medication to help control Harley’s episodes. • Some of the features of Harley’s behaviours that impact his learning at school include: <ul style="list-style-type: none"> – truancy; – failure to complete school assignments; – anxiety attacks; – depression; – mood swings, manic episodes (e.g., grandiose talk, agitation, withdrawal); – extreme withdrawal, no peer relations, unresponsive, constant crying; and – self-injurious behaviour.
<p>Current supports/services in place</p>	<ul style="list-style-type: none"> • Harley is in a Grade 11 classroom. He has a teacher assistant for three hours each day for one-on-one support. • He receives one-on-one support for one half-hour each day from the school counsellor, who also is trained in management of emotional and behavioural disorders. • A behaviour specialist and a learning coach work with the teachers and educational assistant on a monthly basis to review and revise behavioural and academic programming strategies. • The school counsellor has regular contact with Harley’s psychiatrist, who also is part of Harley’s support team. • Harley meets with his psychiatrist monthly. • Harley also has regular meetings with the social worker in charge of his case.
<p>IPP/ISP</p>	<ul style="list-style-type: none"> • Harley’s IPP/ISP was developed by the learning team, in consultation with his legal guardian, psychiatrist, inclusive education consultant and social worker. • Harley’s overall program focuses on helping him cope with social, emotional and academic needs. • The priority behaviour management goals identified from the behaviour chart are: <ul style="list-style-type: none"> – teaching self-regulation strategies; – increasing organizational skills and reducing off-task behaviours; and – learning coping skills for anxiety attacks.

Please note: All case studies referenced in this document are fictional and do not use information about actual children.

Sample Behaviour Chart – Monthly

NAME: Harley Edward Jones		MONTH: September												
Date		8	9	10	11	12	13	14	15	16	17	18	19	Frequency Tally
Attended school (weekend: W; attended ✓; did not attend: X)		✓	✓	X	✓	✓	W	W	X	✓	✓	✓	✓	8/10
Met with counsellor (Yes ✓)		✓	✓		✓	✓					✓	✓	✓	7/10
Took medication (Yes ✓)		✓	✓		✓	✓				✓	✓	✓	✓	8/10
Attended work experience (Yes ✓)		✓	✓	✓	✓	✓				✓	✓	✓	✓	9/10
Felt anxious/restless/agitated (Yes ✓)	a.m.	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	10/10
	p.m.	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	10/10

The tallies of this chart inform the goals of Harley’s IPP/ISP. For example, the high frequency of Harley’s feelings of anxiety suggest that reduction in this area is a priority goal. From consultation with the counsellor, it became clear that Harley’s anxiety is tied to working with peers. Therefore, it was deemed appropriate to monitor his frequency of attendance and consistency in taking his medications, which helps to stabilize his mood. More specific checklists would be developed to monitor each of the objectives related to Harley’s long-term goals.

Severe Multiple Disability (Code 43)

A student with severe multiple disabilities:

- has two or more non-associated moderate to severe cognitive and/or physical disabilities that, in combination, result in the student functioning at a severe to profound level; and
- requires significant special programming, resources and/or services in an educational environment.

The following mild or moderate disabilities cannot be used in combination with other disabilities to qualify under Code 43:

- ADHD;
- emotional/behavioural disabilities;
- learning disability; and
- speech and language-related delays.

Students diagnosed with a severe disability and another associated disability should be identified under the category of the primary diagnosis. For example:

- A student diagnosed with Down syndrome and requiring extensive support in an educational environment should be reported under Severe Multiple Disability (Code 43).
- A student with a severe intellectual cognitive disability and another associated disability is not designated under this category, but is designated under severe intellectual disability.
- A student with a severe emotional/behavioural disability and another associated disability is not designated under this category, but is designated under severe emotional/behavioural disability.

Questions and Answers

What are the main characteristics of a student who meets the special education coding criteria for severe multiple disability?

- A student with a severe multiple disability may exhibit two or more of the following:
 - moderate to severe intellectual disability;
 - bilateral hearing loss in the moderate to severe range; average of 56 to 70 decibels (dB) over 500 to 4000 Hertz (Hz) in the better ear reported by the appropriate specialist;
 - visual impairment that is moderate to severe (20/100 in the better eye), but not legally blind, degeneration prognosis reported by the appropriate specialist;
 - moderate to severe autistic-like behavior; and
 - moderate to severe physical disability or medical condition that interferes with learning.

What documentation is required to meet the coding criteria?

- A diagnosis by professionals for each of the two or more non-associated disabilities. This may include reports from registered psychologists, audiologists, ophthalmologists and medical professionals.
- Current documentation should be in the student file.

- If a student has two or more non-associated disabilities that have not changed significantly, a current functional assessment by school authority specialists or other contracted consulting agencies may be sufficient.
- Eligibility depends on the student's current level of functioning within the learning environment.

What other supporting documentation from a school may be included with the file for Alberta Education?

- physical therapy, occupational therapy, speech-language therapy reports;
- vision and/or hearing consultant reports;
- current and relevant medical reports;
- additional documentation, including anecdotal information, reflecting the student's needs in the learning environment.

Code 43 Case Study — Amina

Background information, description of severe disabling condition(s)	<ul style="list-style-type: none"> • Amina is an 8-year-old student currently in Grade 3 at Caldwell School. • Dr. Brown diagnosed Amina as having Kabuki make-up syndrome and a moderate intellectual disability when she was 5 years old. When Amina was 6 years old, she was diagnosed with a moderate hearing loss by R. Dean, Audiologist. • She presents with generalized low muscle tone, decreased physical strength, delays in gross and fine motor development, poor social skills and a moderate bilateral hearing loss. • The occupational therapist and physical therapist both report Amina's need for assistance with toileting, dressing and feeding and for constant supervision, as she has a danger of falling, especially on the stairs.
Current supports/services in place	<ul style="list-style-type: none"> • Amina currently receives individual support four hours a day from a part-time teacher assistant and 30 minutes a day in a small group from a teacher assistant who is assigned to the classroom. • Amina receives small group instruction for mathematics and pro-social skills. She also receives ongoing individual assistance to maintain attention to task and to complete all tasks in the classroom environment. • Amina requires assistance with dressing and in the washroom. She receives stand-by assistance for all transitions and walking the stairs. • Amina receives individual assistance at lunch and recess times. • Amina requires an augmentative/alternative communication system and has been referred for assessment at the I Can Centre, Glenrose Rehabilitation Hospital.
IPP/ISP	<ul style="list-style-type: none"> • Amina's IPP/ISP was developed in consultation with her learning team, including her parents, the speech-language pathologist, occupational therapist, physical therapist, behaviour specialist and hearing consultant. • The goals of Amina's education program address her needs, result from the combination of disabling conditions are reflected in the classroom accommodations and level of supervision.

Please note: All case studies referenced in this document are fictional and do not use information about actual children.

Severe Physical or Medical Disability (Code 44)

A student with a severe physical, medical or neurological disability:

- has a medical diagnosis by a qualified professional of a physical disability, specific neurological disorder or medical condition that severely impacts the student's ability to function and learn in an educational environment (note: some physical or medical disabilities have little or no impact upon the student's ability to function in the learning environment);
- requires extensive adult assistance and modifications to the educational environment to support their learning; and
- diagnoses could include autism spectrum disorder (ASD), fetal alcohol spectrum disorder (FASD)/alcohol-related neurodevelopmental disorder (ARND), Tourette syndrome, cerebral palsy, brain injury, cancer, selective mutism, social (pragmatic) communication disorder, that severely impacts the student's ability to function and learn in an educational environment.

A clinical diagnosis by a registered psychologist or medical professional specializing in the field of these disorders is required. However, a clinical diagnosis alone is not necessarily sufficient to qualify under this category. In addition to a diagnosis by a qualified professional, school authorities are required to have extensive documentation, completed by school staff, indicating the quality, nature, frequency and severity of the impact of the disability/disorder within the educational environment.

A student diagnosed with ASD is included in this category. In order for a diagnosis of ASD to be made, the student needs to demonstrate impairment in the following areas:

- social interaction and communication;
- exhibit stereotyped pattern of behaviour (e.g., hand flapping, body rocking, echolalia, insistence on sameness and resistance to change);
- symptoms must be present in the early developmental period;
- symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning; and
- disturbances are not better explained by intellectual disability.

A student diagnosed with severe FASD or ARND is included in this category. A clinical diagnosis by a psychiatrist, registered psychologist with specialized training or medical professional specializing in developmental disorders is required. A clinical diagnosis of FASD is not necessarily sufficient to qualify under this category. Assignment of this code is determined by the functioning level of the student.

Students with severe FASD/ARND who exhibit significant impairment in the areas of social functioning, life skills, behaviour, learning, attention and concentration will require extensive intervention and support.

Questions and Answers

What documentation is required to determine if a student meets the special education coding criteria for a severe physical or medical disability?

- A medical diagnosis of a physical, medical or neurological disability.
- Once it is established by the school authority that the student has a chronic disability which has not changed significantly, a current functional assessment that demonstrates the impact of the student's disability while at school may be sufficient.

What documentation is required to confirm a severe autism spectrum disorder?

- A clinical diagnosis by a psychiatrist, registered psychologist or medical professional, specializing in the field of ASD.
- A referral letter from a developmental pediatrician, family physician, registered psychologist or staff of an ASD clinic stating the student is on the waitlist for assessment is sufficient until a diagnosis is confirmed.
- A functional assessment and anecdotal information that documents such aspects of the instructional environment such as setting, instructional context and interpersonal factors that may affect the student's performance, as well as the strengths and needs of the individual student. Individuals with ASD may demonstrate difficulties with:
 - processing verbal and abstract information;
 - regulating attention;
 - generalizing;
 - motor planning;
 - transitioning between activities, settings and individuals;
 - accommodating some forms of sensory experience; and
 - organizing and self-regulating.

What documentation is required to confirm a severe fetal alcohol spectrum disorder?

- A clinical diagnosis by a medical professional or diagnostic medical team specializing in the field of FASD.
- A referral letter from a developmental pediatrician, family physician, registered psychologist or staff of a FASD clinic stating the child is on the waitlist for assessment is sufficient until a diagnosis is confirmed.
- A functional assessment and anecdotal information that documents such aspects of the instructional environment such as setting, instructional context and interpersonal factors that may affect the student's performance, as well as the strengths and needs of the individual student. Individuals with severe FASD may demonstrate difficulties with:
 - academic learning;
 - memory in the areas of short-term recall and long-term retrieval of information and directions;
 - language such as interpreting figurative language and social situations and producing complex sentence structures in speech and written language;

- developing complex, abstract thinking and reasoning;
- maintaining appropriate attention and focus; and
- adaptive skills and social emotional functioning that are delayed relative to chronological age peers.

What other supporting documentation relevant to the student’s diagnosis and programming requirements may be included in the file?

- Relevant intellectual assessment reports, speech-language therapy reports, occupational therapy reports, physical therapy reports, behavioural assessment reports or medical reports.

Code 44 Case Study – Cheng

<p>Background information, description of severe disabling condition(s)</p>	<ul style="list-style-type: none"> • Cheng is a 13-year-old student in Grade 7. • Dr. Gold, Pediatrician, ABS Hospital, diagnosed Cheng with severe autistic disorder when Cheng was 3 years old. • When Cheng was 9 years old, Dr. Chanwell, Psychiatrist, updated this diagnosis as autism spectrum disorder, severity level 3. • Cheng has extreme difficulties with: <ul style="list-style-type: none"> – social interaction with peers; and – expressive/receptive communication. • Cheng exhibits stereotypic behaviours, specifically hand-flapping and pulling his hair. He is easily upset when not prepared for changes in routine/transitions. • Cheng uses some PECS to enhance communication (expressive and receptive). • Cheng requires assistance to develop more appropriate social interactions with peers and adults.
<p>Current supports/services in place</p>	<ul style="list-style-type: none"> • Cheng receives support for language arts and math, in a small group work setting (with two other students) for two hours daily. • Cheng’s teacher has five hours of Educational Assistant/Teacher Assistant support for the development of academics in the classroom setting. • Teacher assistant supervision is provided before school and during lunch. • Cheng’s learning team monitors and records his behaviours daily, which include: <ul style="list-style-type: none"> – initiated social interactions; – use of oral communication and communication board; – temper outbursts; and – obsessive-compulsive behaviours. • Inclusive education consultants provide on-going behavior and communication consultative support. • Cheng’s teachers and staff meet bi-monthly with his parents and home support worker to review his program.
<p>IPP/ISP</p>	<ul style="list-style-type: none"> • Cheng’s IPP/ISP was developed with his learning team, including his parents, inclusive education consultants and school staff. • His IPP/ISP reflects Cheng’s need for routine and identifies goals for communication, social/behaviour and academic progress.

Please note: All case studies referenced in this document are fictional and do not use information about actual children.

Deafness (Code 45)

A student with a severe to profound hearing loss:

- has a hearing loss of 71 dB or more unaided in the better ear over the normal speech range (500 to 4000 Hz) that interferes with the use of oral language as the primary form of communication, or has a cochlear implant preceded by a 71 dB hearing loss unaided in the better ear (Canadian Academy of Audiology, <https://canadianaudiology.ca/>);
- requires extensive modifications and specialized educational supports; and
- has a diagnosis by a clinical or educational audiologist.

New requests for approvals for the Program Unit Funding Grant or Severe Disabilities Grant require an audiogram within the past three years.

Questions and Answers

What are the main characteristics of a student with a severe to profound hearing loss?

- Hearing loss of 71 dB or more unaided in the better ear over the normal speech range on an audiogram.
- The primary form of communication may be an oral approach and/or sign language (e.g., Signed Exact English and/or American Sign Language).
- Requires extensive modifications and specialized educational supports.

What documentation is required for eligibility?

- An audiogram from an audiologist must be in the student file. If a student has severe to profound hearing loss that has not changed significantly, an updated audiogram is not necessary.
- A recent functional assessment from a professional specializing in the field of deaf and hard of hearing may be sufficient for programming purposes. A functional assessment report specifies the amount and type of personal assistance, specialized programming and equipment and/or communication access required by the student.
- Hearing level classification equivalents:

Descriptor	Decibel (dB) range (how loud a sound must be in order to be heard)
Normal hearing for children	0 – 15 dB
Minimal loss	16 – 25 dB
Mild loss	26 – 40 dB
Moderate loss	41 – 55 dB
Moderate-severe loss	56 – 70 dB
Severe loss	71 – 90 dB
Profound loss	90 + dB

Canadian Academy of Audiology, <https://canadianaudiology.ca/>

What other supporting documentation relevant to the student’s diagnosis and programming requirements may be included in the file?

- Additional reports from hearing specialists, speech-language pathologists, teachers of the deaf and hard of hearing or other professionals working with the student.
- Current relevant medical reports.
- Any documentation, including anecdotal records, reflecting the student’s needs in the learning environment.

For additional instructional strategies for students who are deaf or hard of hearing, please visit [Western Canadian Centre for Deaf Studies and Minerva Deaf Research Lab](#), [Medical/Disability Information for Classroom Teachers Hearing Loss](#) and [Essential Components of Educational Programming for Students who are Deaf or Hard of Hearing](#).

Code 45 Case Study — Lukina

Background information, description of severe disabling condition(s)	<ul style="list-style-type: none"> • Lukina is a 9-year-old student in a Grade 4 classroom. • Lukina has a congenital severe sloping to profound, binaural (involving both ears) sensorineural hearing loss, diagnosed at age 16 months by Rob Ring, Audiologist. There has been no significant change in Lukina’s hearing. • Shortly after diagnosis, Lukina began speech therapy. This was discontinued at the end of last school year. • Beginning when she was about 3 years old, Lukina attended a preschool designated for children with hearing loss. Her parents choose an oral/aural approach in combination with sign language as the mode of communication. • Lukina’s articulation is difficult to understand but intelligible to those who know her. • Assessments by S. Town, Hearing Consultant, confirming academic, language and sign language skills delays. • Lukina continues to use a combination of oral and sign language as her primary mode of communication at home and at school.
Current supports/services in place	<ul style="list-style-type: none"> • Lukina’s teacher has access to an educational audiologist and education consultant for deaf and hard of hearing to support Lukina’s educational programming. • The consultant for deaf and hard of hearing supports Lukina in her school program and assists the teacher and other staff in the development and implementation of her IPP/ISP. • Lukina’s learning environment and presentation of materials are modified and/or adapted to address her communication and academic needs. • Lukina is supported throughout the day by a qualified sign language interpreter, including recess and lunch breaks. • Lukina has access to a computer for additional literacy/communication support.
IPP/ISP	<ul style="list-style-type: none"> • Lukina’s IPP/ISP was developed with the learning team, which consists of her parents, teacher(s), consultant for deaf and hard of hearing and school administrator. • Measurable goals are identified to address Lukina’s language, communication, literacy and social/emotional needs. The IPP/ISP identifies assessment data, current level of performance and achievement, her strengths, needs, procedures for evaluating student progress, coordinated supports, teaching/classroom adaptations including additional program supports, transition plans and year-end summary.

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Blindness (Code 46)

A student with severe vision impairment:

- has corrected vision so limited that it is inadequate for most or all instructional situations and information must be presented through other means; and
- has visual acuity ranging from 6/60 (20/200) in the better eye after correction, to having no usable vision or field of vision reduced to an angle of 20 degrees.

In cases where the disability (e.g., cortical blindness – developmentally delayed) of the student precludes a standardized visual assessment, a functional visual assessment by a qualified specialist in the field of vision or a medical professional may be sufficient to support this code assignment.

Questions and Answers

What are the main characteristics of a student with a severe visual disability?

- In order to participate fully within the educational environment, students who are blind or visually impaired require instruction in disability-specific skills. These can include:
 - compensatory academic skills, including braille or alternate format materials such as large print, Twin Vision and ePub;
 - orientation and mobility;
 - social interaction skills;
 - assistive technology, such as screen readers, Notetaker, CCTV, magnifiers;
 - private living or personal management skills;
 - visual efficiency skills; and
 - recreation, leisure, career and life management skills.

What documentation is required for eligibility?

- Reports or results from a medical doctor, ophthalmologist, teachers of the visually impaired, orientation and mobility specialists or other medical professionals specializing in the field, which document the severity of the disability, must be in the student file.
- If a student has a severe to profound visual impairment that has not changed significantly documentation from a qualified specialist in the field of vision outlining the severity of the disability and modifications to the learning environment may be sufficient to support eligibility.
- Any documentation, including a summary of anecdotal information, which reflects the student's needs in the learning environment.

For additional instructional strategies for students who are blind, please visit [Vision Education Alberta, Medical/Disability Information for Classroom Teachers Blindness](#) and [Essential components of educational programming for students who are blind or visually impaired](#).

Code 46 Case Study — Shannon

<p>Background information, description of severe disabling condition(s)</p>	<ul style="list-style-type: none"> • Shannon is a 10-year-old Grade 5 student. • She was diagnosed at birth with retinopathy of prematurity and nystagmus (involuntary movement of the eyes) by Dr. Lee, Ophthalmologist. Her visual acuity is 6/150. • Her visual acuity was assessed at age 6, as 6/150, with both eyes working together. This is consistent with the definition of legal blindness. • Shannon is of above average intelligence. • An updated functional assessment was completed, when Shannon was 9, by Kate Sloan, Vision Consultant, which includes programming recommendations.
<p>Current supports/services in place</p>	<ul style="list-style-type: none"> • Consultation services for the visually impaired are provided, on a bi-monthly basis. • Shannon is provided with braille and tactile modifications, preferred seating and the use of assistive technology that includes magnification devices. • Shannon receives orientation and mobility instruction bi-monthly from a qualified orientation and mobility instructor. • Shannon is supported by a full-time teacher assistant whose primary responsibilities include: <ul style="list-style-type: none"> – ensuring that all visual materials presented within the classroom environment are available to Shannon in an alternate format; – providing one-to-one assistance in the follow-up of braille instruction; – providing follow-up and support for orientation and mobility needs; and – providing support in the use of assistive technology.
<p>IPP/ISP</p>	<ul style="list-style-type: none"> • Shannon's IPP/ISP was developed in consultation with her learning team, which includes Shannon, her mother, teacher, vision consultant, orientation and mobility specialist and teacher assistant. • The goals of her educational program reflect her needs for the development of specialized skills, including braille, orientation and mobility and the use of assistive technology. • Shannon's program goals also reflect the need for her to learn skills in the areas of personal grooming and care, social interaction and recreation. • Shannon's primary medium for reading is braille, because of fatigue factors associated with print reading.

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Appendix A: Sample chart for recording anecdotal information for Code 42

Code 42 Anecdotal Information						
Student:				School:		
Grade:				Week:		
Behaviour	Frequency	Location	Context	Function of Behaviour	Adult Response	Result
<p>What does the student say or do that is problematic?</p> <p>(No judgments or conclusions, just what was observed)</p>	<p>How many times during the week was each behaviour observed?</p>	<p>Where is each behaviour occurring?</p>	<p>What was the student asked to do?</p> <p>What happened immediately prior to the student engaging in the problematic behaviour?</p>	<p>What was the student trying to get or to avoid?</p>	<p>How did the observing adults respond to the student's behaviour?</p>	<p>Did the student comply or was there further escalation immediately following the adult response?</p> <p>How was the incident resolved?</p>
Teacher's signature:				Date:		

Code 42 Anecdotal Information						
Student:			School:			
Grade:			Week:			
Behaviour	Frequency	Location	Context	Function of Behaviour	Adult Response	Result
Teacher's signature:				Date:		