



Handbook for the Identification and Review of Students with Severe Disabilities **2017/18**

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For further information, contact:

Alberta Education

Learner Services Branch

8th Floor, 44 Capital Boulevard

10044 – 108 Street

Edmonton, Alberta T5J 5E6

Telephone: (780) 415-0783 (Edmonton) or toll-free in Alberta by dialing 310-0000

Fax: (780) 422-2039

Email: LearnerServices@gov.ab.ca

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Section 1 – General Information

Severe Disabilities Funding (SDF) for Private and Charter Schools

Introduction

Alberta Education provides funding for students with severe disabilities to support the provision of specialized supports and services in an education program. This applies to only private schools, designated special education private schools and charter schools. Funding continues to be based on the approval of students on an individual basis.

The *Handbook for the Identification and Review of Students with Severe Disabilities* presents case studies to assist school authorities in identifying students who may be eligible for specialized supports and services. Information related to severe disabilities funding requirements for private and charter schools is in the [Funding Manual for School Authorities 2017/18 School Year](#).

Identification of students and the use of either severe or mild/moderate special education codes continues to require a diagnosis and supporting assessments. It is important that the special education codes only be assigned when there are documented disabilities. This is done in the best interests of the student and so that families and teachers are aware of the nature of the disability and what is being done to ensure the student has the maximum opportunity to learn. Special education codes should not be assigned when there is no substantiating documentation of a disability.

School authority personnel from private and charter schools should direct enquiries regarding the identification of students with severe disabilities and related funding to Alberta Education, Learner Services Branch, at 780-638-3480, toll-free in Alberta by first dialing 310-0000.

General information:

- With the implementation of the inclusive education funding model, Alberta Education no longer requires school jurisdictions (except for charter schools) to conduct formal, specialized assessments, or require updated medical diagnoses every three years in order to receive funding to support the education of students with severe disabilities.
- There may be formal assessment requirements for Assured Income for the Severely Handicapped (AISH) or Persons with Developmental Disabilities (PDD) and federal funding support for students with disabilities who will be attending post-secondary institutions. Existing reports should be reviewed as part of the ongoing transition planning process.
- Decisions whether or not to update formal, specialized assessments should be made in consultation with the family and documented in the student's Individualized Program Plan (IPP)/Instructional Support Plan (ISP).
- To support the provision of programming, schools are encouraged to use a variety of assessment techniques and strategies in conjunction with formal, specialized assessment.
- All school authorities are expected to include a special education code, as applicable, in the child's/student's Provincial Approach to Student Information (PASI) registration.

Private and Charter Schools

- Private and charter schools are no longer required to conduct formal, specialized, diagnostic assessments every three years, as most severe disabilities are permanent in nature. Schools should retain the original diagnosis based on a specialized assessment from a qualified professional.
- Timelines for updating diagnosis or assessment documents can be adjusted to meet the needs of the student and may occur at natural transitions (from school to school, from one level of schooling to the next). Decisions about requesting an updated diagnosis should be made in consultation with the family and, where appropriate, the student.
- If the disability has not changed since the last medical or psycho-educational assessment, schools should conduct a functional assessment approximately every three years to update the impact of the student's disabilities within the learning environment.
- Generally, assessments are considered current if they have been conducted by a qualified professional within the last three to five years.
- Alberta Education does not require that a diagnosis of a severe emotional/behavioural disability be made every two years. Decisions about requesting a re-diagnosis should be made in consultation with the family and, where appropriate, the student. The original diagnosis based on a specialized assessment from a qualified professional should be retained at the school level. Schools should continue to update programming and progress with a functional behavioural assessment approximately every three years. This timeframe can be adjusted to meet the needs of the student.
- Special education code information will be taken directly from school submissions through PASI for both September and March.
- Documentation for **both** new and renewal applications consist of the following:
 - completed student monitoring form;
 - diagnosis/assessment documentation;
 - IPP/ISP; and
 - An Educational Environment Impact Statement.
- The *Student Monitoring Form 2017/18*, available on the Extranet, has been revised to reflect these changes.

2017/18 Severe Disabilities Funding Process at a Glance

Requirement	Responsibility	Action	Date
Student identification for calculating funding grants other than the inclusive education grant	School jurisdictions and Francophone authorities	<ul style="list-style-type: none"> Identify student registrations with a severe disabilities code in PASI. Resolve any registration conflicts in PASI. 	<ul style="list-style-type: none"> Complete by September 30, 2017 Submit by October 5, 2017
The information below applies only to private and charter schools			
<p>NOTE: <i>Authority level</i> access is required to access the Special Education Funding File Submission SharePoint Site called Severe Disabilities Funding (SDF). To apply for access: log on to the Education main page, https://education.alberta.ca/. Select “My applications” and click on ‘Organization Profile Request’. Follow the prompts to fill out the form and select “Severe Disabilities Funding–SDF (1038)”.</p>			
Student identification for Severe Disabilities Funding	Private and charter schools	<ul style="list-style-type: none"> Identify student registrations with a severe disabilities code in PASI. Resolve any registration conflicts in PASI. 	<ul style="list-style-type: none"> Complete by September 30, 2017 Submit by October 5, 2017
Identification of students to be monitored	Learner Services Branch, Alberta Education	<ul style="list-style-type: none"> Learner Services Branch provides each school with list of students to be monitored. <ul style="list-style-type: none"> A list will be posted on SDF SharePoint under the authority’s September folder. Information posted on the SDF SharePoint will outline the documentation required and will indicate the due date for file submission. 	<ul style="list-style-type: none"> October 2017
Preparation of file documentation for monitoring	Private and charter school staff	<ul style="list-style-type: none"> Complete <i>Student Monitoring Form 2017/18</i> for each identified student and include: <ul style="list-style-type: none"> current IPP/ISP; copies of recent assessment/ diagnostic reports by qualified personnel; and one page summary of student functioning in the educational 	<ul style="list-style-type: none"> Completed early November 2017 Documentation must be submitted by the due date indicated on the SDF SharePoint site

Requirement	Responsibility	Action	Date
		environment.	
Monitoring of student files	Learner Services Branch	<ul style="list-style-type: none"> Review of student files. 	<ul style="list-style-type: none"> November 2017 to December 2017
Severe Disabilities Funding Payment based on September 30, 2017 enrolment	Learner Services Branch	<ul style="list-style-type: none"> Results, including number of approved students and next monitoring dates, are posted on SDF SharePoint. School Finance Branch, Alberta Education, advised of results 	<ul style="list-style-type: none"> January 2018
Submission of appeal of September funding	Private and charter school principals	<ul style="list-style-type: none"> “Request for Appeal” letter addressed to Manager, Learner Services Branch. Authority posts request for appeal letter on SDF SharePoint in their authority folder. Do not submit a new file; original files are used for appeals. 	<ul style="list-style-type: none"> January to February 2018
	Learner Services Branch	<ul style="list-style-type: none"> Appeal results are posted on SDF SharePoint in the authority folder. 	<ul style="list-style-type: none"> January to February 2018
March Prorated Funding	Private and charter schools	<ul style="list-style-type: none"> Identify students with severe disabilities who enrol after September 30, 2017. Resolve any priority school conflicts. Resolve any registration conflicts in PASI. Resolve any transfer payments between private/charter schools. 	<ul style="list-style-type: none"> Count as of March 1, 2018 Submission by March 5, 2018

Requirement	Responsibility	Action	Date
Preparation of documentation for prorated funding monitoring	Private and charter school staff	<ul style="list-style-type: none"> Complete <i>Student Monitoring Form 2017/18</i> and include: <ul style="list-style-type: none"> – current IPP/ISP; – copies of recent assessment/diagnostic reports; and – one-page summary of student functioning in the educational environment. <p>NOTE: All documentation must be submitted via the SDF SharePoint site.</p>	<ul style="list-style-type: none"> Complete by March 2018 Documentation must be submitted by due date indicated on SDF SharePoint site
Monitoring of student files	Learner Services Branch	<ul style="list-style-type: none"> Review of students files submitted for March prorated funding. 	<ul style="list-style-type: none"> April 2018
Severe Disabilities Funding Payment based on March 1, 2018 enrolment	Learner Services Branch	<ul style="list-style-type: none"> Results, including number of approved students and next monitoring dates, are posted on SDF SharePoint. School Finance Branch advised of results. 	<ul style="list-style-type: none"> April 2018
Submission of appeal of March funding	Private and charter school principals	<ul style="list-style-type: none"> “Request for appeal” letter addressed to Manager, Learner Services Branch. Authority posts request for appeal letter on the SDF SharePoint site in their authority folder. Do not submit new file; original files are used for appeals. 	<ul style="list-style-type: none"> May 2018
	Learner Services Branch	<ul style="list-style-type: none"> Appeal results are posted on SDF SharePoint in the authority folder. 	<ul style="list-style-type: none"> May 2018

Documentation Requirements

Charter schools, private schools, and designated special education private schools that receive funding from Alberta Education for students with severe disabilities must ensure that the following conditions are met:

- Funding for students with severe disabilities is based on all of the following requirements being met and implemented at the school level:
 - assessment and diagnosis by qualified personnel (note: diagnosis alone is not sufficient to qualify for funding);
 - documentation/assessment of the student’s current level of functioning in the educational environment;
 - a current IPP/ISP that addresses the student’s diagnosed needs; and
 - identification of the types of supports and services being provided to the student.
- The IPP/ISP must be supported by appropriate medical, psychological or other professional documentation for each student with a severe disability identified and attending a school of the authority.
- Students with severe disabilities must receive three or more levels of support identified below:
 - a minimum 0.5 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., toileting, grooming, catheterization);
 - frequent documentation of medical and/or behaviour status; and
 - direct support services at a cost to the system (e.g., behaviour specialist, orientation and mobility specialist).
- School authorities will use the severe disabilities categories/codes and related criteria outlined in *Special Education Coding Criteria 2017/18* and the *Handbook for the Identification and Review of Students with Severe Disabilities 2017/18* to determine a student’s disabling condition for severe disabilities identification purposes.
- Eligibility for severe disability funding is based on student registration information, as of the count date (September 30, 2017), that has been submitted to PASI by **October 5, 2017**.

Appeal of Severe Disabilities Funding

Charter, Private, and Designated Special Education Private Schools

In situations where charter or private schools, including designated special education private schools, disagree with the outcome of the monitoring process for severe disabilities funding, an appeal of the decision(s) can be made to an Education Manager, Learner Services Branch using the process outlined below:

- School staff review the monitoring decision to clarify the rationale for the appeal.
- School administrator prepares a formal written request to the Education Manager, Learner Services Branch to request an appeal of the monitoring decision(s). This request for appeal letter should be uploaded into the Authority folder in the SDF SharePoint site.
- The request for an appeal must be received by Learner Services Branch within 10 working days of the school receiving written notification that the student was not approved for severe disabilities funding. Notification of the results of the appeal will be uploaded in the Authority folder on the SDF SharePoint site.
- The appeal letter addressed to the Education Manager, Learner Services Branch must include:
 - student's name;
 - severe disabilities code; and
 - Alberta Student Number (ASN).
- **No new information** can be added or considered during the appeal process.
- The originally submitted student documentation will be reviewed.
- Following the appeal review, the reviewer may recommend that:
 - the original decision stands; or
 - SDF funding is approved.
- The final decision regarding the appeal will be made by the Education Manager, Learner Services Branch, and communicated in writing to the school authority (uploaded in the Authority folder on the SDF SharePoint site) and School Finance Branch.

Section 2 – Severe Disabilities Categories

Severe Cognitive (Intellectual) Disability (Code 41)

Special Education Coding Criteria

A funded ECS child/student with a severe cognitive (intellectual) disability is one who:

- has a diagnosis by a qualified professional demonstrating significant deficits in intellectual functioning, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning from experience;
- has adaptive behaviour deficits in the severe to profound range as measured on an adaptive behaviour scale (e.g., AAMR Adaptive Behaviour Scales-School: Second Edition (ABS-S:2); Vineland Adaptive Behaviour Scales; and Scales of Independent Behaviour - Revised)¹;
- has severe delays in all or most areas of development;
- frequently has other disabilities including physical, sensory, medical and/or, behavioral; and
- requires ongoing support and intervention for learning, is dependent on others for all aspects of daily living and may require assistive technology.

Functional assessments by a qualified professional will also be considered in cases where the child's/student's disabilities preclude the use of a standardized assessment.

Questions and Answers

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

- The functional level is approximately less than one third of his/her chronological age on a standardized adaptive behaviour scale.
- The child/student may also:
 - be medically fragile;
 - require assistive technology; and
 - have limited, if any, receptive or expressive language.
- The child's/student's level of dependency requires mostly one-to-one and hand-over-hand assistance to perform tasks for ambulation or daily living and functioning.

¹ American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

- These children/students usually require extensive supports and services including one-to-one teacher assistant time, assistance with basic care, and additional therapeutic services.
- It is unlikely that the child/student will acquire basic numeracy and literacy skills.

What documentation is required to determine if the child/student meets the special education coding criteria?

- The use of adaptive behaviour scales to obtain functional ability scores in the severe to profound range is required. These children/students are not usually assessable using the Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V) or Stanford-Binet Intelligence Scales, Fifth Edition (SB-5).
- Once an initial diagnosis has been given and the child/student has a chronic disability that has not changed significantly, documentation from personnel specializing in the field may be sufficient for programming and to provide an evaluation of functioning.

What other supporting documentation relevant to the child's/student's disabling condition and programming requirements should be provided?

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

For additional information please refer to [Case Study – Brandon](#).

For sample IPP/ISP templates for students with moderate or severe cognitive disabilities, please visit: [Inclusive Education Library Sample IPP Templates](#).

CASE STUDIES

Please note that all case studies referenced in this document are fictional and not based on actual student information.

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 in a Life Skills Program 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 in January 2014 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"> • Brandon is in a full-time 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 feeding issues. • His family is also accessing support from Family Support for Children with Disabilities and the I CAN Centre at the Glenrose Rehabilitation Hospital.
<p>Instructional Support Plan</p>	<ul style="list-style-type: none"> • Brandon's ISP was developed by the learning team, including his parents. • Goals reflect his needs in communication, fine motor skills, personal care and life skills development.

Severe Emotional/Behavioural Disability (Code 42)

Special Education Coding Criteria

A funded child/student with a severe emotional/behavioural disorder is one who:

- displays chronic, extreme and pervasive behaviours, which require close and constant adult supervision, high levels of structure, and other intensive support services in order to function in an educational setting. The behaviours significantly interfere with both the learning and safety of the child/student and other children/students. For example, the child/student could be dangerously aggressive and destructive (to self and/or others), violent, extremely compulsive, withdrawn, delusional, paranoid; and
- has a diagnosis such as: conduct disorder, schizophrenia, bipolar disorder, severe chronic depressive disorder, severe oppositional defiant disorder, severe obsessive/compulsive disorders, and trauma and 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 child's/student's functioning in an education setting should be described. An ongoing treatment plan/behaviour plan should be available and efforts should be made to ensure that the child/student has access to appropriate mental health and therapeutic services.

Note: A clinical diagnosis of a severe emotional/behavioural disorder is not necessarily sufficient to qualify under this category.

- Attention deficit/hyperactivity disorder (ADHD) or attention deficit disorder (ADD) is a diagnoses with behavioural components that are not sufficient to qualify.
- Children/students diagnosed with fetal alcohol spectrum disorder (FASD), in the most severe cases, should be reported under Code 44 rather than Code 42.

Questions and Answers

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

- Documentation in the child's/student's file should include the following type of information:
 - a behaviour assessment report that includes a specific clinical diagnosis;
 - a one-page summary that describes the nature, frequency and severity of the aberrant behaviour and the impact on learning; and
 - a behaviour/treatment plan.
- The clinical diagnosis of a severe emotional/behavioural disability is made by a psychiatrist or registered psychologist or developmental pediatrician.

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 history which may have precipitated the current behaviours;
 - recent medical history noting any medication that modifies the child's/student's behaviour and further assessments/follow-up appointments;
 - interviews/surveys (e.g., Behaviour Assessment System for Children, Second Edition (BASC-3) or Conners 3, filled out by parents, teacher(s), and child/student, if appropriate), that outline the concerns with the child's/student's behaviour;
 - 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 children/students with severe emotional/behavioural disabilities? What is required?

- Alberta Education needs to know the specific behaviours the child/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 child's/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 child/student.
- The information gathered from checklists and anecdotal notes should assist in

programming for each child/student and serve a functional purpose.

- The information should be summarized in point form.

How can I demonstrate that the child's/student's behaviour is severe?

- A concise summary of anecdotal notes and checklists that describe the nature, frequency and severity of the child's/student's behaviour at the time she or he was identified by the school authority, in addition to the behaviour assessment report.
- Documentation that describes the nature, frequency and intensity of the interventions that are needed to maintain appropriate child/student behaviour.
- Summary of behaviours and results of school interventions required to maintain or improve appropriate behaviours.

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

- The child/student may continue to meet the criteria, provided that appropriate behaviours are maintained only because of the level and degree of supports and programming 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 child/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.

For additional information, please refer to [Case Study – Harley](#).

For sample IPP/ISP templates for students requiring behaviour support, please visit: [Inclusive Education Library Behaviour and Social Participation](#).

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 boy 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 in July 2011. • 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 counsellor 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.

Instruction Support Plan	<ul style="list-style-type: none"> • Harley’s 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 major behaviour management goals identified from the behaviour chart completed during September 2017 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.
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Sample Behaviour Chart – Monthly

NAME: Harley Edward Jones		MONTH: September 2017												
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 ✓)	am	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	10/10
	pm	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	10/10

The tallies of this chart inform the goals of Harley’s 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 help to stabilize his mood. Further, more specific checklists would be developed to monitor each of the objectives related to Harley’s long-term goals.

Severe Multiple Disability (Code 43)

Special Education Coding Criteria

A funded ECS child/student with multiple disabilities is one who:

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

Children/students with a severe disability and another associated disability should be identified under the category of the primary severe disability. For example:

- A child/student with a severe cognitive disability and another associated disability is not designated under this category, but is designated under severe cognitive disability.
- A child/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.

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

- attention deficit/hyperactivity disorder (ADHD) attention deficit disorder (ADD);
- emotional/behavioural disabilities;
- learning disability (LD); and
- speech and language-related delays.

Questions and Answers

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

A child/student with a severe multiple disability may exhibit two or more of the following:

- moderate cognitive disability;
- severe cognitive disability;
- bilateral hearing loss in the moderate to severe range; average of 56 – 70 decibels over 500 – 4000 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 diagnoses by professionals for each of the two or more non-associated disabling conditions. This may include reports from registered psychologists, audiologists, ophthalmologists and medical professionals.
- Current documentation should be in the child's/student's file.
- If a child/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.
- A diagnosis of each of the disabling conditions is required but not necessarily sufficient to qualify. Eligibility depends on the student's current level of functioning within the learning environment.

What other supporting documentation from a school, relevant to the child's/student's disabling conditions and programming requirements, may be included with the child/student package for monitoring by 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 child's/student's needs in the learning environment.

For additional information please refer to the [Case Study – Amina](#).

For sample IPP/ISP templates please visit: [Inclusive Education Library Sample IPP Templates](#).

Case Study — Amina

<p>Background information, description of severe disabling condition(s)</p>	<ul style="list-style-type: none"> • Amina is an 8-year-old student currently in Grade 3 at Caldwell School. • Dr. Brown diagnosed Amina in 2009 as having Kabuki make-up syndrome and moderate cognitive delay. In November 2012, 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.
<p>Current supports/services in place</p>	<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.

Instructional Support Plan	<ul style="list-style-type: none">• Amina’s 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, and are reflected in the classroom accommodations and level of supervision.
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Severe Physical or Medical Disability (Code 44)

Special Education Coding Criteria

A funded ECS child/student with a severe physical, medical or neurological disability is one who:

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

A child/student with severe autism spectrum disorder (or other severe pervasive developmental disorder) may be included in this category. A clinical diagnosis by a psychiatrist, registered psychologist, or medical professional specializing in the field of autism spectrum disorder (ASD) is required. However, a clinical diagnosis alone is not necessarily sufficient to qualify under this category. Eligibility is determined by the functioning level of the child/student with ASD as well as his/her ability to function within an educational setting. Children/students who meet criteria for this code would require extensive intervention and support within the learning environment.

In order for a diagnosis of ASD to be made, the child/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.²

A child/student diagnosed with severe FASD may have fetal alcohol syndrome (FAS) or ARND and 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

² American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

sufficient to qualify under this category. Assignment of this code is determined by the functioning level of the child/student. Children/students with severe FASD 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 child/student meets the special education coding criteria for a severe physical or medical disability?

- A medical diagnosis of a physical, medical or neurological disability dated within the last three to five years.
- Once it is established by the school authority that the child/student has a chronic disability that has not changed significantly, a current functional assessment that demonstrates the impact of the child's/student's disability while at school may be sufficient.

What are some examples of severe medical or physical disabilities?

Documentation for children/students who are diagnosed with the following may meet the criteria for Code 44, depending upon the severity of the impact in the educational setting:

- Tourette syndrome;
- cerebral palsy;
- fetal alcohol spectrum disorder;
- autism spectrum disorder;
- brain injury;
- cancer; or
- social (pragmatic) communication disorder.

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 autism spectrum disorder.
- 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 child's/student's performance, as well as the strengths and needs of the individual child/student. Individuals with autism spectrum disorder 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 fetal alcohol spectrum disorders.
- 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 child's/student's performance, as well as the strengths and needs of the individual child/student. Individuals with severe fetal alcohol spectrum disorder 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 which are delayed relative to chronological age peers.

What other supporting documentation relevant to the child's/student's disabling condition and programming requirements may be included with the child/student package for monitoring by Alberta Education?

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

For additional information, please refer to the [Case Study – Cheng](#).

For sample IPP/ISP templates, please visit [Inclusive Education Library Sample IPP Templates](#).

Case Study — Cheng

<p>Background information, description of severe disabling condition(s)</p>	<ul style="list-style-type: none"> • Cheng is a 12-year-old student in Grade 6. • Dr. Gold, Pediatrician, ABS Hospital, diagnosed Cheng with severe autistic disorder in 2004. • Dr. Chanwell, Psychiatrist, updated this diagnosis in 2015 as autism spectrum disorder, severity level 3. • Cheng has extreme difficulties with: <ul style="list-style-type: none"> – social interaction and 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 picture communication symbols 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 recess and 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.

Instructional Support Plan	<ul style="list-style-type: none">• Cheng’s ISP was developed with his learning team, including his parents, inclusive education consultants and school staff.• His ISP reflects Cheng’s need for routine and identifies goals for communication, social/behaviour and academic progress.
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Deafness (Code 45)

Special Education Coding Criteria

A funded ECS child/student with a severe to profound hearing loss is one who:

- has a hearing loss of 71 decibels (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;³
- requires extensive modifications and specialized educational supports; and
- has a diagnosis by a clinical or educational audiologist. New approvals require an audiogram within the past three years.

If a child/student has a severe to profound sensorineural hearing loss that has not changed significantly since the initial approval by Alberta Education, documentation from a qualified specialist in the field of deafness outlining the severity of the hearing loss and modifications to the learning environment may be sufficient to support eligibility.

Questions and Answers

What are the main characteristics of a child/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 child's/student's file. If a child/student has a severe to profound hearing loss that has not changed significantly, an updated audiogram is not necessary.
- A recent functional assessment from personnel 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 child/student.

³ Canadian Academy of Audiology. Retrieved in 2015 from <https://canadianaudiology.ca/for-the-public/hearing-loss-in-adults-and-children/>.

- Hearing level classification equivalents: ⁴

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

What other supporting documentation relevant to the child’s/student’s disabling condition and programming requirements may be included with the child/student package?

- Additional reports from hearing specialists, speech-language therapists, or other professionals working with the student.
- Current relevant medical reports.
- Any documentation, including anecdotal records, reflecting the child’s/student’s needs in the learning environment.

For additional information, please refer to the [Case Study – Lukina](#).

For sample IPP/ISP templates, please visit: [Inclusive Education Library Sample IPP Templates](#).

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

⁴ Canadian Academy of Audiology. Retrieved in 2015 from <https://canadianaudiology.ca/for-the-public/hearing-loss-in-adults-and-children/>.

Case Study — Lukina

<p>Background information, description of severe disabling condition(s)</p>	<ul style="list-style-type: none"> • Lukina is a 9-year-old girl 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, in September 2007. There has been no significant change in Lukina’s hearing. • Shortly after diagnosis, Lukina began speech therapy. It 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. She provided programming recommendations in May 2015. • Lukina continues to use a combination of oral and sign language as her primary mode of communication at home and at school.
<p>Current supports/services in place</p>	<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 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.

Instructional Support Plan	<ul style="list-style-type: none">• Lukina’s 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 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)

Special Education Coding Criteria

A funded ECS child/student with severe vision impairment is one who:

- 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.

If a child/student has a severe to profound visual impairment that has not changed significantly since the initial approval by Alberta Education, 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.

For those children/students who may be difficult to assess (e.g., cortical blindness – developmentally delayed), a functional visual assessment by a qualified specialist in the field of vision or a medical professional may be sufficient to support eligibility.

Questions and Answers

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

- In order to participate fully within the educational environment, children/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 or audio tape;
 - orientation and mobility;
 - social interaction skills;
 - assistive technology such as screen readers;
 - independent 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, specialized teachers, or other medical professionals specializing in the field, which document the severity of the disability, must be in the child's/student's file.

What other supporting documentation relevant to the child's/student's disabling condition and programming requirements may be included with the child/student package for monitoring by Alberta Education?

- Additional reports from specialized teachers, orientation and mobility specialists or other professionals working with the child/student.
- Current relevant medical reports.
- Any documentation, including anecdotal information, which reflects the child's/student's needs in the learning environment.

For additional information, please refer to the [Case Study – Shannon](#).

For sample IPP/ISP templates, please visit: [Inclusive Education Library Sample IPP Templates](#) .

For additional instructional strategies for students who are blind, please visit: [Vision Education Alberta](#) and [Medical/Disability Information for Classroom Teachers Blindness](#).

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 in March 2016 by Kate Sloan, Vision Consultant, 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, including Nemeth code; – providing follow-up and support for orientation and mobility needs; and – providing support in the use of assistive technology.

Instructional Support Plan	<ul style="list-style-type: none">• Shannon’s 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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Section 3 — Appendices

Appendix A: Student Monitoring Form Severe Disabilities Funding

Appendix B: Sample Chart for Recording Anecdotal Information – Code 42

Appendix C: Sample Individual Behaviour Support Plan

Appendix D: Answers to Commonly Asked Questions

Appendix E: Glossary

Appendix F: Resources



Student Monitoring Form Severe Disabilities Funding 2017/18

Private and Charter Schools

- Initial funding application
- Renewal of funding application

PLEASE CHECK CODE

- 41 Severe Cognitive
- 42 Severe Emotional/Behavioural
- 43 Severe Multiple
- 44 Severe Physical or Medical
- 45 Deafness
- 46 Blindness

School Authority Name and Code _____

School Name and Code _____

Student Name _____ Grade _____

Alberta Student Number (ASN)

Birth date (yyyy/mm/dd)

1. Supporting documentation from the appropriate professionals (please attach copies of all assessments listed):

a. Diagnosis	Year	Name and Title of Professional Conducting Assessment
b. Assessment	Year	Name and Title of Professional Conducting Assessment

2. Current description of the classroom instruction provided to the student.

a. Programs of Study:

- Student is working below grade level outcomes
- Student is working on grade level outcomes
- Student is working above grade level outcomes
- Student is not working on any Programs of Study

3. In accordance with the *Funding Manual for School Authorities 2017/18 School Year*, identify three or more of the following supports (from (a) to (f)) that are being provided to the student:

a. Frequent specialized intervention over and above what is provided to every student in the classroom:

		Number of hours per day
educational assistant	<input type="checkbox"/>	_____
small group with teacher	<input type="checkbox"/>	_____
other (please specify)	<input type="checkbox"/>	_____

b. Specialized equipment specifically purchased for or used exclusively by the student this school year:

<input type="checkbox"/> communication devices (e.g., PODD books)	<input type="checkbox"/> personal FM system
<input type="checkbox"/> technology (e.g., iPad, tablet, Chromebooks)	<input type="checkbox"/> specialized software (e.g., Apps, extensions)
<input type="checkbox"/> technology access (e.g., switches, joysticks)	<input type="checkbox"/> low vision/blindness (e.g., magnifiers, monoculers)
<input type="checkbox"/> specialized furniture/equipment (e.g., standing frame, walker)	<input type="checkbox"/> other (specify) _____

c. Personal care/health-related interventions provided by school staff:

<input type="checkbox"/> assistance with personal hygiene	<input type="checkbox"/> lifts and transfers
<input type="checkbox"/> catheterization	<input type="checkbox"/> respiratory therapy
<input type="checkbox"/> g-tube feeding	<input type="checkbox"/> management of specialized equipment
<input type="checkbox"/> other feeding program	<input type="checkbox"/> oxygen administration
<input type="checkbox"/> administration of medication	<input type="checkbox"/> mobility training (e.g., walker, wheelchair)
<input type="checkbox"/> other (specify) _____	<input type="checkbox"/> sensory modulation (e.g., weighted toys, bubble tubes)

d. Frequent documentation of behavioural and/or medical status and copies of these plan(s) are attached to the 2017/18 ISP/IPP:

	Number of hours/day
behaviour is monitored	_____
medical condition is monitored	_____

e. Direct support services for the student provided during 2017/18 at a cost to the school authority:

Note: regularly scheduled services means the service must be provided to the student **5 or more hours** per year:

<input type="checkbox"/> assistive technology consultant	<input type="checkbox"/> physical therapist
<input type="checkbox"/> audiologist	<input type="checkbox"/> registered psychologist
<input type="checkbox"/> behaviour specialist	<input type="checkbox"/> school liaison worker
<input type="checkbox"/> hearing consultant	<input type="checkbox"/> school/guidance counsellor
<input type="checkbox"/> vision consultant	<input type="checkbox"/> social worker
<input type="checkbox"/> nursing services	<input type="checkbox"/> special education teacher
<input type="checkbox"/> occupational therapist	<input type="checkbox"/> speech language pathologist
<input type="checkbox"/> orientation and mobility specialist	<input type="checkbox"/> other (specify) _____

f. Submit a completed Educational Environment Impact Statement form describing how you are supporting the student to be successful in the classroom/school environment.

4. DECLARATION

Relevant assessment documentation to support the claim is available, at least three of five supports listed in 3a – 3f are in place, a current IPP/ISP is included in the student’s file, and to the best of my knowledge, the file meets all of the 2017/18 severe disabilities funding criteria.

_____ Date

_____ Name of School Principal (please print)

_____ Signature

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

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

Answers to Commonly Asked Questions

The following are answers to commonly asked questions and examples of best practices.

Why does Alberta Education need all this information?

Alberta Education reviews documentation to determine if students meet the criteria for severe disabilities funding for private schools, charter schools and designated special education private schools (DSEPS). Criteria includes diagnosis, effect of the diagnosis on the student in a learning environment, identified supports and services in place, and current, implemented IPPs/ISPs. The results of the documentation review are used to approve severe disability funding for private schools, charter schools and DSEPS.

What is the relationship between the diagnosis and the severity of the disability?

Diagnoses are important in determining whether students have special education needs, but the degree of need is determined by the impact of the conditions on school performance and the extent to which accommodations and supports are required for students to learn and be successful in the classroom. The relationship between a clinical diagnosis and the required level of special education programming and supports is not direct. The level of special education need is determined by an assessment of:

- the number of areas of functioning affected;
- the extent to which functioning is affected in each area;
- the effect on others; and
- the amount of support required.

What are “services at a cost to the system”?

Additional costs may be incurred only in cases where the professional is working directly with the student related to their disabilities and/or goals and strategies of the IPP/ISP. For example, the school counsellor may work directly with an individual student on anger management on a regularly scheduled basis to help meet a goal on the student’s IPP/ISP. Cases where the counsellor is working on career counselling, ensuring that a student’s homework book is signed, or working with a class on issues, are not eligible levels of support as these services are available to all students. Do not check services in this section unless they are provided for five or more hours during the school year.

Does principal/administration time qualify as a level of service?

No.

What if all of the student information is not available at the time of the file review?

Student information, including assessment information and the student’s IPP/ISP, must be in place for review by Alberta Education so that timely approvals of severe disabilities funding can be made.

Glossary

Accommodations (for classroom)	<ul style="list-style-type: none"> • Any changes to instructional strategies, assessment procedures, materials, resources, facilities, or equipment.
Assessment data	<ul style="list-style-type: none"> • Diagnostic assessment data used to determine special education programming and services.
Augmentative and Alternative Communication (AAC)	<ul style="list-style-type: none"> • Used to supplement or replace speech. AAC systems may include sign language, letter or communication boards/books, small message cards, basic or complex electronic devices, and mainstream tablets with communication apps.
Braille	<ul style="list-style-type: none"> • A machine used to produce braille—a system of writing and printing for persons with vision loss that uses raised points or dots.
Current documentation	<ul style="list-style-type: none"> • Current documentation refers to assessment data from specialists, including educational assessments; medical/health assessments such as vision, hearing, physical, neurological; speech and language assessments; occupational therapy, physiotherapy, behavioural, psychological, or psychiatric assessments. Current assessment data/documentation is generally considered to be data that has been collected within the last two or three years.
Frequency modulation (FM) system	<ul style="list-style-type: none"> • An amplification system that is worn by the student with hearing loss. The speaker/teacher wears a microphone and the speaker's voice is transmitted to a receiver that is directed into the student's hearing aids.
Functional assessment	<ul style="list-style-type: none"> • Includes both formal (some objective data such as a standardized behavioural checklist) and anecdotal and/or direct observations. The assessment should provide information on the student's functioning in the school environment in such areas as: <ul style="list-style-type: none"> – social interaction; – communication; – behavior; – life skills; – safety and support needs; and – other learning considerations.
Classroom Audio Distribution System	<ul style="list-style-type: none"> • An amplification system that allows all students to hear equally well no matter where they are located in the classroom. The system consists of a wireless microphone used by a speaker, with the voice being amplified within the room.
Qualified Professional	<ul style="list-style-type: none"> • An individual who has expertise and training in specialized assessments, interpreting results and providing program recommendations to those involved in a child/student's programming. They should also be in good standing with their professional association.

Resources

The following resources are available on Alberta Education’s website at <https://education.alberta.ca>.

- [Funding Manual for School Authorities 2017/18 School Year](#);
- [Requirements for Special Education in Accredited-Funded Private Schools](#);
- *Special Education Coding Criteria 2017/18* (this document is available to school authorities on the Extranet).

Meeting the Needs of Each Student

[Meeting the Needs of Each Student](#) is available on Alberta Education’s website, which has resources to support the education of students with diverse learning.

Some of the key resources available on this web card include:

- [The Learning Team: A Handbook for Parents of Children with Special Needs \(2003\)](#);
- [Standards for Special Education](#);
- [special education statistics](#);
- [medical conditions](#);
- [learning disabilities](#);
- [students who are gifted](#); and
- [social participation](#).

[The Inclusive Education Library](#) is a digital resource which provides information on instructional strategies and supports for students, medical conditions and disabilities information, and sample IPP templates for students with special education needs.

[Engaging All Learners](#) website provides a collection of professional learning resources that can be used to build educator capacity.

[Literacy and Numeracy](#) are the means through which individuals access and understand information. Literacy and numeracy are foundational to successful living, learning and working in today’s society. Alberta Education’s website provides some additional information about literacy and numeracy and links to resources.

[Learning Technologies Information for Teachers](#) website provides information about the ways that technology in the classroom can be leveraged to address diverse learning needs.

[Making a Difference: Meeting Diverse Learning Needs with Differentiated Instruction \(2010\)](#) provides a synthesis of current research and an introduction to the theory and practice of differentiated instruction within an Alberta context. It offers general information and strategies for differentiating instruction, ideas for differentiating learning and teaching specific student groups and practical, curriculum-specific ideas and strategies with the core subjects of English language arts, mathematics, social studies and science.

School transitions can be challenging for many students. [Planning for Student Transitions](#) resources are intended to help school authorities, administrators, educators, and parents work together to support children and youth during key school transitions.

[Supporting Positive Behaviour in Alberta Schools](#) is a three-part resource providing information, strategies, stories from schools and sample tools for systematically teaching, supporting and reinforcing positive behaviour. This integrated system of school-wide classroom management and individual student support is designed to provide school staff with effective strategies to improve behavioural outcomes in their school.

- Part 1: *Supporting Positive Behaviour in Alberta Schools: A school-wide approach* describes a comprehensive school-wide approach that involves **all** students, **all** staff and **all** school settings.
- Part 2: *Supporting Positive Behaviour in Alberta Schools: A classroom approach* provides information and strategies for systematically teaching, supporting and reinforcing positive behaviour in the classroom.
- Part 3: *Supporting Positive Behaviour in Alberta Schools: An intensive individualized approach* provides information and strategies for providing intensive, individualized support and instruction for the small percentage of students requiring this level of intervention and includes samples of behavior collection documents and an individual behaviour support plan.

[Positive Behaviour Supports: Climbing for Success](#) is an e-learning website for school staff supporting students with FASD and other disabilities.