

## Chapter PI 11

CHILDREN WITH EXCEPTIONAL  
EDUCATIONAL NEEDS

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PI 11.01 Definitions. (1) LEGISLATIVE INTENT. The legislature recognized that many children and youth, 3 to 21 years of age, have not experienced appropriate educational opportunities because comprehensive services were not available through all public schools which were commensurate with their EEN. Subchapter V, ch. 115, Stats., was enacted to ensure the identification of such needs and the development of services for children to appropriately serve these needs.

(2) BASIC TENETS. (a) All children and youth in the public and private sectors, who are in need of special education services, shall be identified. The legislature has specified that the identification process shall include screening, referral and M-team procedures.

(b) Section 115.76 (3), Stats., defines children and youth with EEN as: “*Child with exceptional educational needs* means any child who has a mental, physical, emotional or learning disability which, if the full potential of the child is to be attained, requires educational services to the child to supplement or replace regular education. Children with the following conditions, in addition to children with such other conditions as the state superintendent determines, may require educational services to supplement or replace regular education:

(a) *Physical, crippling or orthopedic disability.*

(b) *Mental retardation or other developmental disabilities.*

(c) *Hearing impairment.*

(d) *Visual disability.*

(e) *Speech or language disability.*

(f) *Emotional disturbance.*

(g) *Learning disability.*

(i) *Any combination of conditions named by the state superintendent or enumerated in pars. (a) to (g)."*

(c) Children and youth with no EEN who require alternative educational programming shall not be included within the parameters of s. 115.76 (3), Stats. EEN excludes conditions described as special educational needs (SEN) resulting primarily from poverty, neglect, delinquency or cultural or linguistic isolation from the community at large.

(d) The department shall utilize the U.S. office of education incidence rate of 10-12% of the district population as having EEN since this rate is comparable to experience with incidence findings in Wisconsin. The division shall continue to utilize this estimate for program and fiscal planning and for monitoring attainment of legislative goals. Exceptions to this overall incidence limitation and to incidence rates for individual program areas shall require local district provision of M-team evidence which clearly demonstrates incidence rates which exceed state and national norms. This may be accomplished by department staff conducting an on-site review. This evidence shall be submitted and approved by the division prior to program expansion in excess of state norms.

(e) The broad process of referrals, obtaining parental approvals, the M-team action and board placement recommendations shall be included in the district's plan (s. 115.85 (3), Stats.). This plan and procedures for its implementation shall include timelines for mass screening, parental approvals, referral, the M-team process and board recommendations on placement.

(f) Definitions of terms utilized in the rules.

1. Administrator means school district administrator.

2. Behavioral records means those pupil records defined in s. 118.125 (1) (b), Stats., including psychological tests, personality evaluations, records of conversations, any written statement concerning a child's behavior, achievement or ability tests, physical health records and any other pupil records which are not progress records.

3. Board means school board.

4. Boarding home means homes operated by an LEA operating special education programs or services, or both, and used 5 days a week to care for non-resident children being served in that program or service.

5. Days means calendar days unless otherwise specified.

6. CESA means cooperative educational service agency.

7. CHCEB means county handicapped children's education board.

8. Child advocate means any person representing the parent during the M-team process and at a board hearing.

9. Child study team and pupil services team means a team, other than the M-team, of professional support personnel in the district.

10. Cooperative agreement, 66.30 means special education programs operated by 2 or more districts or CHCEBs under a cooperative agreement as provided in s. 66.30, Stats.

11. Department means department of public instruction unless otherwise specified.
12. Director means a Wisconsin level A-certified director of special education.
13. District means school district of residence unless otherwise specified.
14. Division means division for handicapped children unless otherwise specified.
15. EEN means exceptional educational needs as defined in s. 115.76 (3), Stats.
16. Full-time means that the person is employed for a full day of employment, 5 days a week.
17. Half-time means that the person works half-time in terms of hours.
18. Hearing means an official private or public proceeding conducted by a board or a hearing officer. It shall be conducted according to the procedures contained in PI 11.06.
19. Hearing officer means a person appointed by the board to conduct the hearing according to the procedures contained in PI 11.06.
20. LEA means a local educational agency, including a district, CESA or CHCEB operated by public schools.
21. Level A license means a Wisconsin special education administrative license.
22. Level B license means a Wisconsin special education administrative license.
23. Local, in terms of program placement, means not only the resident district, but programs in adjoining districts, CESAs, CHCEBs and the state residential schools.
24. M-team means multidisciplinary team.
25. Non-EEN means non-exceptional educational needs, e.g., needs which are not exceptional as defined in s. 115.76 (3), Stats.
26. Notice means written notice sent by mail which shall be complete upon mailing.
27. Parent includes the term legal guardian and the plural of each where applicable.
28. Personnel/program criteria means those criteria utilized by the department and required for reimbursement.
29. Program designee means the person designated by the board to administer and coordinate all elements of programs and services for children with EEN. This person does not hold a level A or level B license.
30. Program unit means a certified special education teacher with an enrollment list of children having EEN as defined in s. 115.76 (3), Stats.
31. Superintendent means the Wisconsin superintendent of public instruction.

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32. Supervisor means a person who has a level A or level B special education administrative license.

History: Cr. Register, December, 1975, No. 240, eff. 1-1-76; am. (1), Register, February, 1983, No. 326, eff. 3-1-83; am. (2) (b), Register, September, 1986, No. 369, eff. 10-1-86.

**PI 11.02 Referral and screening.** (1) **REFERRAL.** (a) **Purpose.** The individual report required by s. 115.80 (1), Stats., shall provide for the identification of those children with suspected EEN:

1. Children who were not previously known to school authorities.
2. Children who were not identified through the screening process.
3. Children whose EEN developed after continued enrollment in school.

(b) **District referral responsibility.** Each district shall establish a written procedure to expedite referrals from parents and other persons as provided in s. 115.80 (1), Stats. These procedures shall be included in the overall written district plan for the education of children with EEN and shall include the following:

1. The administrator shall inform those persons described in s. 115.80 (1) (a), Stats., of referral and M-team procedures attendant upon this law. This may be accomplished through the use of radio announcements, newspaper or newsletter articles, etc.

- a. If referrals are made to the division, division staff shall communicate with the person making reports and shall provide information relating to M-team procedures and the contact persons in their respective districts for reporting children with suspected EEN pursuant to s. 115.80 (1) (a), Stats.

- b. Before a referral is made, parents shall be informed. Persons described in s. 115.80 (1) (a), Stats., shall document, in writing to the board, the manner in which the parent was informed. If the parent makes a referral, the district shall note the date on which the referral was made for inclusion as part of the official hearing record.

2. Inservice programs shall be developed for certified district professional employes, pursuant to s. 115.80 (1) (b), Stats., to familiarize them with behavioral descriptors which, in terms of frequency, chronicity or severity might indicate an EEN. These employes shall be furnished with information concerning current referral procedures.

- a. Certified district professional employes making a referral shall send to the child's parent a notice informing the parent that a report will be made to the board.

3. The referral procedure shall clearly distinguish between suspected EEN and suspected non-EEN in order to avoid the need for M-team consideration of every school-related problem. Where there is not a reasonable basis to believe that a child has EEN, the child shall be referred to child study or pupil services personnel as a child with suspected non-EEN. Should the child appear to have EEN during the child study or pupil service personnel's involvement with the child, these personnel or other personnel shall refer that child for suspected EEN.

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4. If a single referral form is used, the referral form shall include separate places of entry; one to be labeled "suspected EEN" and the other "suspected non-EEN." The referring person shall indicate on the form whether the child has suspected EEN or suspected non-EEN. To assist in this determination, the referring person may consult with other professionals in the district.

5. The district shall not deny any rights afforded under subch. V, ch. 115, Stats. to any child excluded from school.

(2) **SCREENING.** (a) 1. Districts shall provide screening procedures for all children enrolled in public school between the ages of 5 and 21 years who are suspected of having EEN. Districts shall provide screening opportunities to children who are district residents prior to entry into school upon parental request. Public media techniques shall be utilized to inform parents of this opportunity.

2. Screening techniques for children with EEN may be coordinated with other education and health-related programs and screening procedures in the district and local community, e.g., ESEA Title I; Special Education Needs (SEN); Early and Periodic Screening, Diagnosis and Treatment (EPSDT).

3. The director or the board's program designee shall be responsible for the screening elements related to children with EEN but not necessarily for the district's total screening program.

(b) Every district shall have a plan for screening children for EEN and shall specify procedures for the following 4 groups:

1. Children who are entering school for the first time.
2. Transfer students new to the district.
3. Students currently enrolled in the district.
4. Children below school-entry ages.

(c) The screening procedures shall include the various techniques, both formal and informal, used to identify children with suspected EEN.

(d) Screening shall be a continuous process implemented throughout the school year to accommodate to new entries and to information obtained through informal observations and teacher evaluations.

(3) **DIVISION RESPONSIBILITY.** The division shall provide consultative assistance to LEAs in the development of the screening plan as it relates to EEN.

History: Cr. Register, December, 1975, No. 240, eff. 1-1-76; am. (1) (b) 5., Register, February, 1983, No. 326, eff. 3-1-83; am. (2) (c), Register, September, 1986, No. 369, eff. 10-1-86.

**PI 11.03 Multidisciplinary team(s) (M-team).** (1) **INTENT.** The M-team shall determine if the child has a mental, learning, emotional or physical disability; shall determine the handicapping condition(s) as enumerated in s. 115.76 (3) (a) through (i), Stats.; and shall determine if the handicapping condition(s) requires special educational services to supplement or replace regular education and therefore that the child has EEN. It shall be constituted in order to provide expertise required to assess the learning needs of children with EEN. Findings and recommendations shall be made by the M-team to assist the board through the director or

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program designee in making placement decisions appropriate to each child's needs.

(2) **BOARD RESPONSIBILITY.** The board through the administrator contingent upon pars. (a) and (b), shall appoint the district's M-team(s).

(a) When there is a level A director, the director shall be administratively responsible for the M-team process.

(b) If there is no director, a program designee shall be appointed by the board.

(c) Upon parental approval, referrals to the M-team from both the public and private school sectors shall be honored.

Note: It is the department's current legal opinion that M-team assessments may be permitted in the private sector.

(3) **COMPOSITION.** Various professional areas of expertise are necessary to assess and program for a child's EEN. M-team membership shall be determined by the EEN which a particular child is believed to have. M-team(s) shall have at least 2 members who have expertise in assessment and programming for the EEN of the child being evaluated. In those instances in which a child is suspected to have multiple handicapping conditions, specialists certified to teach in each of the suspected handicapping conditions shall be members of the M-team. It shall be the responsibility of the director or the program designee responsible for M-team composition and functioning to ensure that both members are expert in both assessment and programming. This determination of skill shall be based on training, certification and experience.

(a) Special education personnel employed by the district shall be utilized in the formation of the district's M-team(s). CESA personnel contracted by the district shall be construed as district employes for purposes of M-team composition.

(b) At least 2 members of the M-team shall be direct employes of district of residence, including those cases where districts implement cooperative agreements with other districts, CESAs or CHCEBs.

(c) Districts may have need for consultation from other than public school employes to appropriately assess an individual child's EEN. Such consultation may be utilized by the M-team in formulating team recommendations. Personnel other than public school employes shall not be appointed official members of the child's M-team.

(d) Districts may employ additional qualified nondistrict personnel on their M-team(s) on a contractual basis with the following provisions:

1. Such nondistrict personnel shall be contracted for their services as M-team members.

2. As a contracted public school employe, these personnel shall function on behalf of children with suspected EEN and be recognized as representatives of the contracting district. In this contractual capacity,

consultative, program planning and service purposes as outlined in par. (f). The parent shall be encouraged and afforded the opportunity of giving written consent for the district to make their child's records available to the division. The parent shall be given such opportunity under the circumstances enumerated in pars. (c), (d) and (f). A suggested parental consent form is available from the department for duplication or modification by the district if desired.

(b) *Identification numbers.* If the parent fails to give consent for release of pupil records with the child's name, districts shall supply the requested records deleting the child's name but identifying such records with an appropriate identification number. The district shall utilize the identification number system provided by the division for assigning individual identification numbers (appendix B).

(c) *Enrollment reports.* LEAs operating special education instructional units for children with EEN shall report selected information on the individual pupils enrolled in such units by name or identification number. The same information shall be reported to the division on children enrolled after the due date of such enrollment reports.

(d) *Transportation reports.* LEAs requesting approval and reimbursement for the transportation of students with EEN receiving special service shall report the individual pupils by name or identification number.

(e) *District responsibility and concomitant accountability for individual's records.* In addition to any required student records, districts shall maintain as part of the EEN child's record the following:

1. Parental consent for district action pursuant to subch. V, ch. 115, Stats.

2. Any data utilized by the M-team to reach decisions, e.g., evaluations, reports, pupil records.

3. The findings and recommendations of the M-team.

4. The placement decision of the board, director or program designee.

5. The individual educational plans prescribed for the child with EEN.

6. All records called for in subch. V, ch. 115, Stats., and by any rules or regulations promulgated by the department to implement its role and function under this chapter.

7. Medical prescriptions required to substantiate any health treatment services provided under s. 115.80 (3) (e), Stats.

8. Medical evaluations, if used to substantiate determination of disability. The division strongly recommends the continuing involvement of medical personnel in the evaluation of children with EEN, since commonly accepted professional practices require the utilization of qualified medical personnel to determine mental, physical, emotional or learning disabilities.

(f) *Individual pupil records.* When students' educational programs fall within the following situations, their records shall be immediately forwarded to the division pursuant to conditions described in pars. (a) and (b):

1. Students who are being considered for enrollment in special education services outside the district of residence. In those cases where the districts have made cooperative arrangements with a CESA or are included in a CHCEB or have entered into a 66.30 cooperative agreement, the children so enrolled shall be considered as resident students.

2. Students being considered for enrollment in the Wisconsin school for the visually handicapped and the Wisconsin school for the deaf, or those facilities operated or supported by the department of health and social services.

3. Students for whom the superintendent has received a formal parental appeal request under the provisions of s. 115.81, Stats. Information submitted to the department shall include the local hearing records.

4. Students with EEN who are either being considered for placement in state or county institutions or residents of such institutions being returned to LEA services.

5. Students for whom a request is made for state tuition support under s. 121.79 (1) (c), Stats.

6. Students for whom districts are requesting the superintendent's approval to place in an appropriate program in another state pursuant to s. 115.85 (2) (c), Stats., or to contract with a private school for the child's education under the provisions of s. 115.85 (2) (d), Stats. When the request for complete pupil records emanates from the division pursuant to subds. 7. and 8., such records shall be forwarded to the division within 10 days following receipt of a request from the division. The records shall include data as called for in par. (e).

7. Students upon whom an official inquiry request, e.g., from a district of residence, parent, guardian, child advocate, legislator or state agency, for state consultation or state legal action has been received.

8. Any child for whom the division requires case data to carry out its functions as called for in s. 115.84, Stats.

(g) *Records.* The division shall not require the submission of complete individual pupil records on resident children enrolled in programs operated individually or cooperatively by the district of residence, except as indicated in par. (f).

History: Cr. Register, December, 1975, No. 240, eff. 1-1-76; am. (2) (e) 9, Register, November, 1976, No. 251, eff. 12-1-76; am. (2), (intro.), (e) 1, and 6., Register, February, 1983, No. 326, eff. 3-1-83; r. (2) (e) 8. and renum. (2) (e) 9 to be 8., Register, September, 1986, No. 369, eff. 10-1-86.

**PI 11.06 Hearings and appeals.** (1) **INTENT.** The purpose of this section is to ensure that all hearings before the board or its hearing officer and all appeals to the superintendent afford the parties fundamental fairness guaranteed by law. PI 11.06 is intended to implement s. 115.81, Stats., which requires that boards provide parents with a fair hearing before the board or its hearing officer and before the superintendent when conflicts arise over a decision relating to special education for a child.

(2) **PARENTAL REQUEST FOR A HEARING.** A parent shall file a written request for a hearing with the district clerk of the district in which the



personal, family and community liaison needs of exceptional education children and other children.

(a) *Specific responsibilities.* Among the job services for which a state funded school social worker providing EEN services under (9) is responsible are the following:

1. Provide individual evaluations based on adaptive behaviors (including administering adaptive behavior scales), socio-cultural adjustments, and family background as part of the multidisciplinary team when indicated.

2. Assist in the smooth transition of exceptional educational needs children as they pass from special education to regular education and vice versa.

3. As required to meet student needs, coordinate school and community services such as those provided by headstart, day-care centers, work-orientation centers, county welfare agencies, family service agencies, community action programs and other human services organizations.

4. Collaborate with other professionals in classroom management with specific regard to aspects of the curriculum concerned with social and emotional developments, family cooperation, and adaptive behaviors as they relate to cultural background and experiences and linguistic variables.

5. Coordinate (recruit, evaluate, and supervise) boarding home programs for children with exceptional educational needs, and carry out any other responsibilities as may be outlined in the Policy and Procedure Manual, Boarding Home Program, Division for Handicapped Children.

6. Provide supportive services (interpretation and clarification) to families in facilitating their understanding of the broad ranges of educational, professional and technical language as it is utilized in service definitions, program titles and diagnostic statements.

7. Inservice to school personnel and parents as it relates to any and all procedures relevant to children with exceptional educational needs.

8. Research, develop and evaluate school social work programs relating to children with exceptional educational needs.

9. Other service and program obligations consistent with state and federal laws, rules, and regulations.

(10) PROGRAM ADMINISTRATION. Further questions regarding this program as well as annual plans and claims shall be directed to: Supervisor-School Social Work Services, Department of Public Instruction.

History: Cr. Register, September, 1977, No. 261, eff. 10-1-77; am. (6), Register, February, 1983, No. 326, eff. 3-1-83.

PI 11.18 Educational services for school-age pregnant girls and mothers. History: Cr. Register, December, 1975, No. 240, eff. 1-1-76; r. Register, September, 1986, No. 369, eff. 10-1-86.

Note: See ch. PI 19 for rules on education for school age parents.

PI 11.19 Supportive services: physical and occupational therapy. (1) LEGISLATIVE INTENT. Subchapter V, ch. 115, Stats., gives an LEA the authority to establish physical therapy and occupational therapy services

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outside of orthopedic school centers. The authority contained in s. 115.83 (1) (a), Stats., is limited to approving special physical or occupational therapy services for children with EEN who are enrolled in the special education programs offered by the LEAs.

(2) **LEA RESPONSIBILITY.** Prior approval from the division shall be obtained before a physical therapist or occupational therapist or both is employed. Each district shall develop a systematic plan for providing physical therapy or occupational therapy or both when required, as supportive service to the established special education programs. This plan shall be submitted to the division and shall include:

- (a) Goals.
- (b) Processes.
- (c) Procedures.
- (d) Evaluation design.

(3) **M-TEAM(S).** The formation and functioning of the M-team for children who appear to require physical therapy or occupational therapy or both shall be organized and function in the same manner as for all other disability groups pursuant to PI 11.03. A physical therapist or an occupational therapist or both shall be included on the M-team when it is suspected that the child's educational program will require physical therapy or occupational therapy or both supportive services.

(a) Suggested M-team membership and consultative considerations.

- 1. School personnel.
  - a. School psychologist.
  - b. Speech pathologist(s).
  - c. School social worker.
  - d. Principal.
  - e. Teacher(s).
  - f. School nurse.
  - g. Director.
  - h. Physical therapist.
  - i. Occupational therapist.
- 2. Consultants—nonpublic school personnel.
  - a. Orthopedist, physiatrist or pediatrician.
  - b. Physical therapist.
  - c. Occupational therapist.
  - d. Public health nurse.

(b) Treatment plan considerations for the M-team.

- 1. Medical diagnosis.

2. Medical recommendations—prognosis.
3. Child's age.
4. Local/regional resources.
  - a. School—physical facilities and personnel.
  - b. Community—hospital, clinics, 51.42/51.437 day care services, individual practitioners, e.g., physicians, physical therapists, occupational therapists.

(4) **ADMINISTRATION/SUPERVISION.** The director or the program designee shall be administratively responsible for the development and implementation of the program or services or both.

(5) **DIVISION RESPONSIBILITIES.** (a) The division shall provide consultative assistance to LEAs in the development of the physical therapy and occupational therapy service plan.

(b) The division shall formally approve the LEA's plan of services.

(c) The supervisory and consultative services shall be the joint responsibility of the bureau for exceptional children and the bureau for crippled children within the division.

(d) The LEA shall receive 70% reimbursement for the salaries and fringe benefits of qualified personnel, transportation of children and youth and specially approved therapy materials and equipment.

Note: A maximum of \$1,000 per new physical therapy/occupational therapy unit for non-fixed equipment shall be allowed. Any exceptions to this limitation shall be negotiated in advance with the division program area supervisor.

(6) **SERVICE CONSIDERATIONS.** (a) Any child who has been determined by the M-team to have EEN shall be eligible to receive physical therapy or occupational therapy or both services upon medical recommendation as stipulated in PI 11.05 (2) (e) 7. Any child who has a congenital or acquired disease or condition of such severity that achievement of normal growth and development may be hindered shall be eligible to receive physical therapy or occupational therapy or both services upon medical recommendation as stipulated in PI 11.05 (2) (e) 7.

(b) The physical facilities shall be commensurate with the role and function service to be performed. Each district shall identify the facilities wherein the treatment is to take place. The industrial commission codes shall be adhered to regarding the physical space required to perform the activities. The facilities shall be determined to be appropriate for the delivery of health treatment services. This determination shall be made by the department.

(7) **PHYSICAL THERAPISTS' QUALIFICATIONS AND PROGRAMMING.** (a) **Licensure.** A physical therapist shall be a graduate of an accredited school.

(b) **Programming.** 1. The type of disability and requirements for physical therapy shall be considered in determining the therapist caseload. Twelve children shall be a minimal daily caseload for a full-time physical therapist. Pro-rata reimbursement of part-time personnel is permissible.

2. The physical therapist shall be an M-team member if the child is being evaluated for possible physical therapy supportive services.

3. A large number of children with neurological dysfunction are served in special education classes. Therefore, it is strongly recommended that therapists working in such programs need specific training and experience in neurodevelopmental techniques.

4. The physical therapist shall have adequate medical information and medical prescription from a licensed physician on the appropriate division form before a child is enrolled in the program. There shall be a reciprocal exchange of medical and social information between the division and local professional personnel who are concerned with the child's school placement and total health needs. The district shall obtain an updated medical prescription and information yearly or more often if there is a change in the child's physical condition, e.g., surgery, casting, etc.

5. Each child receiving treatment shall have a complete and current treatment record. In order to have a descriptive profile of the child, an initial assessment of the physical condition shall be made by the physical therapist soon after enrollment into a program or at the beginning of treatment. This information, including established treatment goals, shall be incorporated into the child's permanent behavioral record. Instructions given to the parent for a home program shall also be recorded.

(8) OCCUPATIONAL THERAPISTS' QUALIFICATIONS AND PROGRAMMING.

(a) *Licensure*. The occupational therapist shall be currently registered with the American occupational therapy association.

Note: After July 1, 1977, full-time and half-time employed occupational therapists shall hold department licensure as an occupational therapist.

(b) *Programming*. 1. The type of disability and requirements for occupational therapy shall be considered in determining the therapist caseload. Twelve children shall be a minimal daily caseload for a full-time occupational therapist. Pro-rata reimbursement of part-time personnel is permissible.

2. The occupational therapist shall be an M-team member if the child is being evaluated for possible occupational therapy supportive services. In addition to providing a treatment program for the child, the occupational therapist may work in conjunction with the physical therapy and educational personnel in the school setting to provide an overall developmental program. The occupational therapist shall have adequate medical information and medical prescription from a licensed physician on the appropriate division form before a child is enrolled in the program. The prescription shall be renewed annually.

3. A large number of children with neurological dysfunction are served in special education classes. Therefore, it is strongly recommended that therapists working in such programs need specific training and experience in neurodevelopmental techniques.

4. There shall be a reciprocal exchange of medical and social information between the division and local professional personnel concerned with the child's school placement and total health needs. The district shall obtain an updated medical prescription and information yearly or more often if there is a change in the child's physical condition. PI 11.05 (2) (e) 7. requires medical prescriptions to substantiate any health treatment service pursuant to subch. V, ch. 115, Stats.

5. Each child receiving treatment shall have a complete and current record. An initial assessment of the child's abilities and the identification of treatment goals shall be completed after enrollment or prior to the beginning of treatment. Instruction given to parents for a home program shall also be recorded. This information shall be included in the child's permanent behavioral record.

(9) RE-EVALUATIONS. (a) Physical therapy. A yearly re-evaluation of the child shall be made. Such re-evaluations shall include:

1. General physical condition — general behavior.
2. Physical development pattern — head control, independent sitting, use of extremities.
3. Functional self-care— independent feeding, able to hold pencil, dressing — independent, assisted, to what extent, toilet trained — assistance needed.
4. Effective speech — how are wants made known, response to verbal directions.
5. Ambulation — crutches, canes, special equipment, wheelchair.
6. Progress toward independence — measure of independent skill the child has achieved since the previous evaluation, as well as changes in behavior.

(b) The yearly re-evaluation shall be incorporated into the child's permanent behavioral record and shared with the physician and the division.

(c) Occupational therapy. A yearly re-evaluation of the child shall be made. Such re-evaluation shall include:

1. General physical condition — general behavior.
2. Physical development pattern — head control, independent sitting, use of arms and hands.
3. Functional self-care — eating, dressing, toileting, transfers, school-related skills and homemaking.
4. Effective communication — ability to understand directions and ability to make needs known.
5. Progress toward independence in self-care — communication and hand skills.

(d) The yearly re-evaluation shall be incorporated into the child's permanent behavioral record and shared with the physician and the division.

(10) TREATMENT EQUIPMENT AND MATERIALS (a) Proposed expenditures for treatment equipment and materials shall require advance approval of the division. Examples of equipment considerations may include:

1. Treatment tables.
2. Adjustable parallel bars.

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3. Standing table.

4. Wheelchair.

(b) Material considerations may include:

1. Paper sheets.

2. Turkish towels.

3. Disposable diapers.

4. Cleansing agents.

(11) **STUDENT SPECIAL TRANSPORTATION.** Educational and medical treatment program. Sections 121.54 (3) and 115.88 (2), Stats., specify the responsibility of the LEA to provide transportation for children with EEN and the means for financial reimbursement, concerning attendance in either regular school or special school programs. A district may elect to enroll qualified youngsters in the regular school program which houses the medical treatment unit so as to enhance the availability of such service.

History: Cr. Register, December, 1975, No. 240, eff. 1-1-76; am. (7) (b) 1 and (8) (b) 1, Register, February, 1976, No. 242, eff. 3-1-76; am. (7) (b) 4 and (8) (b) 2, Register, November, 1976, No. 251, eff. 12-1-76; am. (1) and (8) (b) 4., Register, February, 1983, No. 326, eff. 3-1-83; r. (11) (b) and (c), renum. (11) (a) to be (11), Register, September, 1986, No. 369, eff. 10-1-86.

**PI 11.20 Diagnostic teacher. (1) POLICY.** To assist LEAs, the division shall, under certain circumstances, approve the employment of a diagnostic teacher. Utilization of a diagnostic teacher shall be contingent upon prior employment or contract with a director in the LEA operating special education programs. A diagnostic teacher may be employed through a variety of administrative structures (PI. 11.11 (1) (a) through (e)).

(2) **ELIGIBILITY.** In order to qualify for reimbursement of the position, the LEA shall meet the following requirements:

(a) To be eligible for a diagnostic teacher, the LEA operating the special education program shall have employed/contracted for the services of a level A director when the total number of programs reaches the requirements established by the division (Table 1, following PI 11.11).

(b) The position shall be reimbursed on a half-time or full-time basis in an LEA.

(c) Teachers employed in this position shall spend 100% of their time with children with suspected and identified EEN in appropriate program areas.

(d) The district shall submit data to the division regarding the backlog of M-team referrals in specific program areas.

(e) This position shall not be used in lieu of the development of other special education program types.

(f) See PI 11.15 (2) (f).

(3) **REIMBURSEMENT.** See PI 11.11 (3).

(a) Written plan. Refer to PI 11.15 (3) (a).

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- (b) Prior approval. See PI 11.15 (3) (b).
- (4) **DIAGNOSTIC TEACHER REQUIREMENTS.** The diagnostic teacher shall meet the requirements stated in PI 11.15 (4) (a) through (e).
- (5) **ROLE OF THE DIAGNOSTIC TEACHER.** The role of the diagnostic teacher shall be to provide for implementation of direct diagnostic/consultative services to children with suspected and identified EEN as contrasted to administrative decision-making or supervision of teaching personnel. The purpose of this position shall be to assist the special education administrative/instructional personnel and regular education teaching staff in the evaluation and instructional planning for children with suspected and identified EEN.

(a) General responsibilities shall focus upon providing diagnostic services to children with suspected and identified EEN. Another responsibility shall be to provide consultative services as stated in PI 11.15 (5) (a).

(b) Specific responsibilities shall include those responsibilities stated in PI 11.15 (5) (b) 1. -8.

History: Cr. Register, December, 1975, No. 240, eff. 1-1-76; cr. (2) (f), Register, November, 1976, No. 251, eff. 12-1-76.

**PI 11.21 Self-contained complete program type. (1) DEFINITION.** A self-contained complete program is an educational program type operated by the public school which serves students with EEN in all instructional areas. This program type provides for maximum control of the educational and environmental intervention variables and is designed to serve children with severe EEN.

(a) **Staff.** This program type shall have a minimum of one certified special education teacher within a particular program area assigned to a designated number of students. Teacher aides shall be considered for special approval for this program type. Requests for aides shall receive prior approval from the division. Funding for this position shall be initiated on the date of approval.

(b) **Enrollment.** The enrollment for this program type may vary with a minimum of 5 children. Variation to the minimum enrollment shall require prior consultation with the division. The maximum enrollment variation shall be subject to review or negotiation, or both, between the LEA and the division.

(c) For each year subsequent to publication of these rules, the division shall publish, based on field experience and input, minimum/maximum ranges for each program type and level to be used as a basis for negotiating program approval.

(d) A program plan for this program type shall be submitted to the division for approval prior to the initiation of the program.

(e) **Facility.** The facility shall provide for maximum control of the educational and environmental intervention variables.

1. The facility shall meet all prescribed standards in the school building codes and shall be determined to be appropriate for the regular and exceptional needs of the children to be served and appropriate to imple-

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ment the curriculum of the program area. This determination shall be made by the department.

(f) Responsibility/accountability. The responsibility and accountability for this program type shall rest with the director or the program designee.

History: Cr. Register, December, 1975, No. 240, eff. 1-1-76.

**PI 11.22 Self-contained modified program type. (1) DEFINITION.** A self-contained modified program is a special education program type located in the regular or special school building which serves students with EEN in all instructional areas, but in which the entire class may go to a different teacher or the teacher may come to the special classroom for instruction in specific curriculum areas. This program type provides for a high degree of control of the educational and environmental intervention variables and is designed to serve children with moderate to severe EEN.

(a) Staff. This program type shall have a minimum of one certified special education teacher within a particular program area assigned to a



vidual holding a license to teach in regular or special education shall not be required to obtain a license as a special education program aide.

(6) **SUPERVISION.** In the classroom, special education program aides shall be under the direct supervision of a certified special education teacher. In cases where special education program aides are not functioning in the classroom, they shall be under the supervision of a director or supervisor or both.

(a) Use of this position shall not reduce, remove or transfer the teacher's authority or responsibility.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. 157, Register, November, 1978, No. 275, eff. 12-1-78.

**PI 11.31 Relationships with private sector.** (1) **INTENT.** This section shall define the relationships between the private sector, local districts and the department consistent with subch. V, ch. 115, Stats., legal opinions and the rules.

(a) For the purpose of this section, private schools shall mean any school which is non-public. See PI 11.04 (1) (d).

(2) **SERVICES.** LEAs shall provide only the EEN services as determined by statutory and rule definition, s. 115.80 (3), Stats., with the following conditions:

(a) *Evaluation.* District staff may carry out M-team assessment activities within private schools. If the district elects not to carry out M-team activities within the private school, the district shall provide it within the public school.

(b) *Instructional and therapy services.* LEA-provided instructional services or physical/occupational therapy services shall be permissible within the private school only if the special education program is fully administered and operated by an LEA.

(3) **TRANSPORTATION.** General and special transportation to special education services shall be provided by the district of the child's residence if the board has requested, based on M-team findings, a private contract and the contract has been approved by the superintendent. The special transportation required shall be reimbursed at 70% of excess costs. See PI 11.35 (2) (a) 1.

(a) Where the board through the M-team recommendations and findings has made a determination that a program exists in the LEA that meets the student's needs but the parent chooses a private school placement, only the transportation provisions of s. 121.54 (2) (b) 1., Stats., apply.

(4) Pursuant to s. 115.78 (2), Stats., private special education schools shall submit to the division, on a form developed by the division, a yearly report on enrollments, types and levels of service, licensure of personnel and any other information required. This information is required by the division for its annual development of a state directory of public/private EEN services.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. (1) (Intro.), Register, February, 1983, No. 326, eff. 3-1-83.

**PI 11.32 M-team process.** (1) **INTENT.** Subch. V, ch. 115, Stats., was created to provide special education only for children with the handicap-

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ping conditions of mental retardation or other developmental disabilities, physically handicapped, visually handicapped, hearing handicapped, speech or language handicapped, learning disabilities, emotionally disturbed or any combination of conditions named by the superintendent as enumerated in s. 115.76 (3) (a) through (i), Stats. Only those children determined to have an EEN shall be included within the parameters of the mandates of this law.

(2) **M-TEAM RESPONSIBILITY.** Pursuant to PI 11.03 (1) the M-team shall determine, specify and document decisions relative to disability, handicapping condition and need for special education. A child shall not qualify as a child with EEN unless the handicapping condition requires special education. The director, supervisor or designee shall be responsible for the M-team process including determination of disability and handicapping condition, need for special education and M-team plan and shall approve the M-team evaluation process or may request additional information.

(a) *Disability.* The child shall have a mental, physical, emotional or learning disability as the initial point for determining if the child qualifies for special education pursuant to subch. V, ch. 115, Stats.

(b) *Handicapping condition.* If the child has a disability, the M-team shall determine if the child has a handicapping condition, pursuant to s. 115.76 (3) (a) through (i), Stats., and PI 11.34 (2).

(c) *Need for special education.* Existence of one of these conditions shall not, in and of itself, qualify a child for special education unless the child also has a need for special education.

(d) *EEN.* If the M-team determines that the child has a disability, a handicapping condition, and a need for special education, then the child is determined to be a child with EEN.

Table I.

## Determination of EEN

| Determination of a disability. | If yes, determination of a handicapping condition. | If yes, determination of a need for special education. | If yes, child with exceptional educational needs. |
|--------------------------------|--|--|---|
|--------------------------------|--|--|---|

(3) **DISABILITY AND HANDICAPPING CONDITION.** In determining disability and handicapping condition:

(a) *Data collection and analysis.* Designated M-team members shall be responsible for the collection or analysis or evaluation or a combination thereof of the referral data. The extent of the information gathering process shall vary with each individual child depending upon the referral behavior and availability of relevant information in each case.

1. Data collection and analysis shall include:

a. Complete written documentation from referral sources.

b. Report of educational performance, e.g., behavioral and academic, from the child's teacher or other referral agencies, or both.

c. A description and documentation of previous interventions, including educational, medical, social and any other interventions attempted to assist the child.

d. Social, emotional and behavioral factors and peer and adult interactions in school, home and community.

e. Age of onset of the condition, differentiating between initial occurrence and initial identification.

2. The chairperson of the M-team or any M-team member may request additional information or evaluations any time during the evaluation process. The following shall be included when requested, or when determined relevant and essential to a determination of a handicapping condition:

a. Individual intellectual assessments and other individual psychological procedures.

b. Medical evaluation.

c. Analysis of economic, social, cultural and language factors which may have an effect on school functioning.

(b) *Role of the special education teacher.* The special education teacher shall be responsible for a current written evaluation in the context of special education. The teacher shall review, analyze and incorporate information, contained in PI 11.32 (3) (a), from other M-team members. In addition the teacher shall conduct and document any interviews, observations, informal and formal, norm- and criterion-referenced tests required to reach educational conclusions. The written evaluation shall include conclusions on the following:

1. The pupil's current behavioral, social and academic functioning.

2. The individual child's learning style and how specific concepts or skills or both are acquired and utilized.

(c) *Comparison of findings.* Analysis and evaluation of data shall include a comparison of findings of individual M-team members.

(4) DETERMINATION OF NEED FOR SPECIAL EDUCATION. (a) Need. During the final staffing to determine whether or not the child's handicapping condition requires special education, the M-team shall:

1. Complete the summary of the individual written reports and findings submitted by M-team members, or any which may be submitted by consultants or parents and others.

2. Develop a documented, written statement of the child's needs, based on PI 11.32 (4) (a) 1. and the following:

a. How the handicapping condition interferes with behavioral and academic functioning in the present educational program.

b. The interventions or modifications that still may need to be attempted in regular education.

c. A consideration of how the essential proposed educational elements will differ from the current programs.

3. For children whose handicapping conditions do not require special education, see PI 11.03 (4) (b) 3. a. b. and c.

(5) **M-TEAM PLAN FOR EEN CHILDREN.** Pursuant to s. 115.80 (3) (e), Stats., and PI 11.03 (5) (a) and (b), the M-team shall recommend in writing an M-team plan to include elements in PI 11.32 (3) and (4), based upon the child's needs. Input and involvement of the parent as well as from the child, whenever appropriate, shall be allowed and encouraged in the development of the M-team plan.

(a) The M-team shall enumerate the following:

1. Statement of the child's needs, to include elements considered in PI 11.32 (3) and (4).

2. Goal statements and general objectives to meet the child's needs in the following areas as appropriate:

a. Specify the recommended academic or behavioral interventions, or both, necessary in special education or regular education, or both.

b. Supportive and related services.

c. School/parent communications.

3. The provisions for regularly scheduled follow-up consultation between special education and regular education staff, and when necessary with supportive personnel to ensure appropriateness of programming.

(6) **M-TEAM REPORT.** Refer to PI 11.03 (8). All findings, reports, and recommendations, as well as the M-team plan, shall become part of the M-team report.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. (1) and (2) (a), Register, February, 1983, No. 326, eff. 3-1-83; am. (1), Register, September, 1986, No. 369, eff. 10-1-86.

**PI 11.33 Placement, student's individual educational program (IEP).** (1) **PLACEMENT IN SPECIAL EDUCATION.** (a) The director, supervisor or designee shall be responsible for the receipt of the written M-team plan, may request additional information, and shall make the placement offer to the parent.

(b) The placement decision made by the board's director or designee, pursuant to PI 11.03 (7) and 11.11 (4) (b) 1., shall include a justification for the type of educational placement, type and level of program, location, personnel involved and elements from the M-team plan. This shall include:

1. Statement regarding anticipated duration of special education, including the projected date of enrollment and general statement of amount of responsibility to be assumed by special and regular education and supportive services programming.

(c) The director or designee shall be responsible for systematic followup, monitoring and evaluation of the M-team plan and the IEP. This shall include the process of annual review and updating of the IEP.

(2) **THE STUDENT'S INDIVIDUAL EDUCATIONAL PROGRAM (IEP).** Each LEA shall establish or revise an IEP for each exceptional child pursuant to s. 115.80 (4), Stats. This shall occur at an individual planning conference prior to the beginning of each school term for continuing students or

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within 6 weeks of initial placement for new students. Parents shall be informed in special cases where this cannot be accomplished. The IEP shall be revised periodically but not less than annually. The parent as well as the child whenever appropriate shall be offered the opportunity for involvement in the development of the IEP.

Note: Pursuant to P.L. 94-142, the IEP shall be in place by October 1, 1977.

(a) The IEP shall include the following:

1. A statement of the present levels of educational performance of the child.

2. A statement of annual long and short-term objectives based on the goals established by the M-team. Any other educational goals deemed appropriate may be included.

a. The statement shall include performance criteria, method of measurement and anticipated timeline for meeting criteria.

b. The statement shall include specific educational, supportive and related services needed to meet the exceptional educational needs of the child including the personnel responsible for the delivery of services and an estimate of the percentage of time involved in regular education and special education.

c. The statement shall include an enumeration of anticipated interventions, methods and materials to be employed.

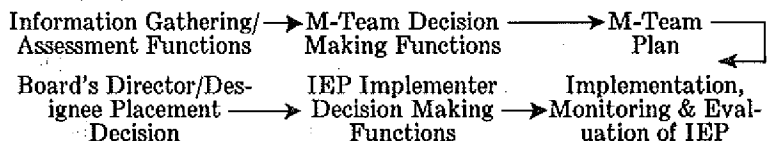
d. The objectives shall be evaluated upon attainment of the objectives or at the end of the school year.

(b) The special education teacher designated as having primary responsibility for the child's program shall be responsible for developing and revising the child's IEP.

(c) Special and regular education teachers and supportive staff working with the child shall assist in developing and revising the IEP.

(d) The IEP shall be a part of the student's behavioral records and shall be available upon request by the operating LEA from the district of residence, the teacher and the parent and the student if over 18 years.

(e) The rules in PI 11.32, 11.33 and 11.34 covering determination of eligibility, placement procedures and development of an IEP are summarized in Table I.



The division recommends that whenever appropriate, the implementer of the IEP should also serve as an M-team member. This may result in shortening the time required to develop an IEP.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77.

PI 11.34 Eligibility criteria. (1) STANDARDS. Children shall be determined to have a handicapping condition who have been identified, evalu-

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ated and classified as handicapped pursuant to PI 11.03, 11.32, 11.33 and 11.34. The minimum criteria for the determination of handicapping condition and eligibility for special education shall be consistent throughout the state.

(a) A transition period shall be provided for moving a child out of special education who upon re-evaluation does not meet criteria in the rules.

(2) **HANDICAPPING CONDITION.** Educational needs resulting primarily from poverty, neglect, delinquency, social maladjustment, cultural or linguistic isolation or inappropriate instruction are not included under subch. V, ch. 115, Stats.

(a) *Mental retardation.* 1. Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficiencies in adaptive behavior manifested during the developmental period. (AAMD definition—Grosman, 1973). (Standard deviation (S.D.) is used to signify variability from the mean. The mean is an average of the scores in a set; the standard deviation is an average of how distant the individual scores in a distribution are removed from the mean).

Table 1

## Major considerations for determination of mental retardation

## I. Measured intelligence

Mild -2 to -3 S.D. Moderate -3 to -4 S.D. Severe -4 to -5 S.D.  
 Profound -6 S.D.

## II. Adaptive functioning

A child is determined to be in the lower 2% of his or her age group on formal/informal criterions, scales and data in his or her ability to interact with others, manipulate objects and tools, move about in the environment and otherwise meet the demands and expectancies of the general society and environment. In addition, the child's adaptive abilities are in the lower 2% of his or her peer and age group on the reference criterion particular to his or her specific socio-cultural community.

## III. Academic functioning

Age 3-5 1.5 years behind on normative language, perception and motor development criterion.

6-9 2 years or more below normal grade achievement expectancies in language, motor and basic skill subjects, e.g., reading and mathematics.

10-14 3.5 years or more below normal grade achievement expectancies in language, motor and basic skill subjects, e.g., reading and mathematics.

15-20 5th grade or below achievement in language, motor and basic skill subjects, e.g., reading and mathematics.

2. Children who test between -1 and -2 S.D. on individual intelligence tests, e.g., borderline intelligence (AAMD definition) may be determined to be mentally retarded on a selective basis if they:

a. Exhibit pervasive depressed mental development similar in nature to children testing below -2 S.D. on the normal curve and if they:

i. Have concomitant lags in cognitive, adaptive and achievement abilities.

ii. Have exhibited mental retardation as documented from their developmental and school history.

iii. Are expected to have the condition indefinitely.

3. In determining mental retardation the evaluators shall identify those children who are mentally retarded in conjunction with depressing socio-cultural influences.

4. A child with suspected developmental disabilities other than mental retardation shall be referred to an M-team for determination of other handicapping conditions and EEN.

Note: For example, a child with the suspected condition of epilepsy may be determined to be physically handicapped.

(b) *Physically handicapped*. 1. A physically handicapped child is one who has some physical defect such as affection of the joints or bones, disturbances of the neuromuscular mechanism, congenital deformities, cardiac condition, spastic and other acquired deformities. Such physical defects, organic diseases or conditions may hinder the child's achievement of normal growth and development.

(c) *Visually handicapped*. A visual handicap is determined by functional visual efficiency including visual fields, ocular motility, binocular vision and accommodation. A visual handicap is determined by medical examination, e.g., by an ophthalmologist or optometrist.

1. Visual fields. a. Moderately visually handicapped means distance visual measurements of 20/70 and 20/200 in the better eye after correction. Near vision measurements of 14/56, e.g., Jaeger 10, or near vision equivalents.

b. Severely visually handicapped means distance visual measurements of 20/200 to 20/400 in the better eye after correction. Near vision measurements of 14/140, e.g., Jaeger 17, or near vision equivalents.

c. Profoundly visually handicapped means:

i. Distance visual measurements are 20/500 or less in the better eye after correction.

ii. HM - the ability to perceive hand movement.

iii. PLL - perceives and localizes light in one or more quadrants.

d. Totally blind means:

i. LP - perceives but does not localize light.

ii. No LP - no light perception.

e. Peripheral field and central vision loss means peripheral field so contracted that the widest diameter of such fields subtends an angular distance no greater than 50°.

2. Ocular motility means loss of vision efficiency in either eye, due to double or binocular vision.

3. Lack of binocular vision means the inability to use the 2 eyes simultaneously to focus on the same object and to fuse the 2 images into a single image.

4. Lack of accommodation means the inability of the eye to hold a steady fixation for seeing at various distances, especially near.

5. Also included shall be diagnosed physical disabilities or handicapping conditions which may result in a visual handicap or affect visual functioning in the future.

(d) *Hearing handicapped.* 1. An auditory handicap is determined by medical (otologic) and audiologic evaluations. Examination shall be done by a physician specializing in diseases of the ear and evaluation by a certified clinical audiologist. The loss in hearing acuity affects the normal development of language and is a medically irreversible condition for which all medical interventions have been attempted. The hearing loss affects a child in varying degrees, depending on the time the loss was sustained.

a. The hard of hearing child means a child who, with a hearing aid, can develop a language system adequate to successful achievement and social growth. Audiological assessment should indicate at least a 30 db loss in the better ear in the speech range. Difficulty in understanding conversational speech as it takes place in a group necessitates special considerations.

b. Severely handicapped hearing child means a child who, with or without a hearing aid is unable to interpret adequately aural/oral communication. Audiological assessment indicates a minimum loss of 70 db in the better ear. Inability to discriminate all consonants and other difficulties appear as the loss becomes greater.

2. Characteristics of hearing impairment may not be readily apparent. Children react differently to similar losses and therefore an audiogram shall not be the sole criterion of significant EEN. Neither is the use or non-use of a hearing aid totally significant. Additional factors include inadequate, hesitant or no verbal communication, speech abnormality and, at times, aggressiveness due to misunderstanding. It is suggested that a continuing dialogue be maintained with the certified clinical audiologist in anticipation of a program recommendation.

(e) *Speech and language handicaps.* 1. Speech and language handicaps are characterized by a delay or deviance in the acquisition of prelinguistic skills, or receptive skills or expressive skills or both of oral communication. The handicapping condition does not include speech and language problems resulting from differences in paucity of or isolation from appropriate models.

a. Special considerations include:

i. Elective or selective mutism or school phobia shall not be included except in cooperation with programming for the emotionally disturbed.

ii. Documentation of a physical disability resulting in a voice problem, e.g., nodules, cleft palate, etc., or an expressive motor problem, e.g., cerebral palsy, dysarthria, etc., shall not require the determination of a handicapping condition in speech and language.

(f) *Learning disabilities.* 1. The handicapping condition of learning disabilities denotes severe and unique learning problems due to a disorder existing within the child which significantly interferes with the ability to acquire, organize or express information. These problems are mani-



fested in school functioning in an impaired ability to read, write, spell or arithmetically reason or calculate.

2. Criteria for identification. The child shall meet the criteria in subd. 2. a. and b. to be considered as having the handicapping condition of learning disabilities.

a. Academic functioning. A child whose primary handicapping condition is due to learning disabilities shall exhibit a significant discrepancy between functional achievement and expected achievement. A significant discrepancy is defined as functional achievement at or below 50% (.5) of expected achievement.

i. The child when first identified, shall have a significant discrepancy in functional achievement in 2 or more of the readiness or basic skill areas of math, reading, spelling and written language. To determine a significant discrepancy in the readiness areas the M-team shall consider the child's receptive and expressive language and fine motor functioning. A significant discrepancy in the single area of math, accompanied by less significant, yet demonstrable discrepancies in other basic skill areas may satisfy the academic eligibility criteria.

ii. Functional achievement is defined as the child's instructional level in readiness and basic skill areas. Determination of functional achievement shall be based on a combination of formal and informal individualized tests, criterion - referenced measures, observations and an analysis of classroom expectations in basic skill areas.

iii. The following formula shall be used to determine expected achievement:  $I.Q. \times \text{Years in school} = \text{Grade Score}$ . Years in school is defined as the number of years of school completed since enrollment in 5-year-old kindergarten. A child who entered first grade without benefit of kindergarten should have a factor of one year added to that child's total years in school for computational purposes.

iv. The following formula yields a grade score to which the child's previously determined functional achievement level is compared. If the functional achievement level is at or below the grade score derived from the formula a significant discrepancy exists:

$I.Q. \times \text{Years in School} \times .5 = \text{Grade Score}$  (50% of expected achievement). This formula is inappropriate for children who have not completed 2 years in school. Children entering kindergarten or first grade who are achieving in readiness areas one or more years below expected achievement levels for their chronological age may be considered as having a significant discrepancy between their functional and expected achievement. See Appendix J for examples.

v. A child whose functional achievement approaches but is not at or below 50% of expected achievement may be considered to have met the academic functioning criterion if the child demonstrates variable performance between the sub-skills required for each of the areas of reading, writing, spelling, arithmetical reasoning or calculation and if the child meets all the other criteria used to identify the handicapping condition of learning disabilities. This determination shall be based on the M-team's collective judgment and the rationale shall be documented in the M-team report.

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vi. In attendance centers where the number of children functioning at or below 50% of expected achievement exceeds that which might be anticipated for the general population, additional efforts shall be made to substantiate that the child's functional achievement level is due to a disorder existing within the child and not due to those conditions enumerated in sub. (2).

vii. Evidence shall exist that the learning disabilities are primarily attributable to a deficit within the child's learning system. Such evidence may include average or above average ability in some areas. In documenting this in-child variability academic and non-academic behaviors shall be considered.

b. Intellectual functioning. Children whose primary handicapping condition is due to learning disabilities shall exhibit normal or potential for normal intellectual functioning.

i. This measure of intellectual functioning may be established by a score above a minus one standard deviation on a single score intelligence instrument, or by a verbal or performance quotient of 90 or above on a multiple score intelligence instrument.

ii. The instrument used to establish this measure shall be recognized as a valid and comprehensive individual measure of intellectual functioning.

iii. If there is reason to suspect the test results are not true indices of a particular child's ability, then clarification of why the results are considered invalid shall be provided. Previous experience, past performance and other supportive data that intellectual functioning is average shall be present and documented in written form.

iv. There may exist rare cases of severe language involvement which detrimentally affect the learning disabled child's ability to perform adequately on intelligence tests given the language emphasis of these instruments. In these rare situations the importance of the intellectual criteria may be reduced given substantial evidence to indicate average ability.

3. Learning problems, when primarily due to the following, shall be excluded from consideration as learning disabilities:

a. The other handicapping conditions specified in s. 115.76 (3), Stats.

b. Learning problems resulting from extended absence, continuous inadequate instruction, curriculum planning, or instructional strategies.

c. Discrepancies between ability and school achievement due to motivation.

d. Functioning at grade level but with potential for greater achievement.

(g) *Emotional disturbance*. 1. Classification of emotional disturbance as a handicapping condition is determined through a current, comprehensive study of a child, ages 0 through 20, by an M-team.

2. Emotional disturbance is characterized by emotional, social and behavioral functioning that significantly interferes with the child's total educational program and development including the acquisition or production, or both, of appropriate academic skills, social interactions, in-

terpersonal relationships or intrapersonal adjustment. The condition denotes intraindividual and interindividual conflict or variant or deviant behavior or any combination thereof, exhibited in the social systems of school, home and community and may be recognized by the child or significant others.

3. All children may experience situational anxiety, stress and conflict or demonstrate deviant behaviors at various times and to varying degrees. However, the handicapping condition of emotional disturbance shall be considered only when behaviors are characterized as severe, chronic or frequent and are manifested in 2 or more of the child's social systems, e.g., school, home or community. The M-team shall determine the handicapping condition of emotional disturbance and further shall determine if the handicapping condition requires special education. The following behaviors, among others, may be indicative of emotional disturbance:

a. An inability to develop or maintain satisfactory interpersonal relationships.

b. Inappropriate affective or behavioral response to what is considered a normal situational condition.

c. A general pervasive mood of unhappiness, depression or state of anxiety.

d. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.

e. A profound disorder in communication or socially responsive behavior, e.g., autistic-like.

f. An inability to learn that cannot be explained by intellectual, sensory or health factors.

g. Extreme withdrawal from social interaction or aggressiveness over an extended period of time.

h. Inappropriate behaviors of such severity or chronicity that the child's functioning significantly varies from children of similar age, ability, educational experiences and opportunities, and adversely affects the child or others in regular or special education programs.

4. The operational definition of the handicapping condition of emotional disturbance does not postulate the cause of the handicapping condition in any one aspect of the child's make-up or social systems.

5. The manifestations of the child's problems are likely to influence family interactions, relationships and functioning or have an influence on specific individual members of the family. It is strongly recommended that extensive family involvement or assistance be considered in the evaluation and programming of the child.

6. The handicapping condition of emotional disturbance may be the result of interaction with a variety of other handicapping conditions such as learning, physical or mental disabilities or severe communication problems including speech or language.

7. An M-team referral for suspected emotional disturbance may be indicated when certain medical or psychiatric diagnostic statements have

been used to describe a child's behavior. Such diagnoses may include but not be limited to autism, schizophrenia, psychoses, psychosomatic disorders, school phobia, suicidal behavior, elective mutism or neurotic states of behavior. In addition, students may be considered for a potential M-team evaluation when there is a suspected emotional disturbance, who are also socially maladjusted, adjudged delinquent, dropouts, drug abusers or students whose behavior or emotional problems are primarily associated with factors including cultural deprivation, educational retardation, family mobility or socio-economic circumstances, or suspected child abuse cases.

(h) *Multiple handicapped.* 1. A multiple handicapped child is one who has 2 or more handicapping conditions leading to EEN which may require programming considerations and are determined by an M-team composed of specialists trained, certified and experienced in the teaching of children with the EEN.

2. A multiple handicapped child shall have the right to any and all educational, supportive and related services essential to a free appropriate public education based on the individual needs of the child.

*History:* Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. (2) (intro.), Register, February, 1983, No. 326, eff. 3-1-83; r. (2) (c), renum. (2) (d) to (i) to be (2) (c) to (h), Register, September, 1986, No. 369, eff. 10-1-86.

**PI 11.35 Reimbursement.** (1) **INTENT.** Contingent upon prior receipt of the appropriate annual plan of services for each respective area, and operation of the program in accordance with s. 115.88, Stats., and the rules, the superintendent shall authorize reimbursement for costs involved in operating and maintaining said program.

(a) The LEA shall submit, on appropriate financial claims for each program area such information and data as required by the division, for fiscal review and approval for reimbursement of the program through state general purpose revenue categorical aids.

(b) If required, the LEA shall submit any other reports, including evidence of compliance with the rules or federal and state statutes or both.

(2) **REIMBURSEMENT FOR SPECIAL EDUCATION INSTRUCTIONAL/ ADMINISTRATIVE COSTS.** (a) The rate of state aid reimbursement for each approved qualified licensed special education teacher and special education program aide shall be 70% of salary and fringe benefits pursuant to s. 115.88 (1), Stats.

1. State categorical aids are currently on a sum certain basis, which means that if total fiscal claims exceed the annual appropriation requested by the department, proration shall take place.

2. The individual who spends less than full-time in special education services shall be reimbursed on a pro rata basis.

(b) An exception to par. (a) relates to special education teachers and special education program aides employed in hospitals or convalescent homes for physically and other health impaired children, wherein the board of the district in which the hospital or convalescent home is lo-

## Appendix E

A. Recommended form of written parental consent for an early program change to comply with PI 11.06 (4) (g).

I, (name of parent), hereby consent to a change in the program of my child (name of child). I am aware that I have a right to withhold consent to this change. I also understand that without my consent no change may be made in my child's program until (date), the end of the 4-month period during which I may appeal or, if an appeal is filed, until a decision is reached on appeal unless the school board determines that delay would endanger the health and safety of the child or other persons.

B. Recommended form of notice of placement if program change is necessary for health or safety of the child or others.

This is a notice to inform you that your child (name of child) will be placed in the (name of program) special education program effective (date). The school board considers this placement necessary for the following reasons:

(State reasons why delaying the change in program would endanger the health or safety of the child or others.) This placement does not prejudice your right to appeal the school board's decision within 4 months from (specify date of letter to parent regarding school board's decision to place or remove (PI 11.06 (4) (f))).

## Appendix F

Recommended form for notice of hearing pursuant to PI 11.06 (6) (a).

TO: (name of parent)

This is to notify you that, pursuant to section 115.81 (6), Wis. Stats., and in response to your request of (date of appeal request), an appeal will be held on at o'clock. You have indicated you prefer a (private or public) hearing. This hearing will be conducted by (the school board or designated members thereof or an appointed hearing officer). It will be held at (place).

Appendix G

Recommended form to comply with PI 11.02 (1) (b) 4. and PI 11.06 (4) (j)

Date referral received by district: \_\_\_\_\_

\_\_\_\_\_  
(Name of School District)

\_\_\_\_\_  
(Name of School)

1. Name of student: \_\_\_\_\_ Date: \_\_\_\_\_  
(last) (first) (middle)

2. Address of student: \_\_\_\_\_  
(number) (street) (city) (zip code)

Address of parent: \_\_\_\_\_  
(if different) (number) (street) (city) (zip code)

3. Telephone number: \_\_\_\_\_ 4. Date of birth: \_\_\_\_\_  
(month-day-year)

5. Grade in school: \_\_\_\_\_ 6.  Suspected EEN  
 Suspected non-EEN

7. If suspected EEN, check suspected handicapping condition (s):

- (a) Physical, crippling or orthopedic disability.
- (b) Mental retardation or other developmental disabilities.
- (c) Hearing impairment.
- (d) Visual disability.
- (e) Speech or language disability.
- (f) Emotional disturbance.
- (g) Learning disability.

8. Specific reason for referral: (Please attach any relevant information)

\_\_\_\_\_  
\_\_\_\_\_

9. Name of referring person: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

10. Have parents been notified?  Yes  No Date: \_\_\_\_\_

In what manner? \_\_\_\_\_