

CONSIDERATION OF STUDENT BACKGROUND

GUIDANCE DOCUMENT

ANY referral to the Student Assistance Team (SAT) must begin with a comprehensive review and critical consideration of the student's background history regardless of the type of referral. Careful examination of these factors is not intended to *rule in* a disability; but rather to rule out other possible explanations for academic difficulties. This review will include but is not limited to vision and hearing screening, motor functioning, cognitive and adaptive functioning, social-emotional/psychological functioning, environmental/economic factors, cultural factors, linguistic factors, physical health, and instructional factors. This data can be obtained through various sources. Detailed information regarding each of these areas is provided below. A separate form (***Consideration of Student Background Checklist***) to record information specific to the student is included in this section and must be completed as part of any initial referral regardless of which exceptionality may be suspected.

The goal of the SAT is to minimize referrals for formal evaluation by meeting student needs within the general education classroom through differentiated instruction and/or reasonable accommodations. Identification of any factors that may be impacting a student's academic achievement is an important first step in meeting individual needs and designing appropriate interventions.

VISION SCREENING

Rationale: Inability to see well may be the primary reason for a student's academic difficulties.

Adequate vision must be demonstrated before the SAT considers any formal interventions or proceeds with other requests for action (screenings, etc.). Classroom interventions and progress monitoring can and should be continued even if there are concerns with vision. Reasonable accommodations such as preferential seating should be implemented as soon as a vision problem is suspected and should be continued as long as necessary.

Indications of possible vision difficulties include: difficulty with far or near point copying, misaligned numbers in written math work, lack of spacing in written work, inability to write on the line, looking through the corner of the eyes, squinting or rubbing eyes during visual tasks such as reading or using computers.

Requirements: Vision tests must be recent (within 1 year), documentation of community-based follow-up should be requested if school nurse has referred parents to a vision specialist or outside provider. If student was prescribed glasses, adequate time must be allowed to determine if the problem has been resolved.

Resources/Support: [Vision and Hearing LCPS Sat Form](#), school nurse, outside medical personnel, social worker (if family needs help with obtaining glasses, etc.), consultation with district Vision Specialist if needed (consult with your diagnostician and/or school nurse before referring to Vision Specialist).

HEARING SCREENING

Rationale: Inability to hear well may be the primary reason for a student's academic difficulties.

Adequate hearing must be demonstrated before the SAT considers any formal interventions or proceeds

with other requests for action (screenings, etc.). Classroom interventions and progress monitoring can and should be continued even if there are concerns with hearing. Reasonable accommodations such as preferential seating should be implemented as soon as a hearing problem is suspected and should be continued as long as necessary.

Indications of possible hearing difficulties include: frequent requests for repetition of auditory information, misarticulated words, attempts to self-accommodate by moving closer to sound source, obvious attempts to lip read, lack of interest in surroundings, excessive daydreaming, looking to peers for cues.

Requirements: Hearing tests must be recent (within 1 year), documentation of community-based follow-up should be requested if school nurse has referred parents to a hearing specialist or outside provider. If medical intervention was completed (hearing aids, tubes surgically implanted, etc.), adequate time must be allowed to determine if the problem has been resolved.

Resources/Support: [Vision and Hearing LCPS Sat Form](#), school nurse, outside medical personnel, social worker (if family needs help with obtaining glasses, etc.), consultation with district Audiologist if needed (consult with your diagnostician and/or school nurse before referring to Audiologist).

MOTOR FUNCTIONING

Rationale: Early motor delays may be a sign of neurological dysfunction. A delay in fine motor skills may impact the student's ability to write, cut, and perform other academic tasks. A delay in gross motor skills may impact the student's ability to interact with their peers during play or sports activities which may also impact their social interactions. Severe delays in gross motor skills may impact a student's ability to access the school building facilities and functions.

Indications of possible motor difficulties may include: illegible writing; issues with letter or number formation, size, spacing; difficulty with fine motor tasks such as using scissors or folding paper; unusual gait; walking on tip toes; clumsy; drags feet.

Requirements: Review of case history, request for screening from appropriate specialist if needed (OT, PT, etc.)

Tools/Resources: SAT Case History Questionnaire ([English](#), [Spanish](#)), interviews with parents, interviews with teachers, observations, consultation with occupational therapist (OT) and/or physical therapist (PT) and/or recreational therapist, medical history and/or doctor's reports.

COGNITIVE AND ADAPTIVE FUNCTIONING

Rationale: As mandated in federal and state law, intellectual disability is an exclusionary factor for consideration of eligibility as Specific Learning Disabled. Adaptive functioning refers to how well a person is able to independently perform everyday skills across multiple environments. A student with cognitive impairments will display global skill deficits in most or many academic domains as well as deficits in adaptive functioning. Students with very low or very high cognitive skills may have unique needs within the classroom setting.

Cognitive delays may be mild, moderate, or severe. A diagnosis of intellectual disability must include an intelligence quotient of 70 or below as well as significant deficits in adaptive functioning. More severe intellectual disability is often identified when the child struggles to attain typical developmental

milestones, while mild intellectual disability may not be identified until the child reaches school-age and is faced with challenging academic tasks.

Indications of possible deficits or delays in cognitive or adaptive functioning may include: pervasive, global delays in development – rolling over, sitting up, crawling or walking late, talking late or having trouble with talking, slow to master things like potty training, dressing, and feeding self; difficulty remembering things, inability to connect actions with consequences, behavior problems such as explosive tantrums, inability to do everyday tasks such as and perform age appropriate self-care tasks independently, difficulty with problem-solving or logical thinking, medical history that includes a diagnosis that is often associated with intellectual disability (Down syndrome, fragile X syndrome, etc.) or documented maternal use of drugs or alcohol, problems during pregnancy or delivery, severe illness or injury as an infant or young child.

Requirements: Documentation of significant educational impact in multiple academic areas as well as significant delays or impairments in adaptive functioning skills. It is important to consider the student's adaptive functioning in multiple settings including the home, school, and community. If the student is ONLY struggling in one environment but not others, further investigation must be conducted.

Tools/Resources: Review of SAT Case History Questionnaire ([English](#), [Spanish](#)), interviews with parents, interviews with teachers, observations.

SOCIAL-EMOTIONAL/PSYCHOLOGICAL FUNCTIONING

Rationale: Emotional, behavioral, and attention disorders may coexist with learning deficits or second language acquisition factors. Determining whether social-emotional concerns are the primary cause of academic deficits can be a difficult task. The school counselor and/or the mental health provider assigned to the school is a critical resource and MUST be included when developing interventions or addressing the needs of students exhibiting emotional or behavioral difficulties.

Indications of deficits in social-emotional/psychological functioning may include:

- Hyperactivity (short attention span, impulsiveness)
- Aggression towards people or animals
- Self-injurious behavior (acting out, fighting)
- Withdrawal (not interacting socially with others, excessive fear or anxiety)
- Immaturity (inappropriate crying, temper tantrums, poor coping skills)
- Learning difficulties (academically performing below grade level)
- Destruction of property
- Deceitfulness, lying or stealing
- Truancy or other serious violations of rules

Children with the most serious emotional disturbances may exhibit distorted thinking, excessive anxiety, bizarre motor acts, and abnormal mood swings.

Requirements: Consultation with the appropriate staff is essential. Social-emotional and/or behavioral concerns must be referred to the school counselor as well as the school-based mental health provider to determine appropriate interventions. A Functional Behavior Assessment (FBA) may be needed to address specific behaviors and to determine the need for a Behavior Intervention Plan (BIP).

Tools/Resources: School counselor, social worker, school psychologist, educational diagnostician, BASC-2:BESS (Behavior Assessment System for Children, Second Edition: Behavioral and Emotional Screening System)

ENVIRONMENTAL/ECONOMIC FACTORS

Rationale: Students living in poverty start school with a distinct disadvantage when compared to their peers living in an economically secure home.

Indications of environmental or economic factors may include: qualifies for free or reduced lunch, student wears clothing that is inappropriate for the weather (may not have a coat, or wears same clothes all year), lacks basic supplies for school, clothing is worn out, may have poor hygiene due to lack of resources, history of frequent transitions/moves, student has significant home responsibilities (caring for younger siblings while parents work, etc.), economic considerations impact treatment of identified issues (replacing broken glasses, filling prescriptions, tutoring, etc.), family unable to afford opportunities for enrichment activities, history of homelessness or unstable housing, caregivers unable to provide instructional support, known situational trauma or changes in the family dynamic (divorce, death, family members moving out of the home, etc.), student is often hungry, frequent trips to the nurse for common complaints (stomachache, headache, etc.).

Requirements: Comprehensive and complete review of the child's history. Parents should be offered basic needs support through the school or other community resources.

Tools/Resources: SAT Case History Questionnaire ([English](#), [Spanish](#)), interviews with parents, interviews with teachers, observations, home visits as appropriate and needed

CULTURAL FACTORS

Rationale: Cultural or ethnic background different from the majority group should be considered as a factor in the perceptions of those who work with the child and how they are viewed as a learner. Different cultural groups ascribe different value to formal schooling versus less formal, yet still important vocational or life skills which may affect the way in which the child approaches a formal learning environment. As educators, we must acknowledge that a child may bring very different expectations and/or attitudes about learning to school, and we must be willing to meet them where they are without making judgements about the culture or background. A cultural difference does not indicate a deficit. Broad cultural differences may include how time is viewed, gender roles are assigned, concept of self (individualism versus collectivism), communication styles (eye contact, gestures, etc.), and conception of formality. What is considered polite in one culture may be very rude in another. Thus, it is important to have some understanding of the cultural background of the specific student to better conceptualize whether perceived academic difficulties are a function of cultural differences rather than learning deficits.

***NOTE:** *Two guiding principles must be kept in mind: Cultural identity is made up of myriad of factors and although generalizations can be made about cultures, we cannot allow those generalizations to cause us to stereotype or over-simplify our ideas of others.*

Indications of cultural factors may include: recent immigration to the United States, home language other than English, membership in a religious denomination with strict beliefs and/or rules, traditional clothing, observance of specific holidays or religious traditions

Requirements: Comprehensive and complete review of the child's history including length of time they have lived and attended school in the United States.

Tools/Resources: SAT Case History Questionnaire ([English](#), [Spanish](#)), interviews with parents, interviews with teachers, observations, Culture-Language Interpretive Matrix (C-LIM) developed by Dr. Samuel Ortiz and available in the Cross-Battery Assessment Software System (X-BASS), *Essentials of Cross-Battery Assessment, Third Edition*, acculturation screeners (i.e., Acculturation Quick Screen)

LINGUISTIC FACTORS

Rationale: “[A] child shall not be determined to be a child with a disability if the determinant factor for such determination is...limited English proficiency.” (Individuals with Disabilities Education Improvement Act, 20 U.S.C. § 1414(b)(5).) English Language Learners (ELLs) in special education tend to be either overrepresented or underrepresented. Overrepresentation occurs when linguistic differences are not carefully considered before a referral for evaluation is made or when the evaluation procedures are not comprehensive or appropriate for an ELL. Underrepresentation occurs when there is fear of over-referring or a lack of understanding of language acquisition and the unique needs of ELL students. The important, and challenging, task presented to SAT is to build an understanding of language acquisition and critically examine a student’s history and background to determine whether the academic difficulties are likely attributable to a language difference versus a suspected special education disability.

Requirements: Comprehensive and complete review of the child’s history including how long they have lived and attended school in the United States.

Indications of linguistic factors may include: recent immigration to the United States, home language other than English, errors in speaking or writing that consistently follow rules of first language

Tools/Resources: Home Language Survey, educational history of type and duration of bilingual services, language proficiency testing history (i.e., ACCESS, IPT, etc.), bilingual staff at school, bilingual evaluator (diagnostician, SLP, etc.), English Language Development Chart (from LRP’s ELLs with Disabilities book), Culture-Language Interpretive Matrix (C-LIM) developed by Dr. Samuel Ortiz and available in the Cross-Battery Assessment Software System (X-BASS), *Essentials of Cross-Battery Assessment, Third Edition*

The following notes are taken directly from the C-LIM section of the X-BASS to assist in determining how different the student’s cultural and linguistic skills are from their peers:

SLIGHTLY DIFFERENT

Language proficiency in terms of speaking English is at the advanced to proficient (fluent) level, and English may have long been the primary language. However, knowledge of and familiarity with the native/heritage language is still evident, relatively good language models in English are available in the home, individual no longer needs or never received ESL/ESOL services, has been attending school for about five to seven years with all instruction in English only, is likely third generation or later (was born in U.S. and parents also born in the U.S.), family appears highly acculturated but elements of the heritage culture are still present, and family or developmental history contains no unusual circumstances or significant experiences affecting development or education. Overall, most experiences are similar to mainstream population but subtle cultural and linguistic differences remain.

MODERATELY DIFFERENT (This is the default level used in the program and the most likely degree of difference for most evaluations)

Language proficiency in terms of speaking English is at the intermediate to advanced level and knowledge and use of the native/heritage language is clearly evident, language models in English are not readily available in the home, individual is either close to no longer needing or has recently stopped receiving ESL/ESOL services, has been attending school for at least three years with most instruction in English only or primarily in English, is likely second generation (but first to be born in the U.S.), family is not highly acculturated to mainstream and significant elements of the heritage culture are present, family is not acculturated much to the mainstream and nearly all elements of the heritage culture are present. Family or developmental history may contain an unusual circumstance or experience affecting development or education (e.g., recent immigration, significantly impoverished environment, upbringing, and economic status, an interruption in language development, etc.). Overall, few experiences are similar to mainstream population and many significant and obvious cultural and linguistic differences remain.

MARKEDLY DIFFERENT

Language proficiency in terms of speaking English is beginner to intermediate level and use of the native/heritage language is prominent and often primary, no language models in English are available at home, individual is receiving or has recently begun to receive ESL/ESOL services, has been attending school outside the U.S. but it has been intermittent or interrupted or of poor quality and consistency, attendance in school in the U.S. for less than three years with most instruction in English only or primarily in English, is possibly first or second generation (not born in U.S., came to U.S. at a very early age, or is first to be born in the U.S). Family or developmental history may contain one or more extremely unusual circumstances and experiences (e.g., recent immigration, refugee status, significantly impoverished environment, upbringing, and economic status, limited communicative experiences with adults, repeated or significant interruptions in language development, etc.). Overall, no experiences are similar to mainstream population and all significant and obvious cultural and linguistic differences remain present and prominent.

PHYSICAL HEALTH

Rationale: A student's physical health can have a significant impact on their ability to learn.

Requirements: Comprehensive and complete review of the child's history to include pertinent medical history, developmental and attendance history. Any indications of serious illness and/or injury should be pursued with follow-up questions and medical reports as needed.

Indications of concerns with physical health may include: frequent trips to the nurse, frequent absences due to illness, diagnosed medical condition

Tools/Resources: SAT Case History Questionnaire ([English](#), [Spanish](#)), interviews with parents, interviews with teachers, observations, school nurse

INSTRUCTIONAL FACTORS

Rationale: Federal law indicates that "A child must not be determined to be a child with a disability under this part--If the determinant factor for that determination is--Lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in section 1208(3) of the ESEA); Lack of appropriate instruction in math" (IDEA §300.306 (b)(1)(i-ii).

Requirements: Comprehensive and complete review of the child's history.

Indications of instructional factors: poor attendance history, significant gaps in knowledge in one or more areas, frequent transitions, evidence of non-traditional schooling

Tools/Resources: SAT Case History Questionnaire ([English](#), [Spanish](#)), interviews with parents, interviews with teachers, observations, review of student attendance history, review of student's language background and educational history