



## Free Special Education Resources, Consultation, Trainings Your Arizona Parent School Connection

### Disability Classifications in Arizona

Definitions are documented according to the Arizona Revised Statutes (ARS) §15-761 (1–40)

“**Autism**” means a developmental disability that significantly affects verbal and nonverbal communication and social interaction and that adversely affects educational performance. Characteristics include irregularities and impairments in communication, engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not include children with characteristics of an emotional disability. **Classroom Indications:** Students may have scattered strengths and weaknesses. Daily instruction should be consistent and predictable. Verbal instructions, as well as printed materials, help the student process information. Schedules are key to working with children who have autism.

“**Developmental delay**” means performance by a child who is at least three years of age but under ten years of age on a norm-referenced test that measures at least one and one-half, but not more than three, standard deviations below the mean for children of the same chronological age in two or more of the following areas: (a) cognitive development, (b) physical development, (c) communication development, (d) social or emotional development, (e) adaptive development. The results of the norm-referenced measure must be corroborated by information from a comprehensive development assessment and from parental input, if available, as measured by judgment based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented. **Classroom Indications:** Students ability to acquire, use and retrieve information may be impaired/delayed. Their ability to move and interact within his/her environment with appropriate coordination, balance and strength or fine motor skills may not be age appropriate. Expressing emotions

and developing a sense of oneself, or being able to care for one’s own personal needs (e.g., eating, toileting, dressing) may be impaired and not appropriate for same age peers. IEP teams will need to carefully consider the students’ needs in all areas of delay as identified by assessment results.

“**Emotional disability**” (a) means a condition whereby a child exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the child’s performance in the educational environment: (i) an inability to learn which cannot be explained by intellectual, sensory or health factors, (ii) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, (iii) inappropriate types of behavior or feelings under normal circumstances, (iv) a general pervasive mood of unhappiness or depression, (v) a tendency to develop physical symptoms or fears associated with personal or school problems; (b) includes children who are schizophrenic but does not include children who are socially maladjusted unless they are also determined to have an emotional disability as determined by evaluation as provided in section §15-766. **Classroom Indications:** Behavior modification is useful in shaping behaviors and developing social skills. Students can then follow directions and carry through on assignments. Most students with an emotional disability (ED) need counseling as a related service in their Individualized Education Programs (IEPs).

“**Hearing impairment**” means a loss of hearing acuity, as determined by evaluation pursuant to section §15-766, which interferes with the child’s performance in the educational environment and requires the provision of special education and related services. **Classroom Indications:** The hearing loss can range from hard of hearing to deafness.

The loss can be in one or both ears. The loss may be of separate magnitudes in each ear. Oral language is learned by hearing it spoken. The type of education must vary to accommodate the age of the child when the hearing loss occurred and the type of loss. Communication is the key for each student, whether it is oral, sign language, or a combination of the two.

**“Mental retardation”** means a significant impairment of general intellectual functioning that exists concurrently with deficits in adaptive behavior and that adversely affects the child’s performance in the educational environment. **“Mild mental retardation”** means performance on standard measures of intellectual and adaptive behavior between two and three standard deviations below the mean for children of the same age. **“Moderate mental retardation”** means performance on standard measures of intellectual and adaptive behavior between three and four standard deviations below the mean for children of the same age. **“Severe mental retardation”** means performance on standard measures of intellectual and adaptive behavior measures at least four standard deviations below the mean for children of the same age. **Classroom Indications:** Usually, educational services begin in infancy and continue on through preschool and into adulthood. This extended education gives children with mental retardation an opportunity to develop to their fullest potential. Frequent review of the student’s program and regular feedback between parents and staff helps ensure that the student is applying the knowledge to tasks inside and outside of the classroom.

**“Multiple disabilities”** means learning and developmental problems resulting from multiple disabilities as determined by evaluation pursuant to section §15-766...multiple disabilities include any of the following conditions that require the provision of special education and related services: (a) two or more of the following conditions: (i) hearing impairment, (ii) orthopedic impairment, (iii) moderate mental retardation, and (iii) visual impairment; (b) a child with a disability listed in subdivision (a) of this paragraph existing concurrently with a condition of mild mental retardation, emotional disability or specific learning disability. **“Multiple disabilities with severe sensory impairment”** means multiple disabilities that include at least one of the following: (a) severe visual impairment or severe hearing impairment in combination with another severe disability; (b) severe visual impairment and severe

hearing impairment. **Classroom Indications:** Ongoing support in more than one major life skill will usually be needed by students in this category. The IEP team will include a variety of supports to meet educational, language, social, vocational, and functional skill development.

**“Orthopedic impairment”** means one or more severe orthopedic impairments and includes those that are caused by congenital anomaly, disease and other causes, such as amputation or cerebral palsy, and that adversely affect a child’s performance in the educational environment. **Classroom Indications:** The severity of the impairment determines the need for accommodations and modifications in the classroom. Some students may not need special services in the medical or educational arena. Others may require intensive support to meet their unique academic needs. Related services and least restrictive environment will be determined by the IEP team.

**“Other health impairments”** means limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, due to chronic or acute health problems which adversely affect a pupil’s educational performance. **Classroom Indications:** Some children have no restrictions in what they can do and learn. Others may require intensive medical care, be extremely limited in their activities, and need educational help.

**“Preschool severe delay”** means performance by a preschool child on a norm-referenced test that measures more than three standard deviations below the mean for children of the same chronological age in one or more of the following areas: (a) cognitive development, (b) physical development, (c) communication development, (d) social or emotional development, (e) adaptive development. The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented. **Classroom Indications:** Skills that most children acquire in the first five years of life need to be specially taught to children with disabilities. A program which helps improve thinking, language, movement, self-help, play, and social skills is important for development of the child’s potential.

**“Specific learning disability”** (a) means a specific learning disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations; (b) includes such conditions as perceptual disabilities, minimal brain dysfunction, dyslexia and aphasia; (c) does not include learning problems which are primarily the result of visual, hearing, motor or emotional disabilities, of mental retardation or of environmental, cultural or economic disadvantage. **Classroom Indications:** Each person with SLD has a different combination or cluster of characteristics which can range from mild to severe. Effective intervention strategies should include a total approach to meeting the educational, psychological, medical, and social needs of the student. Accommodations in the classroom may include extended time, use of a calculator, a reader or person to record answers, or use of an audio recording device for students who need to respond to test questions or assignments orally.

**“Speech/language impairment”** (a) for a preschool child means performance on a norm-reference language test that measures at least one and one-half standard deviations below the mean for children of the same chronological age or whose speech, out of context, is unintelligible to a listener who is unfamiliar with the child. Eligibility for a preschool child under this subdivision is appropriate only when a comprehensive developmental assessment and parental input indicate that the preschool child is not eligible for services under preschool category or under the developmental delay category; (b) for a child who has reached the required age for kindergarten, means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance. **Classroom Indications:** Language is essential for learning, so early diagnosis and treatment of speech/language impairments is critical. Communi-

cation is used to build peer relationships, process meaning, and progress in academics in school. Transfer of language to the general classroom is important for use of language in a natural environment.

**“Traumatic brain injury”** (a) means an acquired injury to the brain that is caused by an external physical force and that results in total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance; (b) applies to open or closed head injuries resulting in mild, moderate or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing and speech; (c) does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma. **Classroom Indications:** Head injuries may lead to persistent and long-term symptoms, such as: memory problems, attention span problems, lack of energy, disorganization, depression, anxiety, and social/behavioral difficulties. Communication problems may include: difficulty reading facial expressions or body language, challenges with word retrieval, excessive speech, and inappropriate focus on irrelevant subjects.

**“Visual impairment”** means a loss in visual acuity or a loss of visual field, as determined by evaluation pursuant to section §15-766, that interferes with the child’s performance in the educational environment and that requires the provision of special education and related services. **Classroom Indications:** Children who are blind from birth sometimes need different techniques than do students who were sighted and lost their vision. Braille ‘n Speak, talking calculators, tape recorders, telescopic aids, magnifiers, tinted lenses, and overlays are all examples of assistive technology that may be needed by students. More students who have a visual impairment are being educated in the general education classroom.

The content of this document was developed in 1999 and revised in July 2009 by the Parent Information Network, Arizona Department of Education, Exceptional Student Services with funds allocated by the U.S. Department of Education under IDEA 2004. These contents do not necessarily represent the guidelines of the agency, nor should endorsement by the federal government be assumed. The Arizona Department of Education of the State of Arizona does not discriminate on the basis of race, religion, color, national origin, sex, disability or age in its programs, activities or in its hiring and employment practices. If you have questions or concerns regarding this statement, please contact Administrative Services at 602-542-3186. This document is in the public domain and may be freely reproduced in its current format. For more information, call the Parent Information Network at 877-230-PINS (7467) or visit our website at [www.azed.gov/ess/pinpsals](http://www.azed.gov/ess/pinpsals).