

Major Changes in IEP Diagnosis and Classification for Children with Disabilities Proposed by National Association of Special Education Teachers (NASSET)

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The National Association of Special Education Teachers (NASSET) is proposing major changes to the existing system in which children with disabilities are diagnosed and classified on IEPs (Individual Educational Programs). This new system will provide all professionals working in the field of special education, college students preparing to work with children with special needs, administrators, college professors, parents, and students with disabilities the information necessary to adequately determine the most comprehensive, detailed, and precise diagnoses of disabilities or disorders seen in infants, toddlers, children, and adolescents, particularly in the educational environment.

Rationale for these major changes to existing IEPs

Up to now, the sole responsibility for interpreting the specific disabilities associated with the classifications under Individuals with Disabilities Education Improvement Act of 2004 was at the discretion of the district committee responsible for classification and placement. However, simple word definitions are open to interpretation and potentially significant subjectivity. Since many of the specific disorders contained under an IDEA category are not provided, there was a very strong need to objectify this process. The system being proposed by NASSET provides specific descriptions of the areas of concern, as well as the levels to which the disability (or disabilities) adversely affects the academic performance of their child.

Individualized Education Programs (IEPs) and the NASSET Coding System and Guide

Under IDEA, every child who is classified as “child with a disability” in special education receives an Individualized Education Program (IEP). An IEP is a written statement for a child with a disability that is developed, reviewed, and revised in a meeting in accordance with certain requirements of law and regulations. These requirements and the entire IEP process are discussed in this section.

The purpose of the IEP is to provide an individualized document that will guide the programming for the student with a disability and will allow the team to determine if the student is really making progress (Stephens, 2006)

The IEP meeting serves as a communication vehicle between parents and school personnel, and enables them, as equal participants, to make joint, informed decisions regarding—

- the child's needs and appropriate goals;
- the extent to which the child will be involved in the general curriculum and participate in the regular education environment and State and district-wide assessments; and
- the services needed to support that involvement and participation, and to achieve agreed-upon goals.

The IEP is developed by a team whose members meet, review the assessment information available about a child, and design an educational program to address a child's educational needs that result from his or her disability. According to IDEA, a child's IEP must be reviewed at least once a year and thereafter at what is referred to as an Annual Review Meeting to determine whether the annual goals are being achieved and must be revised as appropriate [Section 300.343(c)].

On a child's IEP, the actual IDEA classification of the child is noted. For example, on a child's IEP it could state that the classification is: Specific Learning Disability; or Emotional Disturbance; or Speech and Language Impairment, or Autism, etc. Unfortunately, all too often teachers, parents, professionals and students themselves had little or no idea of what specific type or types of disability the child has with respect to his or her classification on the IEP.

For example, a child with a reading disability (Dyslexia), math learning disability (Dyscalculia), writing disability (Dysgraphia) and the child with a visual processing disorder might all be classified as students with Specific Learning Disabilities. In these students' IEP's, the diagnoses would be Specific Learning Disabilities not the specific types. So, nowhere on the IEP would it state "the child has a specific learning disability in reading (dyslexia); or the child has a specific learning disability in mathematics (dyscalculia). It would just be a general classification of "Specific Learning Disability." Furthermore, for numerous types of disabilities, there are "subtypes." For example, there are over 10 different types of dyslexia. Which one(s) does this child have? On the IEP, there would be no statement of that whatsoever. A teacher reading these students' IEP's would have no clear idea of an exact diagnosis, let alone the specific subtypes that would facilitate the educational direction best suited for these children.

Using IDEA as the frame of reference, the categories chosen for the new NASET proposed IEP system are all defined under this Federal Law [Section 300.7(a)(1)]. The disorders discussed in the NASET proposed IEP system represent the various types and subtypes under each of these disability categories that may apply to children with disabilities ages birth through 21 years of age. Now, utilizing the NASET proposed coding system, students will now have five levels of diagnoses stated on their IEP's. Ultimately, this aids professionals in establishing appropriate remediation, accommodations, and teaching techniques for each child with a disability. This new IEP system proposed by NASET in conjunction with Wiley Publishers involves a new coding system outlined as **NASET Coding System and Guide**.

The Importance of the NASET Coding System

In schools today, after a comprehensive assessment is completed for a child with a suspected there is no common and agreed upon diagnostic manual book that all professionals turn to when deciding whether the child meets the criteria for a specific disability as defined by IDEA. This goes against all common sense, as there should be some standard and guide by which educators make decisions regarding the educational decisions for a child.

Mental health professionals are provided with the **Diagnostic and Statistical Manual (DSM-V)**, medical professionals have a variety of manuals that provide specific information on all types of medical conditions that they can use as references sources, and lawyers have their reference guides as well.

The Educator's Diagnostic Manual of Disabilities and Disorders (EDM) represents the very first diagnostic manual created specifically for the field of special education that provides definitions, symptoms, characteristics, types, and subtypes for all IDEA disabilities and the numerous disorders that professionals and/or parents need to understand within educational settings.

Using the NASET Coding System and Guide

The **NASET** coding system and guide provides necessary guidelines, information, and examples for a variety of situations that commonly occur in education. For example, suppose that:

- A child in a classroom has been diagnosed with a disability that a teacher, special educator or administrators knows very little or nothing about in terms of symptoms, characteristics, etc.
- The **NASET** coding system and guide can provide a quick reference to that disability and its important features.
- A special education professional is speaking with a parent of a child who has a certain disorder listed on his/her IEP and he/she needs some immediate reference material. The **NASET** coding system and guide will provide the specific type and possible subtype of the disorder which will then make it easier to gather more detailed information.
- A parent of a child diagnosed with a certain disorder needs further information or a list of organizations by disability category. The **NASET** coding system and guide provides lists of organizations for every IDEA category.
- A special education professional is attending a Child Study Team Meeting for a child with a specific disability and/or disorder and needs to present information specific to it. The **NASET** coding system and guide provides the information for the respective disability and disorder.
- A child study team determines that a student meets the criteria for a disability as defined by IDEA. Although the team knows that the student has a disability, it is unsure of the specific type of disability (e.g., they know the student has a speech and language impairment but is it a phonological

processing disorder, articulation disorder, speech fluency problem, etc). The **NASET** coding system and guide provides the team with numerous types of disorders under IDEA from which to choose in order to make the most specific and detailed diagnosis for the student.

The NASET Multilevel Coding System-Overview

The broad categories of IDEA classifications have consistently left a serious void in a complete and thorough understanding of a child's overall problem. The specific details of a child's disability on a child's IEP is very limited (potentially nonexistent) with respect to the specific disorder, type, subtype and the degree to which the disability adversely affects the child's educational performance. Parents, teachers and schools are often left with a general label that fails to provide any understanding or guidance into the true nature of child's specific disability.

After speaking to thousands of graduate students, teachers, special educators, and administrators, it became clear that there was a need for a more specific and comprehensive coding system to fill this void in understanding disabilities.

The present classification system used in IEP development was considered the most problematic issue when trying to establish specific academic, social, management, and physical goals for a child with a disability. The single broad disability category (e.g., only stating the child has "specific learning disability) significantly limits the ability to find the correct remediation, modifications, accommodations, assistive technology, and management solutions for any child receiving special education services.

In response to this concern, the **NASET** coding system and guide was developed to provide all professionals in the field of special education with a very clear 5-level disability coding system. This multi-level coding system will provide professionals with the ability to:

- ***Determine the specific IDEA Classification - Level I***
 - ***Determine the Specific Disorder/s for this classification - Level II***
 - ***Identify the Specific Type/s of disorders - Level III***
 - ***Determine the Specific subtype(s) of the disorder - Level IV***
 - ***Determine the degree to which the disability adversely affects the child's educational performance - Level V***
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Level I - IDEA Disability Classifications

Level I categories will always represent one of the 13 IDEA Disabilities. Level I categories can be easily be identified by the **capitalized two-letter or three letter abbreviation for the IDEA Disability as indicated in Table 1.1** (For a more detailed definition of IDEA’s definition of “a child with a disability”, refer to Section 1 of NASET coding system and guide).

[TABLE 1.1]

Level I NASET Coding System Identification Codes

Level I Disability Category	Level I NASET Code
1. Autism	AU
2. Deaf-Blindness	DB
3. Developmental Delay (ages 3–9)	DD
4. Emotional Disturbance	ED
5. Hearing Impairment	HI
6. Specific Learning Disabilities	LD
7. Intellectual Disabilities	ID
8. Multiple Disabilities	MD
9. Orthopedic Impairment	OI
10. Other Health Impaired	OHI
11. Speech and Language Impairment	SL
12. Traumatic Brain Injury	TBI
13. Visual Impairment	VI

**EI

****Note Early Intervention - While EI is not a specific IDEA disability category has been included in the NASET coding system and guide to represent an infant or toddler birth through 36 months of age**

In most cases, only one disability category will be listed under **Level I**. For example:

STUDENT # 1

NASET Code

Level I: Specific Learning Disability **LD**

STUDENT # 2

NASET Code

Level I-Traumatic Brain Injury **TBI**

STUDENT # 3

NASET Code

Level I-Speech and Language Impairment **SL**

STUDENT # 4

NASET Code

Level I-Other Health Impairment **OHI**

Note: In the case of a child classified with Multiple Disabilities, you need to be specific by listing the two or more individual IDEA disability categories as follows:

STUDENT #5

	NASET Code
Level I-Multiple Disabilities	MD
Level IA-Intellectual Disability	ID
Level IB-Hearing Impairment	HI

Level II - Specific Disorders

Once you have determined the Level I IDEA Disability for a child, you need to determine whether there is a specific disorder associated with this IDEA disability. A disorder can be defined as a general disturbance in mental, physical, or psychological functioning (Hardman, Drew & Egan, 2005).

Level II coding represents specific “Disorders” of a Level I IDEA Disability. A Level II disorder is normally diagnosed either through a comprehensive multidisciplinary assessment or by outside medical, psychological or other professionals.

Level II disorders can easily be identified as a whole number (e.g., 1, 2, 3, 4, 5, etc.) followed by .00 after that whole number (1.00, 2.00, 3.00, etc.)

Examples of Level I IDEA Disabilities and Level II Disorders

STUDENT # 1

Suppose Student #1 was classified with a specific learning disability (LD). The specific areas of difficulties were associated with reading. This is known as dyslexia. Dyslexia in **NASET Coding System and Guide** is coded in the chapter on Specific Learning Disabilities (Chapter 1) as follows:

	NASET Code
Level I- Specific Learning Disabilities	LD
Level II- Dyslexia	LD 4.00

STUDENT # 2

Suppose Student #2 was classified with a Traumatic Brain Injury (TBI). The TBI was due to a penetrating skull fracture (e.g., gunshot wound). A Penetrating Skull Fracture in **NASET coding system and guide** is coded in the chapter on Traumatic Brain Injury chapter (Chapter 12) as follows:

	NASET Code
Level I-Traumatic Brain Injury	TBI
Level II-Penetrating Skull Fracture	TBI 7.00

STUDENT # 3

Suppose Student #3 was classified with a speech and language impairment. The specific speech deficits were in articulation. An articulation disorder in **NASET** coding system and guide is coded in the chapter on Speech and Language Impairments (Chapter 2) as follows:

NASET Code

Level I-Speech and Language Impairment	SL
Level II-Articulation Disorder	SL 2.00

STUDENT # 4

Suppose Student #4 was classified with an Other Health Impairment (OHI). This resulted from the child being diagnosed with cancer by an outside medical specialist (an oncologist).

In **NASET** Coding System and Guide, Cancers of Childhood is coded in the chapter on Other Health Impairments (Chapter 5) as follows:

NASET Code

Level I-Other Health Impairment	OHI
Level II-Cancers of Childhood	OHI 11.00

However, in the case of Multiple Disabilities each category must be coded separately as follows:

Student # 5

Suppose Student #5 was classified with Multiple Disabilities. This resulted from the child having two documented IDEA disabilities at the same time. This student has both intellectual disability and a hearing impairment. The intellectual disability was due to a chromosomal abnormality. The hearing impairment is a conductive hearing loss. In this situation, the student would have the following **NASET** coding:

NASET Coding

Level I-Multiple Disabilities	MD
Level I(a) Intellectual Disability	ID
Level II-Intellectual Disability due to - Chromosomal Abnormalities	ID 1.00
Level I(b)-Hearing Impairment	HI
Level II-Conductive Hearing Loss	HI 2.00

[TABLE 2] What to Do When a Student Has More Than One Level II Disorders

In some cases, more than one **Level II** disorder may be present so each will need to be identified:
For example

NASET Code

Level I-Emotional Disturbance	ED
Level II-Inappropriate Behavior - or Feelings Disorder	ED 3.00
Level II-Pervasive Mood Disorder	ED 4.00

	NASET Code
Level I- Speech and Language Impairment	SL
Level II-Speech Fluency Problems	SL 4.00
Level II-Expressive Language Disorders	SL 9.00
Level II-Receptive Language Disorders	SL 10.00

	NASET Code
Level I- Specific Learning Disabilities	LD
Level II-Dyscalculia	LD 2.00
Level II-Dysgraphia	LD 3.00
Level II-Organizational Disorder	LD 9.00
Level II-Visual Processing Disorder	LD 12.00

Level III - Specific Types of Disorders

Once you have determined the Level I IDEA Disability for a child and the Level II Disorder, you will need to determine whether there is a specific type of disorder that needs to be identified.

Level III coding represents specific “Types of Disorders”. A Level III disorder is normally diagnosed either through a comprehensive multidisciplinary assessment or by outside medical, psychological or other professionals.

Level III disorders can easily be identified as a whole number (e.g., 1, 2, 3, 4, 5, etc.) followed by anything other than .00 after that whole number (1.01, 2.12, 3.04, 7.03, etc.)

Examples of Level I Disabilities, Level II Disorders, and Level III Types of Disorders

STUDENT # 1

Suppose Student #1 was classified with a specific learning disability (LD). The specific areas of difficulties were associated with reading. This is known as dyslexia. The student has a specific type of dyslexia, known as Dysphonetic Dyslexia. Dysphonetic Dyslexia in **NASET Coding System and Guide** is coded in the chapter on Specific Learning Disabilities (Chapter 1) as follows:

	NASET Code
Level I- Specific Learning Disabilities	LD
Level II- Dyslexia	LD 4.00
Level III- Dysphonetic Dyslexia	LD 4.07

STUDENT # 2

Suppose Student #2 was classified with a Traumatic Brain Injury (TBI). The TBI was due to a penetrating skull fracture (e.g., gunshot wound). The Penetrating skull fracture has significantly

affected the child's communication skills. A Penetrating Skull Fracture with Communication Impairments in **NASET** Coding System and Guide is coded in the chapter on Traumatic Brain Injury chapter (Chapter 12) as follows:

NASET Code

Level I-Traumatic Brain Injury	TBI
Level II-Penetrating Skull Fracture	TBI 7.00
Level III- Penetrating Skull Fracture - with Communication Impairments	TBI 7.04

STUDENT # 3

Suppose Student #3 was classified with a speech and language impairment. The specific speech deficits were in articulation. The specific articulation problems are that the child consistently substitutes incorrect letters for the correct ones. In **NASET** coding system and guide, this is known as a Substitution Articulation Disorder. Substitution Articulation Disorder in **NASET** coding system and guide is coded in the chapter on Speech and Language Impairments (Chapter 2) as follows:

NASET Code

Level I-Speech and Language Impairment	SL
Level II-Articulation Disorder	SL 2.00
Level II-Substitution Articulation Disorder	SL 2.03

STUDENT # 4

Suppose Student #4 was classified with an Other Health Impairment (OHI). This resulted from the child being diagnosed with cancer by an outside medical specialist (an oncologist). The specific type of cancer was Leukemia. In **NASET** Coding System and Guide, Leukemia is coded in the chapter on Other Health Impairments (Chapter 5) as follows:

NASET Code

Level I-Other Health Impairment	OHI
Level II-Cancers of Childhood	OHI 11.00
Level III-Leukemia	OHI 11.02

Note: in the case of Multiple Disabilities each category must be coded separately as follows:

STUDENT # 5

Suppose Student #5 was classified with Multiple Disabilities. This resulted from the child having two documented IDEA disabilities at the same time. This particular student has both intellectual disability and a hearing impairment.

The intellectual disability was due to a specific type of chromosomal abnormality, known as Down Syndrome.

The specific type of conductive hearing loss for this child is Otosclerosis.

In this situation, the student would have the following **NASET Coding System and Guide** coding:

NASET Coding

Level I-Multiple Disabilities	MD
Level I(a) Intellectual Disability	ID
Level II-Intellectual Disability due to - Chromosomal Abnormalities	ID 1.00
Level III-Down Syndrome	ID 1.03
Level I(b)-Hearing Impairment	HI
Level II-Conductive Hearing Loss	HI 2.00
Level III-Otosclerosis	HI 2.03

[TABLE 3]

What to do When There is No Level III Type of Disorder

Various disorders in NASET coding system and guide may not have a Level III classification. In that case this should be coded as “Not Applicable”.

For example:

NASET Coding

Level I-Autism	AU
Level II-Asperger’s Syndrome	AU 1.00
Level III	Not Applicable

NASET Coding

Level I-Hearing Impairment	HI
Level II-HI 9.00-Acoustic Neuroma	HI 9.00
Level III Code:	Not Applicable

NASET Coding

Level I-Specific Learning Disabilities	LD
Level II-Gerstmann’s Syndrome	LD 6.00
Level III	Not Applicable

Also, in some cases, more than one Level III disorder may be present, so each will need to be identified separately.

For example:

Suppose a student was diagnosed with various speech and language disorders. These included stuttering, expressive language phonological disorder, and receptive language syntactical disorder. Under **NASET Coding System and Guide**, this would be written as follows:

NASET Code

Level I- Speech and Language Impairment	SL
Level II-Speech Fluency Problems	SL 4.00

Level III-Stuttering	SL 4.02
Level II-Expressive Language Disorders	SL 9.00
Level III-Expressive Language - Phonological Disorder	SL 9.02
Level II-Receptive Language Disorders	SL 10.00
Level III-Receptive Language Syntactical Disorder	SL 10.04

Suppose a student was diagnosed with various types of learning disabilities. These include significant specific types of difficulties in math, writing, organization, and visual processing. Under **NASET** coding system and guide, this would be written as follows:

NASET Code

Level I- Specific Learning Disabilities	LD
Level II-Dyscalculia	LD 2.00
Level III- Navigation Dyscalculia	LD 2.09
Level III- Language Dysclaculia	LD 2.06
Level II-Dysgraphia	LD 3.00
Level III-Spatial Dysgraphia	LD 3.03
Level II-Organizational Disorder	LD 9.00
Level III-External Disorganization Disorder	LD 9.04
Level II-Visual Processing Disorder	LD 12.00
Level III-Visual Depth Perception - Processing Disorder	LD 12.03

Level IV - Specific Subtypes of Disorders

Once you have determined the Level I IDEA Disability for a child, the Level II Disorder, and the Level III Type of Disorder, you will need to determine whether there is a “specific subtype of the disorder” that needs to be identified.

Level IV coding represents specific “Subtypes of Disorders”. A Level IV disorder is normally diagnosed either through a comprehensive multidisciplinary assessment or by outside medical, psychological or other professionals.

Level IV subtypes of disorders can easily be identified as an **NASET** Coding System and Guide Code followed by a **lower-case letter (e.g., a, b, c, d, etc.)**

Examples of Level IV Codes would be: 2.12a, 3.04e, 7.03b, 8.04c. Notice the lower-case letter at the end. This automatically tells you that it is a Level IV subtype of a disorder.

Note: Level IV subtypes do not occur frequently in the **NASET** Coding System and Guide. When there is no Level IV code, simply write “Not Applicable”.

Examples of Level I Disabilities, Level II Disorders, Level III Types of Disorders and Level IV Subtypes

STUDENT # 1

Suppose Student #1 was classified with a specific learning disability (LD). The specific areas of difficulties were associated with reading. This is known as dyslexia. The student has a specific type of dyslexia, known as Dysphonetic Dyslexia. In **NASET** Coding System and Guide, there is no specific subtype of Dysphonetic Dyslexia. Therefore, it is coded as follows:

NASET Code

Level I- Specific Learning Disabilities	LD
Level II- Dyslexia	LD 4.00
Level III- Dysphonetic Dyslexia	LD 4.07
Level IV	Not Applicable

STUDENT # 2

Suppose Student #2 was classified with a Traumatic Brain Injury (TBI). The TBI was due to a penetrating skull fracture (e.g., gunshot wound). The Penetrating skull fracture has significantly affected the child’s communication skills. In **NASET** Coding System and Guide, there is no specific subtype of A Penetrating Skull Fracture with Communication Impairments. Therefore, it is coded as follows:

NASET Code

Level I-Traumatic Brain Injury	TBI
Level II-Penetrating Skull Fracture	TBI 7.00
Level III- Penetrating Skull Fracture - with Communication Impairments	TBI 7.04
Level IV	Not Applicable

STUDENT # 3

Suppose Student #3 was classified with a speech and language impairment. The specific speech deficits were in articulation. The specific articulation problems are that the child consistently substitutes incorrect letters for the correct ones. In **NASET** Coding System and Guide, this is known as a Substitution Articulation Disorder. In **NASET** Coding System and Guide, there is no specific subtype of Substitution Articulation Disorder. Therefore, it is coded as follows:

NASET Code

Level I-Speech and Language Impairment	SL
Level II-Articulation Disorder	SL 2.00
Level II-Substitution Articulation Disorder	SL 2.03
Level IV	Not Applicable

STUDENT # 4

Suppose Student #4 was classified with an Other Health Impairment (OHI). This resulted from the child being diagnosed with cancer by an outside medical specialist (an oncologist). The specific type

of cancer was Leukemia. The specific type of Leukemia is known as Acute Lymphocytic Leukemia. In **NASET** Coding System and Guide, Acute Lymphocytic Leukemia is coded in the chapter on Other Health Impairments (Chapter 5) as follows:

NASET Code	
Level I-Other Health Impairment	OHI
Level II-Cancers of Childhood	OHI 11.00
Level III-Leukemia	OHI 11.02
Level IV-Acute Lymphocytic Leukemia	OHI 11.02c

Note: in the case of Multiple Disabilities each category must be coded separately as follows:

STUDENT # 5

Suppose Student #5 was classified with Multiple Disabilities. This resulted from the child having two documented IDEA disabilities at the same time. This particular student has both intellectual disability and a hearing impairment.

The intellectual disability was due to a specific type of chromosomal abnormality, known as Down Syndrome. The Level IV specific subtype of Down Syndrome is known as “Down Syndrome due to Trisomy 21”.

The specific type of conductive hearing loss for this child is Otosclerosis. The specific Level IV subtype of Otosclerosis is known as “Classic Otosclerosis”.

In this situation, the student would have the following **NASET** Coding System and Guide coding:

NASET Coding	
Level I-Multiple Disabilities	MD
Level I(a) Intellectual Disability	ID
Level II-Intellectual Disability due to - Chromosomal Abnormalities	ID 1.00
Level III-Down Syndrome	ID 1.03
Down Syndrome due to Trisomy 21	ID 1.03c
Level I(b)-Hearing Impairment	HI
Level II- Conductive Hearing Loss	HI 2.00
Level III-Otosclerosis	HI 2.03
Level III-Classic Otosclerosis	HI 2.03a

Level V - The Degree to Which the Disability Adversely Affects the Child's Educational Performance

Level V is the degree to which the child's disability adversely affects his/her educational performance. This decision should be made by the IEP Team (also referred to as an Eligibility Committee or Committee on Special Education, etc.)

The determination of **Level V** by the IEP Team should be the result of several factors:

- The IEP Team's decision should be based on the results of the multidisciplinary assessment, teacher interviews, professional input, parent interviews, informal assessments, observations, and all other appropriate information.
- In order to determine the specific **Level of Severity- Level V** for a specific student, the IEP Team should examine the extent to which the child requires modifications.
- In order to determine the specific **Level of Severity- Level V** for a specific student, the IEP Team should examine the frequency, intensity, and duration of the recommended related services.
- In order to determine the specific **Level of Severity- Level V** for a specific student, the IEP Team should examine the extent to which the child requires assistive technology.
- In order to determine the specific **Level of Severity- Level V** for a specific student, the IEP Team should examine the extent to which the child requires classroom accommodations.
- In order to determine the specific **Level of Severity- Level V** for a specific student, the IEP Team should examine prior records, patterns of performance, and overall educational history.
- In order to determine the specific **Level of Severity- Level V** for a specific student, the IEP Team should consider the "least restrictive environment" options that are being discussed by the Team for the child.

Important Point: Ultimately the IEP team's decision on **Level V** should answer the question based upon the above standards: "To what degree does the child's disability adversely affect his/her educational performance?"

THE TERMS USED FOR LEVEL V CODING ARE AS FOLLOWS:

Mild Adverse Affect: This suggests that the child's disability has a mild adverse effect on his or her educational performance.

Moderate Adverse Affect: This suggests that the child's disability has a moderate adverse effect on his or her educational performance.

Severe Adverse Affect: This suggests that the child's disability has a severe adverse effect on his or her educational performance.

Examples of Level I Disabilities, Level II Disorders, Level III Types of Disorders, Level IV Subtypes, and Level V Degree to Which the Disability Adversely Affects the Child's Educational Performance

STUDENT # 1

Suppose Student #1 was classified with a specific learning disability (LD). The specific areas of difficulties were associated with reading. This is known as dyslexia. The student has a specific type of dyslexia, known as Dysphonetic Dyslexia. In **NASET** Coding System and Guide, there is no specific subtype of Dysphonetic Dyslexia. The IEP Team has determined that the disability has a “Moderate” adverse effect on educational performance. Therefore, it is coded as follows:

NASET Code

Level I- Specific Learning Disabilities	LD
Level II- Dyslexia	LD 4.00
Level III- Dysphonetic Dyslexia	LD 4.07
Level IV	Not Applicable
Level V	Moderate

STUDENT # 2

Suppose Student #2 was classified with a Traumatic Brain Injury (TBI). The TBI was due to a penetrating skull fracture (e.g., gun shot wound). The Penetrating skull fracture has significantly affected the child’s communication skills. In **NASET** Coding System and Guide, there is no specific subtype of A Penetrating Skull Fracture with Communication Impairments. The IEP Team has determined that the disability has a “Severe” adverse effect on educational performance Therefore, it is coded as follows:

NASET Code

Level I-Traumatic Brain Injury	TBI
Level II-Penetrating Skull Fracture	TBI 7.00
Level III- Penetrating Skull Fracture - with Communication Impairments	TBI 7.04
Level IV	Not Applicable
Level	
V	Severe

STUDENT # 3

Suppose Student #3 was classified with a speech and language impairment. The specific speech deficits were in articulation. The specific articulation problems are that the child consistently substitutes incorrect letters for the correct ones. In **NASET** Coding System and Guide, this is known as a Substitution Articulation Disorder. In **NASET** Coding System and Guide, there is no specific subtype of Substitution Articulation Disorder. The IEP Team has determined that the disability has a “Mild” adverse effect on educational performance. Therefore, it is coded as follows:

NASET Code

Level I-Speech and Language Impairment	SL
Level II-Articulation Disorder	SL 2.00

Level II-Substitution Articulation Disorder	SL 2.03
Level IV	Not Applicable
Level V	Mild

STUDENT # 4

Suppose Student #4 was classified with an Other Health Impairment (OHI). This resulted from the child being diagnosed with cancer by an outside medical specialist (an oncologist). The specific type of cancer was Leukemia. The specific type of Leukemia is known as Acute Lymphocytic Leukemia. The IEP Team has determined that the disability has a “Severe” adverse effect on educational performance. Therefore, it is coded as follows:

NASET Code

Level I-Other Health Impairment	OHI
Level II-Cancers of Childhood	OHI 11.00
Level III-Leukemia	OHI 11.02
Level IV-Acute Lymphocytic Leukemia	OHI 11.02c
Level V	Severe

Note: in the case of Multiple Disabilities each category must be coded separately as follows:

STUDENT # 5

Suppose Student #5 was classified with Multiple Disabilities. This resulted from the child having two documented IDEA disabilities at the same time. This student has both intellectual disability and a hearing impairment.

The intellectual disability was due to a specific type of chromosomal abnormality, known as Down Syndrome. The Level IV specific subtype of Down Syndrome is known as “Down Syndrome due to Trisomy 21”. The IEP Team has determined that the Intellectual Disability has a “Severe” adverse effect on educational performance.

The specific type of conductive hearing loss for this child is Otosclerosis. The specific Level IV subtype of Otosclerosis is known as “Classic Otosclerosis”. The IEP Team has determined that the Classic Otosclerosis has a “Moderate” adverse effect on educational performance. In this situation, the student would have the following NASET Coding System and Guide coding:

NASET Coding

Level I-Multiple Disabilities	MD
Level I(a) Intellectual Disability	ID
Level II-Intellectual Disability due to - Chromosomal Abnormalities	ID 1.00
Level III-Down Syndrome	ID 1.03
Level IV-Down Syndrome due to - Trisomy 21	ID 1.03c

Level V	Severe
Level I(b)-Hearing Impairment	HI
Level II- Conductive Hearing Loss	HI 2.00
Level III-Otosclerosis	HI 2.03
Level IV-Classic Otosclerosis	HI 2.03a
Level V	Moderate

NASET Coding System & Guide and IEP Development

The goals of the **NASET** Coding System and Guide are to provide:

- a standard of IDEA diagnosis for children in special education throughout the country
- a comprehensive and descriptive diagnosis of a child's disabilities
- an indication of how the specific disabilities and disorders adversely affected a child's educational performance
- a thorough, comprehensive, and specific diagnostic profile
- teachers with a better understanding of the areas in need of remediation or attention
- parents with a better understanding of their child's disabilities and
- specific and helpful information for students, schools, committees, and parents to allow for a more comprehensive, practical, and realistic Individual Education Program (IEP)

As previously mentioned, up to this point all children under IDEA are classified on one level. This general level, which reflects one of the 13 IDEA classifications, actually tells the reader of the IEP very little about the specific conditions that resulted in this classification.

What we have found over the years, is that when parents are asked what type of disability their child has, most can only repeat this one level. For example, if further questioned about the specific type of learning disability, speech and language impairment etc. the same parents will have no idea that the child has "dyslexia" or "dyscalculia" or "Cluttering", etc. With an **NASET** Coding System and Guide diagnosis included on their child's IEP, there will be no problem in knowing the disorders, specific types of disorders, and subtypes of disorders. They will also have a greater awareness of how it all adversely affects their child's educational performance.

We feel that examples of IEP's with the **NASET** Coding System and Guide diagnoses will provide a clearer idea of the tremendous advantages of the **NASET** Coding System and Guide over the present form used in schools for children with disabilities. However, we are only presenting the portion of an

IEP that would pertain to the **NASET** Coding System and Guide diagnosis. The remaining sections of an IEP are not the subject of this book.

The format that an **NASET** Coding System and Guide coded IEP can take is up to the discretion of the district, agency, or school.

The rest of this section provides you with five different scenarios of students whose IEP's have been coded using the **NASET** Coding System and Guide.

We have also provided you with two different **NASET** Coding System and Guide IEP formats for each of the five scenarios to show the flexibility and comprehensive nature of this coding system.

IEP Exhibits List

1. Exhibit - Learning Disabilities- IEP Format ***WITHOUT*** Explanations of the NASET Coding System and Guide Codes - [**CLICK HERE**](#)
2. Exhibit - Learning Disabilities - IEP Format ***WITH*** Explanations of the NASET Coding System and Guide Codes - [**CLICK HERE**](#)
3. Exhibit - Emotional Disturbance - IEP Format ***WITHOUT*** Explanations of the NASET Coding System and Guide Codes - [**CLICK HERE**](#)
4. Exhibit - Emotional Disturbance - IEP Format ***WITH*** Explanations of the NASET Coding System and Guide Codes - [**CLICK HERE**](#)
5. Exhibit - Orthopedic Impairment - IEP Format ***WITHOUT*** Explanations of the NASET Coding System and Guide Codes - [**CLICK HERE**](#)
6. Exhibit - Orthopedic Impairment - IEP Format ***WITH*** Explanations of the NASET Coding System and Guide Codes - [**CLICK HERE**](#)

Conclusion

In conclusion, the **NASET** Coding System and Guide coding system allows for standardization, flexibility, depth of diagnosis, and practicality regardless of the IEP form chosen. The use of the **NASET** Coding System and Guide coding system will now allow students who move from district to district or state to state to maintain the same level of services based on a standardized diagnosis.

[EXHIBIT 1]

Learning Disabilities

NASET Coding System and Guide IEP Format **WITHOUT
Explanations**

INDIVIDUAL EDUCATIONAL PROGRAM

School District/Agency: Barlow School District

Name and Address: Edison Township, Va.

Section 1- Background Information

Student Name: *Julian Danna*

Date of Birth: *2/5/2002* **Age:** *14*

Street: *13 Benson Ave.*

City: *Edison* **Zip:** *19876*

Date of Referral for Committee Review: *March 17, 2016*

Telephone: *999-675-8976* **County of Residence:** *Edison Township*

Male **Female** **Student ID#:** *3467H* **Current Grade:** *9*

Dominant Language of Student: *English* **Interpreter Needed:** **Yes** **No**

Medical Alerts: *none*

Mother's Name/Guardian's Name: *Leona*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:**

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Father's Name/Guardian's Name: *Malcolm*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:** *same*

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Section II-Type of Meeting:

A-Initial Evaluation

1. Date of Initial Evaluation Meeting: *March 2, 2016*

2. Area of Suspected Disability - (NASET Coding System and Guide *Level I* Diagnosis)-
Learning Disabilities

3. Origin of Evaluation used in determining classification:

- In-school Non-school Personnel Evaluation

4. Components of Present Evaluation:

- Individual Standardized Testing
- Informal Assessment Measures (i.e. Portfolio Assessment)
- Observation
- Social History
- Teacher Reports
- Interviews with Child
- Review of Medical Records

5. Specific Areas Covered in Evaluation:

- Intelligence Testing
- Academic Testing
- Medical Evaluation
- Speech Language Evaluation
- Occupational Evaluation
- Other (Be Specific)
- Audiometric Evaluation
- Psychiatric Evaluation
- Psychological Evaluation
- Portfolio Assessment
- Curriculum Based Assessment
- Authentic Assessment
- Task Analysis
- Outcome Based Assessment
- Learning Styles Assessment

6. Committee Recommendations:

Classification (NASSET Coding System and Guide Coding)

Level I-Learning Disabilities	LD
Level II- Dyslexia	LD 4.00
Level III- Dysphonesia Dyslexia	LD 4.07

Level IV	Not Applicable
Level V	Mild
Level I-Learning Disabilities	LD
Level II- Dyscalculia	LD 2.00
Level III-Temporal Dyscalculia	LD 2.12
Level IV	Not Applicable
Level V	Moderate
Level I-Learning Disabilities	LD
Level II-Organizational Disorder	LD 9.00
Level III-External disorganization Disorder	LD 9.04
Level IV	Not Applicable
Level V-	Moderate
Level I-Learning Disabilities Code:	LD
Level II-Visual Processing Disorder	LD 12.00
Level III-Visual Motor Processing Disorder	LD 12.09
Level IV	Not Applicable
Level V	Mild

Return to IEP Exhibits List - [Click Here](#)

[EXHIBIT 2]

Learning Disabilities

NASET Coding System and Guide IEP Format WITH Explanations

INDIVIDUAL EDUCATIONAL PROGRAM

School District/Agency: Barlow School District

Name and Address: Edison Township, Va.

Section 1- Background Information

Student Name: *Julian Danna*

Date of Birth: *2/5/00* **Age:** *16*

Street: *13 Benson Ave.*

City: *Edison* **Zip:** *19876*

Date of Referral for Committee Review: *March 17, 2016*

Telephone: *675-8976* **County of Residence:** *Edison Township*

Male **Female** **Student ID#:** *3467H* **Current Grade:** *11*

Dominant Language of Student: *English* **Interpreter Needed:** **Yes** **No**

Medical Alerts: *none*

Mother's Name/Guardian's Name: *Leona*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:**

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Father's Name/Guardian's Name: *Malcolm*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:** *same*

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Section II-Type of Meeting:

A-Initial Evaluation

1. Date of Initial Evaluation Meeting: *March 2, 2016*

2. Area of Suspected Disability - (NASET Coding System and Guide Level I Diagnosis)-
Learning Disabilities

3. Origin of Evaluation used in determining classification:

In-school Non-school Personnel Evaluation

4. Components of Present Evaluation:

- Individual Standardized Testing
- Informal Assessment Measures (i.e. Portfolio Assessment)
- Observation
- Social History
- Teacher Reports
- Interviews with Child
- Review of Medical Records

5. Specific Areas Covered in Evaluation:

- Intelligence Testing
- Academic Testing
- Medical Evaluation
- Speech Language Evaluation
- Occupational Evaluation
- Other (Be Specific)
- Audiometric Evaluation
- Psychiatric Evaluation
- Psychological Evaluation
- Portfolio Assessment
- Curriculum Based Assessment
- Authentic Assessment
- Task Analysis
- Outcome Based Assessment
- Learning Styles Assessment

6. Committee Recommendations:

Classification (NASET Coding System and Guide Coding):

Level I-Learning Disabilities

Level II- Dyslexia

LD

LD 4.00

"Dyslexia is one of several distinct learning disabilities. It is a specific language-based disorder of constitutional origin characterized by difficulties in single word decoding, usually reflecting insufficient phonological processing abilities. These difficulties in single word decoding are often unexpected in relation to age and other cognitive and academic abilities; they are not the result of generalized developmental disability or sensory impairment. Dyslexia is manifest by variable difficulty with different forms of language, often including, in addition to problems reading, a conspicuous problem with acquiring proficiency in writing and spelling."

Level III- Dysphonesia Dyslexia

LD 4.07

Specifically, Julian has Dysphonesia Dyslexia. Dysphonic readers have difficulty relating letters to sounds, so their spelling is totally chaotic. They are able to recognize words they have memorized but cannot sound out new ones to figure out what they are. They may be able to read near the appropriate grade level but are poor spellers. This is the largest of the three divisions. This is viewed as a disability in associating symbols with sounds. The misspellings typical of this disorder are phonetically inaccurate. The misreadings are substitutions based on small clues, and are also semantic.

Level IV

Not Applicable

Level V

Moderate

This suggests that Julian's disability has a moderate adverse effect on his or her educational performance. He/she should receive special education and related services outside the regular classroom for at least 21% but no more than 60% of the school day.

Level I-Learning Disabilities

LD

Level II- Dyscalculia

LD 2.00

Arithmetic involves recognizing numbers and symbols, memorizing facts, aligning numbers, and understanding abstract concepts like place value and fractions. Any of these may be difficult for children with developmental arithmetic disorders, also called dyscalculia. Problems with number or basic concepts are likely to show up early. Disabilities that appear in the later grades are more often tied to problems in reasoning.

Level III-Temporal Dyscalculia

LD 2.12

Specifically, Julian has a Temporal Dyscalculia. By definition, Temporal Dyscalculia is a type of dyscalculia specifically associated with difficulties in relating to time, telling time, keeping track of time, and estimating time.

Individuals with Temporal Dyscalculia have numerous difficulties understanding basic principles of time. These students will often:

- Over or underestimate how long a period of time is (e.g., tell them “10 more minutes” and they will either be back in 2 minutes or come back 30 minutes later)
- State the incorrect time due to position on the clock (e.g., saying “it’s 3:00” instead of the correct time of 9:00; saying “it’s 12:00” instead of the correct time of 6:00)
- Lose track of time
- Estimating the amount of time it will take to complete an assignment, homework or exam.

Level IV

Not Applicable

Level V

Moderate

This suggests that the Julian’s disability has a moderate adverse effect on his educational performance. He should receive special education and related services outside the regular classroom for at least 21% but no more than 60% of the school day

Level I - Learning Disabilities

LD

Level II - Organizational Disorder

LD 9.00

Developing good organizational skills is a key ingredient for success in school and in life. Children with this disorder have a very difficult time with routines and systems which provide for appropriate organization.

Level III-External disorganization Disorder

LD 9.04

Specifically, Julian has a problem with external disorganization. Children with this type of problem may have desks that are always cluttered and disorganized, notebooks and loose leaves with papers falling out, ripped pages, no awareness of order or neatness, absentminded, and unable to incorporate suggestions dealing with organizational skills. Children with this disorder may have difficulty with organizing their room, clothing, and homework assignments. They very often forget things, misplace things and seem confused with the reactions of frustration on the part of those around them.

Level IV

Not Applicable

Level V

Moderate

This suggests that the Julian’s disability has a moderate adverse effect on his or her educational performance. He/she should receive special education and related services outside the regular classroom for at least 21% but no more than 60% of the school day.

Level I-Learning Disabilities

LD

Level II-Visual Processing Disorder

LD 12.00

A visual processing, or perceptual, disorder refers to a hindered ability to make sense of information taken in through the eyes. This is different from problems involving sight or sharpness of vision.

Difficulties with visual processing affect how visual information is interpreted or processed by the brain (National Center for Learning disabilities, 2004)

Level III-Visual Motor Processing Disorder

LD 12.09

Julian has a problem with a type of visual processing disorder specifically associated with difficulties in using feedback from the eyes to coordinate the movement of other parts of the body. An individual with Visual Motor processing disorder will be unable to relate visual stimuli to motor responses in an appropriate way. There is more to eye-hand coordination than coloring, cutting, writing, and catching a ball. This coordination demands more than a normal eye and a normal hand. The difficulties observed will include writing within lines or margins of a piece of paper, copying from a board or book, moving around without bumping into things, and participating in sports that require well-timed and precise movements in space.

Level IV

Not Applicable

Level V

Mild

This suggests that the Julian's disability has a mild adverse effect on his or her educational performance. He should receive a majority of his or her educational program in a regular classroom setting and should receive special education and related services outside the regular classroom for less than 21% of the school day.

Return to IEP Exhibits List - [Click Here](#)

[EXHIBIT 3]

Emotional Disturbance

NASET Coding System and Guide IEP Format WITHOUT Explanations

INDIVIDUAL EDUCATIONAL PROGRAM

School District/Agency: Newtown School District

Name and Address: Newtown Province, IL

Section 1- Background Information

Student Name: *David Morris*

Date of Birth: *2/5/05* **Age:** *11*

Street: *14 River Rd.*

City: *Newtown* **Zip:** *16753*

Date of Referral for Committee Review: *March 17, 2016*

Telephone: *768-0943* **County of Residence:** *Newtown*

Male **Female** **Student ID#:** *8786Y* **Current Grade:** *5*

Dominant Language of Student: *English* **Interpreter Needed:** **Yes** **No**

Medical Alerts: *none*

Mother's Name/Guardian's Name: *Mary*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:**

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Father's Name/Guardian's Name: *Paul*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:** *same*

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Section II-Type of Meeting:

A-Initial Evaluation

1. Date of Initial Evaluation Meeting: *March 8, 2016*

2. Area of Suspected Disability - (NASET Coding System and Guide Level I Diagnosis)-
Emotional Disturbance

3. Origin of Evaluation used in determining classification:

- In-school Non-school Personnel Evaluation

4. Components of Present Evaluation:

- Individual Standardized Testing
- Informal Assessment Measures (i.e. Portfolio Assessment)
- Observation
- Social History
- Teacher Reports
- Interviews with Child
- Review of Medical Records

5. Specific Areas Covered in Evaluation:

1. Intelligence Testing
2. Academic Testing
3. Medical Evaluation
4. Speech Language Evaluation _____
5. Occupational Evaluation _____
6. Other (Be Specific) _____
7. Audiometric Evaluation _____
8. Psychiatric Evaluation
9. Psychological Evaluation
10. Portfolio Assessment
11. Curriculum Based Assessment _____
12. Authentic Assessment
13. Task Analysis
14. Outcome Based Assessment _____
15. Learning Styles Assessment

6. Committee Recommendations:

Classification (NASSET Coding System and Guide Coding):

Level I-Emotional Disturbance	ED
Level II-Anxiety Reactive Disorder Code	ED 6.00
Level III- School Avoidance Anxiety Reactive Disorder	ED 6.02
Level IV	Not Applicable

Level V	Moderate
Level I-Emotional Disturbance	ED
Level II-Anxiety Reactive Disorder	ED 6.00
Level III- Panic Reaction Type	ED 6.01
Level IV	Not Applicable
Level V-	Moderate
Level I-Emotional Disturbance	ED
Level II-Inappropriate Behavior or Feelings	ED 3.00
Level III-Disruptive Behavior Type	ED 3.02
Level IV-	Not Applicable
Level V	Moderate
Level I-Emotional Disturbance	ED
Level II-Relationship Problems Disorder	ED 2.00
Level III	Not Applicable
Level IV	Not Applicable
Level V	Moderate
Level I-Emotional Disturbance	ED
Level II-Somatic Complaints Disorder	ED 5.00
Level III	Not applicable
Level IV	Not Applicable
Level V	Moderate

Note that in the above case the school district also chose to use the five levels of the coding system. The flexibility of this system allows for the district to use as many levels as they see appropriate.

Return to IEP Exhibits List - [Click Here](#)

[EXHIBIT 4]

Emotional Disturbance

NASET Coding System and Guide IEP Format WITH Explanations

INDIVIDUAL EDUCATIONAL PROGRAM

School District/Agency: Newtown School District

Name and Address: Newtown Province, IL

Section 1- Background Information

Student Name: *David Morris*

Date of Birth: *2/5/05* **Age:** *11*

Street: *14 River Rd.*

City: *Newtown* **Zip:** *16753*

Date of Referral for Committee Review: *March 17, 2016*

Telephone: *768-0943* **County of Residence:** *Newtown*

Male **Female** **Student ID#:** *8786Y* **Current Grade:** *5*

Dominant Language of Student: *English* **Interpreter Needed:** **Yes** **No**

Medical Alerts: *none*

Mother's Name/Guardian's Name: *Mary*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:**

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Father's Name/Guardian's Name: *Paul*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:** *same*

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Section II-Type of Meeting:

A-Initial Evaluation

1. Date of Initial Evaluation Meeting: *March 8, 2016*

2. Area of Suspected Disability - (NASET Coding System and Guide *Level I Diagnosis*)-
Emotional Disturbance

3. Origin of Evaluation used in determining classification:

- In-school Non-school Personnel Evaluation

4. Components of Present Evaluation:

- Individual Standardized Testing
- Informal Assessment Measures (i.e. Portfolio Assessment)
- Observation
- Social History
- Teacher Reports
- Interviews with Child
- Review of Medical Records

5. Specific Areas Covered in Evaluation:

1. Intelligence Testing
2. Academic Testing
3. Medical Evaluation
4. Speech Language Evaluation _____
5. Occupational Evaluation _____
6. Other (Be Specific) _____
7. Audiometric Evaluation _____
8. Psychiatric Evaluation
9. Psychological Evaluation
10. Portfolio Assessment
11. Curriculum Based Assessment _____
12. Authentic Assessment
13. Task Analysis
14. Outcome Based Assessment _____
15. Learning Styles Assessment

6. Committee Recommendations:

Classification (NASET Coding System and Guide Coding):

Level I-Emotional Disturbance

ED

Level II-Anxiety Reactive Disorder

ED 6.00

Individuals with this disorder have a tendency to develop fears associated with personal or school problems.

**Level III- School Avoidance Anxiety -
Reactive disorder**

ED 6.02

Specifically, David has a *type of Anxiety Reactive Disorder* characterized by extreme anxiety manifested in an avoidance of school.

Individuals with this disorder may become very upset or ill when forced to go to school. They may stay in close contact with their parents or caregivers, and are frequently (although not always) anxious and fearful. Truants may be distinguished from this group by their antisocial or delinquent behaviors, their lack of anxiety about missing school, and the fact that they are not in contact with parents or caregivers when they are avoiding school.

Level IV

Not Applicable

Level V

Moderate

This suggests that the David's disability has a moderate adverse effect on his or her educational performance. He should receive special education and related services outside the regular classroom for at least 21% but no more than 60% of the school day.

Level I-Emotional Disturbance

ED

Level II-Anxiety Reactive Disorder

ED 6.00

Individuals with this disorder have a tendency to develop fears associated with personal or school problems.

Level III- Panic Reactive Disorder

ED 6.01

Specifically, David suffers from panic reactions. Individuals with this disorder may tend to exhibit in school high anxiety that is very sudden, appears unprovoked, and is often disabling.

Level IV

Not Applicable

Level V

Moderate

This suggests that the David's disability has a moderate adverse effect on his educational performance. He should receive special education and related services outside the regular classroom for at least 21% but no more than 60% of the school day.

Level I-Emotional Disturbance

ED

Level II-Inappropriate Behavior or Feelings

ED 3.00

Individuals with this disorder exhibit inappropriate types of behavior or feelings under normal circumstances.

Level III-Disruptive Behavior Disorder

ED 3.02

David suffers from inappropriate behavior feelings which exhibit themselves in the form of disruptive behavior. This disorder may be characterized by defiance, hyperactivity, over activity, making noises in class, calling out, touching other people or other people's property and showing a complete disregard for the rights and property of others.

Level IV

Not Applicable

Level V

Moderate

This suggests that the David's disability has a moderate adverse effect on his educational performance. He should receive special education and related services outside the regular classroom for at least 21% but no more than 60% of the school day.

Level I-Emotional Disturbance

ED

Level II-Relationship Problems Disorder

ED 2.00

Relationship problem disorder is characterized by an individual's inability to build or maintain satisfactory interpersonal relationships with peers and teachers. Further, the individual exhibits inappropriate types of behavior or feelings under normal circumstances.

Level III

Not Applicable

Exhibits painful shyness in social situations and as a result withdraws from social activities or interaction on the playground, physical education, and other social interactions with peers.

Level IV

Not Applicable

Level V

Moderate

This suggests that the David's disability has a moderate adverse effect on his educational performance. He should receive special education and related services outside the regular classroom for at least 21% but no more than 60% of the school day.

Level I-Emotional Disturbance

ED

Level II-Physical Complaints Disorder

ED 5.00

Specifically, David has a Physical Complaints disorder. Individuals with this disorder have a tendency to develop physical symptoms associated with personal or school problems that significantly affect a child's ability to function in school. These physical systems are not connected to any medical problems but are considered psychological in nature. *This disorder may be characterized by frequent headaches, stomachaches, somatic complaints, nausea, vomiting, diarrhea, preoccupation with one's health*

Level III

Not Applicable

Level IV

Not Applicable

Level V

Moderate

This suggests that the David's disability has a moderate adverse effect on his or her educational performance. He should receive special education and related services outside the regular classroom for at least 21% but no more than 60% of the school day.

[EXHIBIT 5]

Orthopedic Impairment

NASET Coding System and Guide IEP Format WITHOUT Explanations

INDIVIDUAL EDUCATIONAL PROGRAM

School District/Agency: Lancaster School District

Name and Address: Lancaster, PA

Section 1- Background Information

Student Name: *Lester Downs*

Date of Birth: *2/5/09* **Age:** *7*

Street: *45 Lake Rd.*

City: *Lancaster* **Zip:** *17685*

Date of Referral for Committee Review: *March 17, 2016*

Telephone: *768-0943* **County of Residence:** *Lancaster*

Male **Female** **Student ID#:** *3786T* **Current Grade:** *2*

Dominant Language of Student: *English* **Interpreter Needed:** **Yes** **No**

Medical Alerts: *none*

Mother's Name/Guardian's Name: *Mary*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:**

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Father's Name/Guardian's Name: *Paul*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:** *same*

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Section II-Type of Meeting:

A-Initial Evaluation

1. Date of Initial Evaluation Meeting: *March 8, 2016*

2. Area of Suspected Disability - (NASET Coding System and Guide Level I Diagnosis)-
Orthopedic Impairment

3. Origin of Evaluation used in determining classification:

- In-school Non-school Personnel Evaluation

4. Components of Present Evaluation:

- Individual Standardized Testing
- Informal Assessment Measures (i.e. Portfolio Assessment)
- Observation
- Social History
- Teacher Reports
- Interviews with Child
- Review of Medical Records

5. Specific Areas Covered in Evaluation:

1. Intelligence Testing
2. Academic Testing
3. Medical Evaluation
4. Speech Language Evaluation
5. Occupational Evaluation
6. Other (Be Specific)
7. Audiometric Evaluation
8. Psychiatric Evaluation
9. Psychological Evaluation
10. Portfolio Assessment
11. Curriculum Based Assessment
12. Authentic Assessment
13. Task Analysis
14. Outcome Based Assessment
15. Learning Styles Assessment

6. Committee Recommendations:

Classification (NASSET Coding System and Guide Coding):

Level I-Orthopedic Impairment	OI
Level II-Cerebral Palsy	OI 2.00
Level III-Spastic Cerebral Palsy	OI 2.04
Level IV	Not Applicable
Level V	Severe

[EXHIBIT 6]

Orthopedic Impairment

NASET Coding System and Guide IEP Format WITH Explanations

INDIVIDUAL EDUCATIONAL PROGRAM

School District/Agency: Lancaster School District

Name and Address: Lancaster, PA

Section 1- Background Information

Student Name: *Lester Downs*

Date of Birth: *2/5/09* **Age:** *7*

Street: *45 Lake Rd.*

City: *Lancaster* **Zip:** *17685*

Date of Referral for Committee Review: *March 17, 2016*

Telephone: *768-0943* **County of Residence:** *Lancaster*

Male **Female** **Student ID#:** *3786T* **Current Grade:** *2*

Dominant Language of Student: *English* **Interpreter Needed:** **Yes** **No**

Medical Alerts: *none*

Mother's Name/Guardian's Name: *Mary*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:**

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Father's Name/Guardian's Name: *Paul*

Street Address: *same*

City: *same* **Zip:** *same*

Telephone: *same* **County of Residence:** *same*

Dominant Language of Parent/Guardian: *English* **Interpreter Needed:** **Yes** **No**

Section II-Type of Meeting:

A-Initial Evaluation

1. Date of Initial Evaluation Meeting: *March 8, 2006*

2. Area of Suspected Disability- (NASET Coding System and Guide *Level I* Diagnosis)-
Orthopedic Impairment

3. Origin of Evaluation used in determining classification:

- In-school Non-school Personnel Evaluation

4. Components of Present Evaluation:

- Individual Standardized Testing
- Informal Assessment Measures (i.e. Portfolio Assessment)
- Observation
- Social History
- Teacher Reports
- Interviews with Child
- Review of Medical Records

5. Specific Areas Covered in Evaluation:

1. Intelligence Testing
2. Academic Testing
3. Medical Evaluation
4. Speech Language Evaluation _____
5. Occupational Evaluation
6. Other (Be Specific) _____
7. Audiometric Evaluation _____
8. Psychiatric Evaluation _____
9. Psychological Evaluation
10. Portfolio Assessment
11. Curriculum Based Assessment
12. Authentic Assessment
13. Task Analysis
14. Outcome Based Assessment _____
15. Learning Styles Assessment

6. Committee Recommendations:

Classification (NASET Coding System and Guide Coding):

Level I-Orthopedic Impairment

OI

Level II-Cerebral Palsy

OI 2.0

Lester suffers from cerebral palsy which is an umbrella-like term used to describe a group of chronic disorders impairing control of movement that appear in the first few years of life and generally do not worsen over time. The disorders are due to the effects of faulty development of or damage to motor areas in the brain that disrupts the brain's ability to control movement and posture. Symptoms of cerebral palsy include difficulty with fine motor tasks (such as writing or using

scissors), difficulty maintaining balance or walking, involuntary movements. The symptoms differ from person to person and may change over time.

Level III-Spastic Cerebral Palsy

OI 2.04

Specifically, Lester has a type of cerebral palsy called spastic cerebral palsy which occurs when the muscles are too tight. Patients will have stiff and jerky movement and will often have difficulty letting go of something in their hand. Approximately half of all cerebral palsy sufferers have spastic cerebral palsy. Spastic cerebral palsy is divided into subcategories.

Level IV

Not Applicable

Level V

Severe

This suggests that the Lester's disability has a severe adverse effect on his or her educational performance. The student should receive special education and related services in a public or private separate day school for students with disabilities for more than 50% of the school day.

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