

MULTIPLE DISABILITIES EARLY CHILDHOOD SPECIAL EDUCATION

I. DEFINITION

"Multiple disabilities" means concomitant impairments (combination of cognitive, physical and/or sensory disabilities), the combination of which causes such severe developmental/educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include children with deaf-blindness. Such disabilities may be characterized by the following -

- A. Limited use of functional communication skills;**
- B. Dependence on others for most or all daily living activities;**
- C. Minimal social interaction skills and possible maladaptive behaviors exhibited;**
- D. Pronounced delays in motor development; and/or**
- E. Fragile medical conditions.**

II. SCREENING INFORMATION

Screening can be waived if current data [within the past six (6) months] are available; otherwise, it is required.

- A. Required**
 - 1. Hearing
 - 2. Vision
 - 3. Formal measures of -
 - a.** Development (May include the areas of cognition, motor, social/emotional, self-help); and
 - b.** Speech/language.
- B. Recommended**
 - 1. Informal measures, such as -
 - a.** Checklists;

- b. Inventories;
- c. Rating scales;
- d. Interviews;
- e. Behavioral observation in home and/or other natural environments; and/or
- f. Access to and review of existing records and available information.

III. REQUIRED EVALUATION DATA

- A. Social History** (Emphasis on developmental, family and health/medical history)
- B. Assessments**
 - 1. A systematic, in-depth, multifaceted assessment of the child must be administered in terms of medical (including neurological, when indicated), psychological, and developmental needs by a multidisciplinary team. When a child's disability is so complex that the administering of formal diagnostic measurements is considered inappropriate and/or invalid by the evaluation team, an interim individualized educational program will be written for the child based upon informal assessment and direct observation of the child by the team. When assessments can be administered, the requirements for each area of suspected disability will be followed.
 - 2. Observations must be conducted across multiple natural environments/tasks. Behavior will be observed in multiple settings using anecdotal recordings, checklists, or questionnaires to assess developmental areas. An attempt should be made to assess the child's ability to function within the recreation, community and domestic domains. Acquiring information regarding the child's ability to function in these domains may be obtained from those person(s) who are knowledgeable of his/her skills.
 - 3. Cognitive/Intellectual Abilities (May be assessed through a formal evaluation or in the programming assessment. Methodology for assessing cognitive ability should be based on the developmental stages, including those related to non-linguistic problem solving.)

4. Communicative Abilities
 - a. Language (Both receptive and expressive areas must be assessed. Assessment must be comprehensive to determine functional communication abilities and must not be limited to one-word vocabulary tests.)
 - b. Augmentative/Alternative Communication (When indicated)
5. Social/Emotional (One adaptive behavior assessment required)
6. Self-Help (May be included in the cognitive/intellectual, adaptive behavior and/or programming assessments)
7. Motor (When indicated)
8. Programming (Functional curriculum-based measure(s) required, such as ecological inventories, parent inventories, child repertoire inventories, etc.)

IV. EVALUATION DATA ANALYSIS

Children ages 3 to 5 are considered to have multiple disabilities when they demonstrate concomitant cognitive, physical, and/or sensory impairments which result in severe delays in development [below two (2) standard deviations].

Current ability levels should be identified from individual evaluations and combined to form a cohesive description of the child's present functional skills level. This description will provide needed information concerning eligibility, specific areas of strength/weakness, and related support services needed to ensure appropriate programming. Once these data are compiled, the multidisciplinary team will review the data, determine current needs, and write program goals to reflect areas of need. The movement toward an educational/training placement must be methodical in nature, taking into consideration all aspects of behavior exhibited by the child with multiple disabilities that may fall in the severe range of disabilities.

Programming assessment relevant to the education/training of these individuals is very different from the programming for children with mild disabilities. Instead of the basic sequential development components, children with severe disabilities must first learn basic skills, such as, eating, walking, communicating, toileting, dressing and interacting socially. The overall goal is to develop skills which enable the child with multiple disabilities to be independent or semi-independent as early as possible. Programming assessments should consider several major areas: sensory development, motor, communication, cognition, social

development, self-help, daily living, community living and recreation/leisure time.

With this population, consideration must be given to the amount of one-to-one instruction required to maintain and increase skills and/or play abilities. A structured schedule including one-to-one instruction, group activities, and independent leisure time is needed to ensure that all levels of independence and skills are attained. In analysis of programming assessments, attention should be given to the instructional techniques used, the functionality of the skills and the age-appropriateness of the instructional materials and activities used. Children with severe disabilities exhibit greater difficulties in learning than do their peers with moderate and mild disabilities. A functional or ecological assessment may be necessary to determine appropriate instructional techniques that can include behavior and task analysis, behavior shaping, imitation, chaining, prompting, fading and generalization training which have proven to be effective in producing positive behavioral changes in these children. These techniques should be used to teach skills which are functional and will enhance the child's ability to participate in society with greater independence. Children with severe disabilities may be performing at a considerably lower level; the use of equipment, technology and tasks should be appropriate for the chronological age of the child. By concentrating on the use of systematic instructional techniques and age-appropriate materials and activities to teach functional skills in natural environments, children with multiple disabilities will have an opportunity for greater educational progress.