

## Identification Standards

**Identification** means the continuous and systematic effort by the district to identify, locate, and screen students, birth through age 21, who may need special education services. Identification encompasses the district's public awareness efforts within the community; efforts to identify children in private schools; and comprehensive child find efforts that include programs to identify homeless and migratory children and children who may need special education even though they are advancing from grade to grade.

### Required Policies

Each district must develop a comprehensive identification system that identifies students with disabilities from birth; students with disabilities attending both public and nonpublic schools; and students of school age who are not attending school. This identification system must be included in the district's TSES Manual.

A district shall submit to the commissioner the district's plan for providing instruction and related services upon request for all pupils as required by Minnesota Statutes, sections 125A.03 to 125A.24. The plan may be for a single district or for the member districts of a formal special education cooperative. The plan shall be considered as part of the annual school district application for program review, but will not be required to be resubmitted annually. If a cooperative changes administrative organization, it shall submit a revised plan. The new plan must be submitted before the beginning of the next school year. The plan shall include descriptions of the district's Child study procedures for the identification and evaluation of students or other persons suspected of having a disability beginning at birth that include a plan for receiving referrals from parents, physicians, private and public programs, and health and human services agencies. (Minn. R. 3525.1100, subp. 2(A)).

### Identification System Standards

"Child with a disability" means a child identified under federal and state special education law as deaf or hard of hearing, blind or visually impaired, deaf/blind, or having a speech or language impairment, a physical impairment, other health disability, developmental cognitive disability, an emotional or behavioral disorder, specific learning disability, autism spectrum disorder, traumatic brain injury, or severe multiple impairments, and who needs special education and related services, as determined by the rules of the commissioner. A licensed physician, an advanced practice nurse, or a licensed psychologist is qualified to make a diagnosis and determination of attention deficit disorder or attention deficit hyperactivity disorder for purposes of identifying a child with a disability. (Minn. Stat. § 125A.02, Subd. 1).

### Identification within the Community

A school district, group of districts, or special education cooperative, in cooperation with the health and human service agencies located in the county or counties in which the district or

cooperative is located, must establish an Interagency Early Intervention Committee for children with disabilities under age five and their families under this section, and for children with disabilities ages three to 22 consistent with the requirements under Minnesota statutes, sections 125A.023 and 125A.027. Committees must include representatives of local health, education, and county human service agencies, county boards, school boards, early childhood family education programs, Head Start, parents of young children with disabilities under age 12, child care resource and referral agencies, school readiness programs, current service providers, and may also include representatives from other private or public agencies and school nurses. The committee must elect a chair from among its members and must meet at least quarterly. (Minn. Stat. § 125A.30(a)).

### **Public Awareness**

Before any major identification, location, or evaluation activity, the notice must be published or announced in newspapers or other media, or both, with circulation adequate to notify parents throughout the State of the activity. (34 C.F.R. § 300.612(b)).

The [Interagency Early Intervention Committee] must develop and implement interagency policies and procedures concerning the following ongoing duties: (1) develop public awareness systems designed to inform potential recipient families, especially parents with premature infants, or infants with other physical risk factors associated with learning or development complications, of available programs and services. (Minn. Stat. § 125A.30(b)(1)).

### **Public Awareness for Infant and Toddler Services**

Each system must include a public awareness program that requires the lead agency to (1)(i) Prepare information on the availability of early intervention services under this part, and other services, as described in paragraph (b) of this section; and (ii) Disseminate to all primary referral sources (especially hospitals and physicians) the information to be given to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complications; and (2) Adopt procedures for assisting the primary referral sources described in 34 C.F.R. § 303.303(c) in disseminating the information described in paragraph (b) of this section to parents of infants and toddlers with disabilities.

(b) Information to be provided. The information required to be prepared and disseminated under paragraph (a) of this section must include (1) A description of the availability of early intervention services under this part; (2) A description of the child find system and how to refer a child under the age of three for an evaluation or early intervention services; and (3) A central directory, as described in 34 C.F.R. §303.117. (34 C.F.R. § 303.301(a)-(b)).