



Sensory Disabilities Frequently Asked Questions (FAQ)

(Updated 08/10/2022)

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The following are responses to questions from the field related to disability category criteria for blind and visually impaired, deaf and hard of hearing, and deafblind in Wisconsin. They are grouped by the following topics: Referral, Comprehensive Special Education Evaluation, Criteria for Disability Category, and Resources.

Referral

- 1. Is medical documentation required to initiate a referral for consideration of the disability categories blind and visually impaired, deaf and hard of hearing, and deafblind?**
 - a. No, medical documentation is not required for a special education referral to be initiated; a suspected disability is the only reason required.
 - i. Parents may provide hearing or vision documentation to an LEA that supports concerns of a suspected disability.
 - ii. Wisconsin local education agencies (LEAs) routinely provide vision and hearing screenings, the results of which may be used to support concerns of a suspected disability as part of the referral process.
 - iii. The reader is referred to [Bulletin 21.01: Special Education Evaluation](#) for additional information on referrals within a comprehensive special education evaluation.

- 2. Can a district defer a referral for a special education evaluation for a child with a suspected sensory disability to first implement Response to Intervention (RTI) services?**
 - a. No. A district may not defer a referral for special education evaluation in order to implement RTI. A parent may request an initial evaluation at any time to determine if a child is a child with a disability. 34 CFR §300.301(b) The use of RTI strategies cannot be used to delay or deny the provision of a comprehensive special education evaluation to a child suspected of having a disability. It is inconsistent with the evaluation provisions under IDEA for an LEA to defer a referral and delay provision of an initial evaluation on the basis that a child has not participated in an RTI framework. [OSEP Memo 11-07](#)

Comprehensive Evaluation

- 1. Is a medical evaluation required as part of an initial evaluation for a suspected sensory disability?**
 - a. Yes, medical information from an ophthalmologist or optometrist is required when considering if a student meets the criteria for the disability category of blind or visually impaired. An evaluation conducted by an audiologist licensed under Chapter 459 is required when determining whether a student meets criteria for deaf or hard of hearing. In order to consider the disability category of deafblindness, an IEP team must have documentation of a medical evaluation for both vision and hearing. Medical information is not to be used as the sole criteria for determining whether the student meets disability category criteria.
 - i. The reader is referred to Question #36 - [Bulletin 21.01: Special Education Evaluation](#) for additional information on medical evaluation within a comprehensive special education evaluation.

- ii. The [Ocular Report for Children with a Known or Suspected Visual Impairment](#) is a form developed by the department to aid communication between teachers and ophthalmologists or optometrists. Although the form is not required, it is the recommended method for obtaining and documenting information from an ophthalmologist or optometrist. The information documented on the form includes a student's ocular information, causes of blindness and visual impairment, prognosis, and recommendations. Typically, this information is used in the functional vision evaluation and by the IEP team in determining whether the student meets the disability category criteria for blind and visually impaired.

b. **Reevaluation**

- i. If the IEP team suspects a change in a child's vision or hearing and needs more information to complete a reevaluation for special education, they may want to obtain a new medical evaluation. See Question #4 for additional information regarding fiscal responsibility related to obtaining additional medical evaluations.
- ii. Upon reevaluation, a child who met initial identification criteria and continues to demonstrate a need for special education under s. [PI 11.35](#), including specially designed instruction, is a child with a disability under this section.

2. Who is responsible for paying for the medical evaluation and associated costs, such as transportation to and from the evaluation?

- a. If the IEP team decides additional information is needed that must be collected by an outside evaluator (e.g., a medical evaluation), the LEA is responsible for the full cost of the assessment. A special education evaluation must be conducted at no cost to the parent. Because medical information must be reviewed as part of the disability category determination, a medical evaluation/s must be provided at public expense if an evaluation by an ophthalmologist or optometrist has not already been conducted. This means the LEA must pay for the evaluation, including the transportation to and from the provider's office to determine if a student meets the criteria for the disability category.

Criteria for Disability Category

- 1. Must the criteria forms for Blind and Visually Impaired, Deaf and Hard of Hearing, and Deafblind be filled out and attached to the evaluation report?**
 - a. Yes, beginning in the 2022-23 school year, the criteria forms must be completed and attached to the evaluation report when considering a student for each of the disability categories.
 - i. [Criteria for Disability Category Blind and Visually Impaired](#)
 - ii. [Criteria for Disability Category Deaf and Hard of Hearing](#)
 - iii. [Criteria for Disability Category Deafblind](#)

- 2. Are there other related conditions that may allow for a student to be considered as Blind and Visually Impaired, Deaf and Hard of Hearing, or Deafblind based on Wisconsin disability category criteria?**
 - a. The IEP team must determine a student has met the disability criteria specified in [PI 11.36](#). The IEP team may determine a child's visual or hearing impairment, regardless of severity, may adversely affect the child's educational performance and require special education.
 - b. Local Education Agencies (LEAs) may not prevent IEP teams from considering hearing or vision related conditions such as:
 - i. Vision conditions: convergence insufficiency, severe nystagmus, and homonymous hemianopia.
 - ii. Hearing conditions: auditory neuropathy spectrum disorder (ANSO), enlarged vestibular aqueduct syndrome (EVAS), central/auditory processing disorders (C/APD).
 - c. Deafblind conditions: Usher Syndrome, CHARGE Syndrome.

- 3. What if a student meets disability category criteria, but does not need specially designed instruction (SDI)?**
 - a. In order to be found eligible for special education services under IDEA, a student must be found to meet any of the state defined disability category criteria and as a result, need specially designed instruction ([34 CFR 300.8](#)). A student may be found to have a documented vision or hearing loss based on disability category criteria but may not need specially designed instruction. Some students may only require accommodations or modifications such as additional time, breaks, visual supports, support from a paraprofessional, or the use of assistive technology. These supports may be provided in general education through a 504 plan for students who qualify as a child with a disability and require reasonable accommodations under Section 504 of the Rehabilitation Act.

4. **What if a parent requests a specific therapy or training approach be provided to their child at district expense?** If a parent requests a specific therapy or training approach, the IEP team must consider their request and determine if the student requires the service in order to meet their IEP goals and make progress in the general education curriculum. If the district denies the request, the LEA must provide the parent with a notice of refusal in writing and include an explanation of why the LEA refuses to grant the request. Form M-1 is used when a parent requests the LEA to take an action, and the LEA either proposes an alternate course of action or refuses the parent's request.
- a. Medical providers may recommend on their reports that a student receive various therapies, technology, or related services, however *the IEP team is only required to consider and provide the services if the student needs the services in order to receive a free appropriate public education.*
 - i. Vision therapy is a medical service that must be implemented by or under the direct supervision of a certified optometrist or ophthalmologist and is not part of an educational program.
 - b. Specific hearing related approaches such as Auditory Verbal Therapy (AVT) or working with a Listening and Spoken Language Specialist (LSLS) are methodologies or certifications not DPI licensed positions.
5. **What if a parent or medical provider requests a specific medical device?**
- a. If a parent or medical provider requests a specific medical device, the IEP team must consider the request and determine if the student requires the device in order to receive FAPE (special education and related services). Related services mean developmental, corrective, and other supportive services required to assist a student with a disability to benefit from special education. Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device. However, nothing limits the right of a child with a surgically implanted device (e.g cochlear implant) to receive related services that are determined by the IEP team to be necessary for the child to receive FAPE or prevents the routine checking of an external component of a surgically implanted device to make sure it is functioning properly. 34 CFR 300.34. Each [public agency](#) must ensure that hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly. [34 CFR 300.113\(a\)](#). For a child with a surgically implanted medical device who is receiving special education and related services, a [public agency](#) is not responsible for the post-surgical maintenance, programming, or replacement of the medical device that has been surgically implanted (or of an external component of the surgically implanted medical device). [34 CFR 300.113\(b\)](#).
 - b. Teams may consider or assess appropriateness of a specific device or type of assistive technology and make a determination if it is required in order for the student to receive FAPE.

Resources

1. [Office of Special Education Programs \(OSEP\) Memorandum May 22, 2017](#)
2. [Wisconsin DPI Memorandum September 2017](#)
3. [Information Update Bulletin 21.01- Special Education Evaluation](#)
4. [Frequently Asked Questions: Blind and Visually Impaired Administrative Rule Change \(Effective August 1, 2021\)](#)
5. [Wisconsin DPI: Frequently Asked Questions Regarding School Audiology Services](#)



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