# Standard 8: Categories and Definitions of Exceptionalities

## Categories of Exceptionalities and Definitions

On December 19th, 2011 the Ministry of Education released a memorandum to school Boards on the Categories of Exceptionality. The memo reaffirmsthe existing categories of exceptionalities and the approach boards are to take in working with them to support students with special education needs.

All students with demonstrable learning based needs are entitled to appropriate accommodations in the form of special education programs and services, including classroom based accommodations. This is the same policy that has been in place since 1980.

Although Diseases and Disorders including Attention Deficit Hyperactivity Disorder (ADHD) are not explicitly listed under categories of exceptionality which are broad in nature, this is not a barrier to students with a disease or disorder from being identified as exceptional assuming their learning needs fall within one or more of the present definitions of exceptionalities. A medical diagnosis alone does not provide sufficient justification for an identification, nor is a medical diagnosis necessary to obtain special education programs and services. Therefore, the determining factor for the provision of special education programs or services is not any specific diagnosed or undiagnosed condition, but rather it is the needs of individual students based on the individual assessment of strengths and needs.

The following chart outlines the categories of student exceptionalities in the Halton District School Board and is consistent with those of the Ministry of Education.

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| **Behaviour** | A learning and/or social-emotional disorder characterized by specific behaviour problems over such a period of time, and to such a marked degree, and of such a nature, as to adversely affect educational performance, and that may be accompanied by one or more of the following:   1. an inability to build or to maintain interpersonal relationships 2. excessive fears or anxieties 3. a tendency to compulsive reaction 4. an inability to learn that cannot be traced to intellectual, sensory, or 5. other health factors or any combination thereof |
| **Communication** | **Autism Spectrum Disorder**  A severe learning disorder that is characterized by:   1. disturbances in:  * rate of educational development; * ability to relate to the environment; * mobility; * perception, speech, and language.  1. lack of the representational symbolic behaviour that precedes language |
| **Deaf and Hard-of-Hearing**  An impairment characterized by deficits in language and speech development because of a diminished or non-existent auditory response to sound. |
| **Language Impairment**  A learning disorder characterized by an impairment in comprehension and/or the use of verbal communication or the written or other symbol system of communication, which may be associated with neurological, psychological, physical, or sensory factors, and which may:   1. involve one or more of the form, content, and function of language in communication; and 2. include one or more of the following:  * language delay; * dysfluency; * voice and articulation development, which may or may not be organically or functionally based |
| **Speech Impairment**  A disorder in language formulation that may be associated with neurological, psychological, physical, or sensory factors; that involves perceptual motor aspects of transmitting oral messages; and that may be characterized by impairment in articulation, rhythm, and stress. |
| **Learning Disability**  One of a number of neurodevelopmental disorders that persistently and significantly has an impact on the ability to learn and use academic and other skills that   1. Affects the ability to perceive or process verbal or non-verbal information in an effective and accurate manner in students who have assessed intellectual abilities that are at least in the average range; 2. Results in (a) academic underachievement that is inconsistent with the intellectual abilities of the student (which are at least in the average range) and/or (b) academic achievement that can be maintained by the student only with extremely high levels of effort and/or with additional support; 3. Results in difficulties in the development and use of skills in one or more of the following areas: reading, writing, mathematics, and work habits and learning skills; 4. May typically be associated with difficulties in one or more cognitive processes, such as phonological processing; memory and attention; processing speed; perceptual-motor processing; visual-spatial processing; executive functions (e.g. self-regulation of behaviour and emotions, planning, organizing of thoughts and activities, prioritizing, decision making); 5. May be associated with difficulties in social interaction (e.g. difficulty in understanding social norms or the point of view of others); with various other conditions or disorders, diagnosed or undiagnosed; or with other exceptionalities; 6. Is not the result of a lack of acuity in hearing and/or vision that has not been corrected; intellectual disabilities; socio-economic factors; cultural differences; lack of proficiency in the language of instruction; lack of motivation or effort; gaps in school attendance or inadequate opportunity to benefit from instruction.   For further information refer to [PPM 8 section](http://edu.gov.on.ca/extra/eng/ppm/ppm8.pdf) of the Ministry website. |
| **Intellectual** | **Giftedness**  An unusually advanced degree of general intellectual ability that requires differentiated learning experiences of a depth and breadth beyond those normally provided in the regular school program to satisfy the level of educational potential indicated. |
| **Mild Intellectual Disability**  A learning disorder characterized by:   1. an ability to profit educationally within a regular class with the aid of considerable curriculum modification and supportive service; 2. an inability to profit educationally within a regular class because of slow intellectual development; 3. a potential for academic learning, independent social adjustment, and economic self-support. |
| **Developmental Disability**  A severe learning disorder characterized by:   1. an inability to profit from a special education program for students with mild intellectual disabilities because of slow intellectual development; 2. an ability to profit from a special education program that is designed to accommodate slow intellectual development; 3. a limited potential for academic learning, independent social adjustment, and economic self-support. |
| **Physical** | **Physical Disability**  A condition of such severe physical limitation or deficiency as to require special assistance in learning situations to provide the opportunity for educational achievement equivalent to that of pupils without exceptionalities who are of the same age or developmental level. |
| **Blind and Low Vision**  A condition of partial or total impairment of sight or vision that even with correction affects educational performance adversely. |
| **Multiple** | **Multiple Exceptionalities**  A combination of learning or other disorders, impairments, or physical disabilities, that is of such nature as to require, for educational achievement, the services of one or more Teachers holding qualifications in special education and the provision of support services appropriate for such disorders, impairments, or disabilities. |

## IPRC Decisions Related to Student Exceptionality

In the Halton District School Board, students are usually identified according to their primary (predominant) exceptionality or area of need. In cases where assessment information leads to the conclusion that a student meets the criteria for (and the School Resource Team/parental recommendation is to proceed with) identification with more than one exceptionality, this will be noted on the IPRC Statement of Decision.

The Halton District School Board generally does not make use of the category, “Multiple”. However, recognizing that there is often sensitivity to what a ‘designation’ (such as a category of exceptionality) may convey, a Multiple Exceptionality identification will be utilized where the student has a combination of learning or other disorders, impairments, or physical disabilities and it is the family’s preference.

## Assessment Information used by the IPRC in Determining Category of Exceptionality

The following categories of exceptionalities require a recent Psychological or Psycho-educational assessment/consultation by a member of the College of Psychologists of Ontario (or by someone who is supervised by a member of the College):

* Behaviour;
* Learning Disability;
* Giftedness;
* Mild Intellectual Disability;
* Developmental Disability;
* Multiple.

When a recent assessment is not available, then consultation from a member of the College of Psychologists of Ontario (or by someone supervised by a member of the College) about the appropriate exceptionality is required for the IPRC. There could be one of several outcomes to this consultation:

* Acknowledgement that the nature of the student's disability would make psychological assessment not possible to complete (e.g. a student with multiple complex needs (physical, cognitive and communication) who requires substantial support with self-care and activities of daily living );
* Acknowledgement that the student has a 'chronic condition' and former assessments continue to be applicable;
* Recognition that the current data available on the student is in keeping with the previous formal assessments, making this formal assessment still valid for the purposes of the IPRC process.

Where psychological assessment data is not available, the student’s needs will be considered using other available data (e.g., observation, parent/teacher interview) and a recommendation about a suitable identification would be made to the School Resource Team and IPRC.

Assessments conducted by qualified practitioners often are used as the basis for making a recommendation to an IPRC. For example, some exceptionalities may be based on and/or require a determination by a licensed physician in the Province of Ontario. Other personnel under the Regulated Health Professions Act also develop reports that will be provided by the family for consideration at the School Resource Team (in developing a recommendation to an IPRC) and at the IPRC (in making a determination of identification). For example:

* An identification of Communication-Autism Spectrum Disorder requires a diagnosis on the Autism Spectrum from a Regulated Health Professional (e.g. Physician, Psychologist, Psychological Associate);
* Any disorder that falls within a Language Impairment Exceptionality requires a speech/language assessment by a Registered Speech-Language Pathologist. Depending upon the nature of the language impairment, a Psycho-educational assessment may also accompany the speech/language assessment;
* A student who is Deaf/Hard of Hearing qualifies for identification based upon a “diminished or non-existent auditory response to sound” determined by an Audiological assessment;
* A student who is Blind/Low Vision qualifies for identification based upon “a condition of partial or total impairment of sight or vision” carried out through an ophthalmological and/or neurological assessment;
* A student with a Physical Disability would qualify for identification based upon a diagnosis by a qualified medical practitioner. Often corroborating evidence from another Health Care Practitioner (e.g. Physiotherapist or Occupational Therapist) is helpful in assisting the IPRC to make a determination around a physical exceptionality.

In reviewing reports provided by external practitioners, Professional Services staff ensures that the assessment methodology used and the conclusions reached in the report are consistent with Halton practice.

The Halton District School Board’s formal assessment procedures and process for determination of Giftedness are included in [Appendix J](#ChangeinGiftedScreeningAssessmentTool).