



**GUIDELINES TO DETERMINE
THE EXISTENCE OF AN
Emotional Impairment
(EI)
2019**

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Introduction:

In March 2018, a group comprised of four professional staff members and one administrator from Livingston ESA were selected to update the Livingston ESA EI Eligibility Guidelines from 2003. The committee contained a representative sample of service providers from: School Social Work, School Psychology, and Program Consultants that work in Livingston County. This committee met many times between March 2018 and December 2018. The committee examined state and federal law, policies, case law, literature, best practices, and issues facing the identification of students with an emotional impairment. The goal of this committee was to create a set of procedures that would aid staff in the determination of an emotional impairment with fidelity and consistency and to promote the implementation and documentation of interventions to support students in the least restrictive environment. Legal mandates dictate and best practice supports the use of pre-referral interventions before considering student eligibility as Emotionally Impaired. These guidelines establish the set of best practices around emotional impairment educational eligibility to which our multidisciplinary evaluation teams will be held accountable.

EARLY INTERVENTION PROCESS

Following this process helps to ensure that students are educated in the least restrictive environment as required by Act 451 of 1976 and the Individuals with Disabilities Education Act of 2004 (IDEA 2004), and it reduces the frequency of inappropriate referrals for special education. It is important that appropriate comprehensive educational interventions have been implemented and documented prior to referring a student for special education services.

The early intervention process is most effectively conducted by a team composed of general and special educators and related services staff. Depending on the student's age and building/district, students are often referred to what might be called a "child study team," an "Instructional Consultation (IC) Team," or another team with a similar function. Regardless of the name, these teams all engage in problem solving around the student. They work collaboratively to utilize evidence-based interventions that are implemented with fidelity and progress monitored over a sufficient period of time. Information generated during the implementation of this process provides a source of information for the IEP team to use in determining if special education services are necessary for an individual student.

It is appropriate for all individuals working with the student to be involved in the documentation of his/her classroom performance and the educational alternatives utilized to increase his/her ability to function in general education and/or with typically developing peers. Members of a student's team vary by district and building, but generally include diagnostic staff. This support will help the problem-solving team in determining whether there is reason to suspect that the student has an emotional impairment, what early intervention strategies might be attempted, what data will be collected and reviewed, and finally, whether a referral for a special education evaluation is appropriate. The decision to evaluate for a disability must be made with supporting evidence (i.e. data) which documents multiple interventions provided over an extended period of time (at least 45 days).

EFFECTIVE PRACTICES

All children deserve a quality education, one in which they can learn and attain core standards together with their peers. Research overwhelmingly indicates children who receive high quality instruction, delivered early and intensively, can achieve at substantial academic and social levels.

“The educational community must provide a system that will support students’ efforts to manage their own behavior and assure academic achievement. An effective behavior support system is a proactive, positive, skill-building approach for the teaching and learning of successful student behavior. Positive behavior support systems ensure effective strategies that promote prosocial behavior and respectful learning environments. Research-based positive behavior support systems are appropriate for all students.”

Excerpt from Michigan State Board of Education Positive Behavior Support Policy September 12, 2006

Each student deserves and needs a positive, concerned, accepting educational community that values diversity and provides a comprehensive multi-tier system of individualized supports (National Association of State Directors of Special Education [NASDSE], 2005).

A positive behavior support system includes the following:

- Systematic, direct, differentiated, and engaging social behavior instruction for all students that builds on the student strengths, leading to an improved learning environment
- Multiple tiers of intervention to support identified academic and behavioral challenges
- A functional assessment of learning and behavior challenges linked to an intervention that focuses on skill building
- A problem-solving process that utilizes data to inform decisions
- A data-based effort that concentrates on adjusting the system to support the student
- Progress monitoring of the student’s response to interventions and the fidelity of implementation

Functional Behavioral Assessments:

When a behavior interferes with academic or social progress, school based staff should consider a Functional Behavioral Assessment as a viable option. An FBA should not be reserved solely for students who receive special education services or have a particular disability (von Ravensberg, 2014). LESA has developed a Functional Behavioral Assessment Flow Chart (See Appendix _) to provide guidance to staff on decision making for this process.

SECTION 1

**What is an Emotional
Impairment (EI)?**

Components of Emotional Impairment Rule

Global Characteristics of Emotional Impairment Rule

Michigan Rule R340.1706(1)

Emotional impairment shall be determined through manifestation of behavioral problems primarily in the affective domain, over an extended period of time, which adversely affect the student's education to the extent that the student cannot profit from learning experiences without special education support.

Discussion of components of R340.1706(1):

Manifestation of behavioral problems primarily in the affective domain

The affective domain involves the influence of emotion on behavior. When social, emotional, or behavioral functioning significantly departs from generally accepted developmentally appropriate ethnic or cultural norms, it adversely affects a student's academic progress and social relationships. The behavioral problems primarily in the affective domain are not due to a communication disorder, cognitive limitation, or learning problem. The student may have an academic deficit that is a result of underlying social and/or emotional and/or behavioral issues.

Over an extended period of time

The student exhibits behavioral problems primarily in the affective domain for at least ninety (90) school days. This time period allows for potential resolution of situational trauma. It also provides an adequate time for targeted general education Tier 1 interventions. However, the severity of certain behaviors and the danger they may pose for the student and/or others when they occur, may dictate an exception and require an abbreviated timeline. If the condition has been evident for less than ninety school days, the multidisciplinary evaluation team must indicate a rationale that supports a reasonable expectation that the behavioral problems will continue to exist without special education intervention.

Adversely affect the student's educational performance

Social, emotional, and behavioral functioning primarily in the affective domain interferes with access and progress in the curriculum to a severe degree. The behavior must be pervasive (chronic, continuing over time) and intense (severe, acute). The adverse effect may be indicated by either reduced work production in the classroom or by lowered academic achievement. Academic failure is not a condition to meet this threshold. Private evaluations which may include Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) do not by themselves qualify a student for an educational diagnosis of an Emotional Impairment.

The Four Essential Characteristics of the Emotional Impairment Rule:

The following are the four essential characteristics of the emotional impairment rule. At least one of the four characteristics (R340.1706(1)(a)(b)(c)(d)) is required to be present to establish eligibility.

R340.1706(1)(a)

Inability to build or maintain satisfactory interpersonal relationships within school environment

Interpersonal relationships refer to a student's actions and reactions toward peers and adults in the school environment. Consideration of the student's developmental level is critical under this determination of eligibility. Problem behaviors must be pervasive, generally affecting relationships with teachers and peers and occur over an extended period of time across settings and situations, despite the provision of targeted social skill interventions.

It is important for school personnel to identify *pervasive* patterns rather than discrete behaviors. Examples of specific behaviors that may be used to document the presence of this characteristic include, but are not limited to the following:

- Isolates physically and/or verbally from others
- Attempts to interact with peers are unsuccessful
- Unresponsive emotionally to people (fixed expression, does not respond when addressed/spoken to)
- Lacks skills to establish friends in home, school, and/or community settings
- Lacks skills to maintain socially appropriate interactive behavior with others
- Lacks skills to interact with a group (difficulty with turn-taking and playing by the rules)
- Aggressive (verbally or physically) with other students and/or adults
- Alienates others (seeks excessive approval, misperceives others intent, ascribes harmful motives to others, relentless negative remarks to others or about others)

R340.1706(1)(b)

Inappropriate types of behaviors or feelings under normal circumstances

Consideration of emotional impairment must take into account the intensity, duration, and frequency of the behavior in relation to developmental expectations. It is important to consider the developmental level of the student to ascertain what is typical and socially acceptable. For example, younger children often act out their behaviors or feelings through excessive or uncontrollable crying, anger outbursts, or clinginess, whereas an adolescent who exhibits the same behavior lacks developmentally expected skills. This characteristic refers to an extreme overreaction or under reaction to a typical situation. This characteristic (1)(b) places the

emphasis on coping with daily situations, and differs from characteristic (1)(a) which identifies social skill ability related to interpersonal relationships.

It is important for school personnel to identify *pervasive* patterns rather than discrete behaviors. Examples of specific behaviors that may be used to document the presence of this characteristic include, but are not limited to the following:

- Over-reacts to everyday occurrences (rage, excessive laughter, hysterics, excessive swearing)
- Demonstrates flat, distorted, or excessive affect in response to events
- Exhibits self-abusive behaviors
- Exhibits delusions and/or hallucinations (auditory or visual)
- Exhibits intrusive or obsessive thoughts and/or compulsive behaviors
- Exhibits inappropriate sexually related behaviors
- Demonstrates persistently immature behaviors when stressed (hurts others, sucks thumb)
- Demonstrates extreme mood swings that vacillate unpredictably from one extreme to another and over which the student has no control
- Fails to accept responsibility for own behavior shown by a tendency to blame others and deny the behavior due to misperception

R340.1706(1)(c)

General pervasive mood of unhappiness or depression

Demonstration of this characteristic is pervasive across various settings. A pervasive mood of unhappiness is one that negatively impacts a student's ability to function within the school and other settings. Non-compliant behaviors (e.g., inattention, aggression) may mask typical symptoms of depression. A preponderance of data is needed to indicate a general pervasive mood of unhappiness or depression.

It is important for school personnel to identify *pervasive* patterns rather than discrete behaviors. Examples of specific behaviors that may be used to document the presence of this characteristic include, but are not limited to the following:

- Decreased or lack of interest or pleasure in previously enjoyed activities
- Expresses excessive guilt and/or self-criticism (feels worthless, guilty about past mistakes)
- Exhibits increased isolation from peers and/or family
- Expresses feelings of extreme sadness or suicidal ideation (preoccupied with death through drawings, poems, journaling)
- Predicts failure or refuses to attempt tasks (projects hopelessness)
- Demonstrates agitation or lethargy (restless, tired, irritable, frustrated, angry)
- Demonstrates activities of self harm (cuts, self-tattoos, head-bangs, fist slams)
- Difficulty concentrating and/or making effective decisions most of the time (incomplete tasks)

R340.1706(1)(d)

Tendency to develop physical symptoms or fears associated with personal or school problems

Psychological or emotional factors could be causing the physical symptoms, or fears that interfere with school performance. Behavior is excessive or unreasonable in proportion to the actual dangerousness of the object, activity, or situation. This intense, disabling anxiety often reaches panic proportions when the stressful situation or activity is approached on a regular basis.

It is important for school personnel to identify *pervasive* patterns rather than discrete behaviors. Examples of specific behaviors that may be used to document the presence of this characteristic include, but are not limited to the following:

- Exhibits extreme fear in response to a specific stimuli (increased heart rate, sweating, shaking)
- Exhibits extreme anxiety (diffuse) not associated with a specific stimuli (unable to make a decision, unable to act, situations avoided or endured with extreme distress)
- Exhibits panic reactions to everyday occurrences
- Exhibits intense, disabling anxiety often reaching panic proportions of a feared situation (persistently avoids use of toilet or locker room, avoids school)
- Exhibits physical and/or somatic complaints in anticipation of and/or during situations stressful to the student (upset stomach, diarrhea, headache, frequent request to go home because ill)

Under this criterion, there is evidence or a strong presumption that the physical symptoms are linked to psychological factors. This criterion does not include behaviors which are a direct result of alcohol or substance abuse, or reactions to recent situational circumstances.

Overview of Social Maladjustment

R340.1706(2)

Emotional impairment also includes students who, in addition to the characteristics specified in sub rule (1) of this rule, exhibit maladaptive behaviors related to schizophrenia or similar disorders. The term "emotional impairment" does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.

The term "social maladjustment" is an educational concept that has not been defined on the federal or state level or found in clinical literature. Therefore, an understanding of this term has been left to individual school districts or local educational agencies (LEAs). A refinement of the concept is derived from a combination of educational literature and practice as well as administrative decisions and court interpretations.

Social maladjustment is conceptualized as a conduct problem, in which students choose not to conform to socially acceptable rules and norms. Students with social maladjustment demonstrate knowledge of school/social norms and expectations and consistently demonstrate a pattern of intentionally choosing to break rules and violate norms of acceptable behavior. Youth are comfortable with their behavior and are not motivated to change despite intervention. Students with social maladjustment view rule breaking as normal and acceptable. Thus, intentionality is the distinguishing feature between social maladjustment and emotional impairment.

Examples of characteristics that may be used to document the presence of social maladjustment include, but are not limited to the following:

- Extensive peer relationship within a select peer group (clique of people with shared values)
- Exploits others with charm or intimidation in order to achieve ends (bullies, threatens, extorts)
- Generally reacts to situations with appropriate affect but lacks appropriate guilt (insincerity, "I stole that item because it is overpriced")
- Refuses to admit mistakes even when caught in the act (blatantly denies behavior)
- Generally inflated positive self-concept (narcissistic, "rules don't apply to me")
- Lack of empathy and little remorse (casts behavior as the victim even though they are the perpetrator, "I didn't hurt him that bad.", "He deserved it.", "I warned him.")
- Ignores anyone who tries to alter their socially-acceptable behavior (rejects feedback, support, correction, redirection)
- Chooses wrong, even though understands right from wrong (violates code of conduct, deliberately destroys property, breaks laws)
- Rationalizes behavior and minimize impact of non-violent acts (cheats, lies, steals)

Additional Exclusionary Factors

R340.1706(3)

Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors.

Factors To Consider:

The intent of the eligibility criteria is to assure that students will be appropriately assessed (R340.1702). Many factors must be considered as professionals collect information when determining if the student has an emotional impairment. A student may exhibit behaviors consistent with an emotional impairment, which are primarily the result of other factors (Kent ISD, 2003).

The Multidisciplinary Evaluation Team (MET) must consider the presence of these other factors. This determination should include screenings and follow-up evaluations by qualified personnel. The results of the screenings/evaluations and the recommendations regarding educational programming must be included in the team's written report(s). The MET must consider and verify that the behaviors are/are not primarily the result of intellectual, sensory, or health factors.

Intellectual:

The ability/inability to understand and adapt to the expectations of the environment (cognitive ability), i.e. adaptive behavior is commensurate with cognitive ability.

Sensory:

Some examples are visual concerns, hearing concerns, tactile defensiveness, etc.

Health:

May include hypoglycemia, diabetes, sickle cell anemia, parasitic conditions, allergies, Tourette's syndrome, medication reactions, ADHD, etc.

Additional Considerations:

Assessment of the student's behavior should include consideration of the student's:

- Age/developmental level
- Cultural background
- Education/school environment
- Parents'/guardians' value system
- Drug or alcohol use/abuse
- Specific settings in which the behavior occurs

Behavioral differences among students of diverse cultures, environments, and economic status are to be expected. The impact of these differences must be considered when behavior deviating from the norm is identified. If the culture, environment, or economic status is the sole determinant of the student's behavior, the student may not be identified as having an emotional impairment.

34CFR-300.306(b)(1)

Federal regulations under the Individuals with Disabilities Act (IDEA) of 2004, address the following exclusionary factors.

(a) A child may not be determined eligible under this part if—

(b) The determinant factor for that eligibility determination is—

- (1) Lack of appropriate instruction in reading, including the essential components of reading instruction;
- (2) Lack of appropriate instruction in math;
- (3) Limited English Proficiency, (LEP).

Information should be gathered regarding the following:

- Verify the adequacy of instruction in reading and math
- Continued absenteeism or truancy, which significantly interferes with the student's academic and social progress
- A history of frequent school changes may indicate sufficient reason for integration and adaptation problems for the student (Stowitschek et al,1998)
- Appropriate instructional and intervention strategies must be implemented in general education (Curtis, Curtis and Graden,1988)
- Special education eligibility should not be considered without documented evidence of strategies and their effectiveness (Batsche, et al, 2005)
- Poor school performance due solely to the lack of student motivation or interest in school may not be indicative of an emotional impairment
- Mood, behavior, or academic problems related solely to drug/alcohol use and/or abuse may not be indicative of emotional impairment
- A student, whose primary or home language is other than English, must be assessed to determine the extent of his/her English proficiency
- A student with Limited English Proficiency (LEP) must not be considered eligible for special education programs and services based solely on his/her English language skills

SECTION 2

THE EVALUATION PROCESS FOR EMOTIONAL IMPAIRMENT

Evaluation Process

REED: A comprehensive evaluation starts with a Review of Existing Evaluation data (REED) and evaluation plan. Existing data includes information obtained from school records, information from parents and teachers, observations, intervention history, and any other relevant sources of information.

An evaluation for a suspected emotional impairment must include a school social worker and a psychologist or psychiatrist on the Multidisciplinary Evaluation Team (MET).

Information Required	Examples of Data Sources
<p>Performance in school and other settings MET members will gather information to determine the pervasiveness of emotional/behavioral difficulties & overall emotional functioning.</p>	<ul style="list-style-type: none"> ● Teacher Interview(s) ● Parent and Student Interviews ● Behavior Rating Scales ● Adaptive Behavior Scales ● Attendance and Discipline History
<p>School-related abilities and performance MET members will review records and assess achievement levels to determine how the suspected disability may impact school performance. Cognitive measures may be used to assess learning profiles & rule out intellectual disabilities.</p>	<ul style="list-style-type: none"> ● Cumulative File Review ● Norm Referenced Tests ● Curriculum Based Assessments ● Classwork and Grades ● Report Card History
<p>Direct observation of primary interfering behaviors MET members will directly observe and document student performance using multiple observations in relevant settings.</p>	<ul style="list-style-type: none"> ● Documented observational data ● Functional/Motivational Assessment Questionnaires
<p>Behavior intervention strategies MET members will review interventions implemented prior to the evaluation & the student's response to these interventions. MET members will consider the fidelity, quality and duration of interventions</p>	<ul style="list-style-type: none"> ● Teacher Reports ● Review of intervention data
<p>Educationally relevant medical information MET members will obtain health, medical and clinical history.</p>	<ul style="list-style-type: none"> ● Health and Developmental History ● Review of medical; mental health; vision/hearing screenings and reports

<p>Information from parents MET members will obtain information including, but not limited to: developmental, school and social history; patterns of behavior; outside agency or support services; student's strengths/areas of interest.</p>	<p>Parent Interviews</p> <ul style="list-style-type: none"> ● Checklists and Questionnaires ● Rating Scales ● Outside Agency Reports
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Systematic Observations:

A systematic observation is an objective and organized means of gathering student behavior data. The behavior observed should be described in a manner that clearly communicates its frequency, duration, and if applicable, its intensity in relation to the behavior of other students of the same age and gender. Systematic direct observation validates sources of information, quantifies school concerns, establishes patterns of behavior, assesses coping strategies, and identifies predictors of behavior. Observations completed by more than one evaluator result in a more comprehensive assessment of behavior.

Systematic observations include:

- Multiple observations to determine strengths and needs (varied content areas and time of day)
- Observations in structured and unstructured settings (classroom, recess, lunchroom, hallway)
- Observations in small and large group settings
- Identification of the student's pattern of response and possible significant factors (environment, feedback, instructional delivery, academic skills, sensory implications of classroom, routines)
- Verification that the student's behavior was typical for that day
- Interpretive summary of the student's functioning in the setting as compared to same-age peers

Redetermination of Eligibility:

A review of eligibility is required every three years. A redetermination may be conducted at an earlier date if it appears that the student's emotions and behaviors are no longer adversely impacting educational performance or if a change in eligibility should be considered.

A Review of Existing Evaluation Data and Evaluation Plan will be completed prior to a reevaluation for a special education IEP. The REED and Evaluation Plan will indicate if additional data is needed to determine:

1. Whether the child continues to have a disability
2. The student's present level of academic achievement and developmental needs
3. Whether the student continues to need special education and related services
4. Whether any additions or modification to special education are needed to meet IEP Goals and Objectives

If additional data is determined to be necessary, updated assessments are included on the evaluation plan.

ISSUES OF ELIGIBILITY

Comparison with Other Special Education Eligibility Areas

The following is a review of various disability categories that share characteristics with Emotional Impairment that the team must consider before recommending eligibility under Michigan's educational definition of EI. Consideration must include eligibility categories that are associated with, but different from, an Emotional Impairment. When considering eligibility, the discussion of the EI definition (Pages 8-12) serves as a foundation for making eligibility decisions concerning EI.

EMOTIONAL IMPAIRMENT (EI) vs. AUTISM SPECTRUM DISORDER (ASD)		
Characteristic	Emotional Impairment (EI)	Autism Spectrum Disorder (ASD)
Domains	<ul style="list-style-type: none"> ● Students with an emotional impairment primarily have difficulty with emotional stability, interaction with and response to others, problem solving, and self-control. ● Although students with an emotional impairment may have problems outside of the affective domain, no other major domain is a required part of EI eligibility. 	<ul style="list-style-type: none"> ● The ASD definition requires a triad of impairments in three domains – reciprocal social interaction, communication, and stereotypic behavior/restricted range of interests.
Inability to Build/Maintain Satisfactory Relationships in the School Environment	<ul style="list-style-type: none"> ● Examples of this characteristic in students with EI include physical and/or verbal aggression, alienation of others, and excessive attention seeking. ● In many instances, students with EI interact back and forth with others but in an inappropriate manner. 	<ul style="list-style-type: none"> ● Students with ASD <i>generally</i> lack skills for engaging in reciprocal exchanges.
Inappropriate Types of Behaviors/Feelings Under Normal Circumstances	<p>Students with EI may exhibit:</p> <ul style="list-style-type: none"> ● Rage, extreme overreaction, or panic in response to everyday occurrences ● Distorted or excessive affect ● Delusions, hallucinations, paranoia, or thought disorders ● Extreme mood swings ● Inappropriate sexually-related behavior 	<ul style="list-style-type: none"> ● While some of the behaviors listed may be present in students with ASD, most would be considered secondary to the required triad of impairments (lack of reciprocal interaction, communication disorder, stereotypic behavior/restricted range of interests).
General Pervasive Mood of Unhappiness or Depression	<ul style="list-style-type: none"> ● Students with EI who qualify under this characteristic exhibit depressive symptoms that typically involve changes in all of these four major areas: <ol style="list-style-type: none"> 1. <i>Affective Behavior</i> – May express feelings of worthlessness, excessive guilt, extreme sadness, and/or suicidal ideation 2. <i>Motivation</i> – May demonstrate loss of interest in familiar or new activities, decline in academic performance, and/or refusal to attempt tasks 3. <i>Physical/Motor Functioning</i> – May display loss of appetite, experience new problems sleeping, and/or display a deterioration in appearance 4. <i>Cognition</i> – May experience changes in attending, thinking, and concentration. 	<ul style="list-style-type: none"> ● Although students with ASD may have co-occurring depression, these 4 areas are insufficient for a diagnosis of ASD.

<p>Tendency to Develop Physical Symptoms or Fears Associated with Personal or School Problems</p>	<ul style="list-style-type: none"> ● Students with irrational fears tend to exhibit intense, disabling anxiety that often reaches panic proportions. ● Physical symptoms may include frequent or severe somatic complaints including severe headaches, stomach problems, or racing heart. ● Students with EI can describe their fears and feelings associated with them. 	<ul style="list-style-type: none"> ● Students with ASD may display some fear reactions but the nature, severity, and reporting of these symptoms is different because of the communication impairment. ● Difficult for many students with ASD to identify their own internal states and describe them to others (Tsai, 2001).
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From Livingston Educational Service Agency ASD Guidelines, 2016

**EMOTIONAL IMPAIRMENT (EI) vs.
EARLY CHILDHOOD DEVELOPMENTAL DISABILITY (ECDD)**

Michigan Administrative Rules for Special Education (MARSE) With Related IDEA Federal Regulations (2018)

<p>1. Emotional Impairment shall be determined through manifestation of behavioral problems primarily in the affective domain, over an extended period of time, which adversely affects the student's education to the extent that the student cannot profit from learning experiences without special education support. The problems result in behaviors manifested by one or more of the following characteristics:</p> <ul style="list-style-type: none"> a) Inability to build/maintain satisfactory interpersonal relationships within the school environment. b) Inappropriate types of behaviors of feelings under normal circumstances. c) General pervasive mood of unhappiness/depression. d) Tendency to develop physical symptoms or fears associated with personal or school problems. <p>2. Emotional impairment also includes students who, in addition to the characteristics specified in sub-rule (1) of this rule, exhibit maladaptive behaviors related to schizophrenia or similar disorders. The term "emotional impairment" does not include persons who have social maladjustment, unless it is determined that the persons also have an emotional impairment.</p> <p>3. Emotional Impairment does not include students whose behaviors are primarily a result of intellectual, sensory or health factors.</p> <p>4. A determination of an Emotional Impairment shall be based on data provided by a multidisciplinary evaluation team, which shall include a comprehensive evaluation by the following: a school social worker and a psychologist or psychiatrist.</p>	<p>1. A child (through 7 years of age) who primary delay cannot be differentiated through existing criteria under one of the following: CI, EI, HI, VI, PI, OHI, SLD, SXI, ASD, or TBI. If it can, then the child cannot be ECDD eligible.</p> <p>2. A delay in one or more areas of development equal to or greater than ½ of the expected development in one or more of the following:</p> <ul style="list-style-type: none"> a) Cognition b) Communication c) Social/emotional development (as defined as the skills a child uses to establish and maintain interpersonal relationships and to exhibit age-appropriate social/emotional behaviors) d) Physical development e) Adaptive behavior <p><i>(age equivalent scores =<50% of the child's Chronological age, standard scores falling in at least 2 standard deviations below the mean on a standardized measurement, and a standard score that is below the 5th percentile for the child's chronological age)</i></p> <p>3. A determination of ECDD shall be based upon a comprehensive evaluation by a Multidisciplinary team.</p>
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EI GUIDELINES: APPENDICES

A: Graphic Organizer for Emotional Impairment Characteristics

B: Example: Teacher Interview

C: Example: Parent/Guardian Interview - Social History

D: Example: Student Interview

E: Differentiation of Characteristics of Emotional Impairment and Adverse Impact

F: Social Maladjustment: Common Characteristics and Rating Scale

G: Survey of Common Characteristics: Emotionally Impaired vs. Socially Maladjusted

Appendix A

Graphic Organizer for Emotional Impairment Characteristics

This graphic organizer assists the team in sorting the available data into the eligibility characteristics. Both positive and appropriate behaviors with negative and inappropriate behaviors are included for the team to review collaboratively. General education and special education members of the team contribute items for consideration. Professional judgment is applied to ascertain if the threshold for eligibility in any of the four characteristics is met. The Overview of Social Maladjustment (page 12) and the worksheet "Differentiation of Characteristics of Emotional Impact and Adverse Impact" (Appendix E) can assist the team in making a determination.

Steps:

1. Bring evaluation data to meeting.
2. Identify a facilitator and recorder.
3. Sort data into relevant categories (a, b, c, d).

<p>a. Interpersonal relationships with peers and teachers.</p> <p>Social maladjustment indicators:</p>	<p>b. Inappropriate types of behavior or feelings under normal circumstances</p> <p>Social maladjustment indicators:</p>
<p>c. Pervasive mood of unhappiness/depression.</p> 	<p>d. Physical symptoms or fears</p>

Appendix B

Sample Teacher Interview

These are examples of questions that could be used to gather information from teachers in an interview setting. Select questions based on age and developmental level of student.

Academic Concerns Exploration

- What types of academic problems is _____ having in the classroom? Explore student strengths or weaknesses in various subject areas.

General Behavior Concerns

- Describe the behavior(s) that you are most concerned about.
- How long have these problem behaviors been going on? How often do they occur?
- When does the problem behavior occur? (Explore in the classroom and out of the classroom settings.)
- What classroom activities are generally taking place at the time the problem behavior occurs? (i.e., lecture, unstructured play, etc.)
- How do the problem behaviors generally affect the other children in the classroom? How do they affect your ability to teach?
- How does _____'s problem behaviors compare with that of other children in the class who show the same behavior?
- What happens just before AND after the problem behavior begins?
- What do you think makes the problem behavior worse AND better?
- What do you do when the problem behavior occurs?

Relationship with Peers

- How does _____ get along with his/her classmates?
- Does _____ have many friends?
- Does _____ initiate interactions with peers? If so, what does this look like?
- What does _____ do that encourages and/or discourages appropriate peer interactions?
- How do the other children include _____ in their games and activities?
- How do other children respond to _____ when they engage in problem behavior?
- Is there ever a time when students help reduce the problem behavior? If so, how?

Appropriateness of Behaviors

- Does _____ make unnecessary physical contact with peers? If so, what does this look like?
- Does _____ steal or take things from others by force? If so, how often?

- Does _____ overreact when he loses in a game or is criticized? If so, please describe.
- Does _____ fly into a rage for no apparent reason? If so, what does this behavior look like? How often?
- Does _____ lose his/her temper easily? If so, please describe. What situations cause this behavior?
- Is _____ impulsive? If so, please describe.
- How well does _____ comply with teacher's requests?
- How well does _____ accept changes to established routines?

Moods/Feelings

- Does _____ participate in activities that are interesting to other students? (i.e., parties, field trips)?
- Does _____ ever appear withdrawn? If so, please describe? How often?
- Does _____ blame himself/herself for situations out of his/her control?
- In your opinion, what feelings are projected when _____ describes himself/herself?
- Does _____ seem to move about slowly or struggle to complete simple tasks?
- How does _____ respond to praise or compliments?
- Does _____ frown, scowl or look unhappy during typical classroom situations?
- Is _____ generally pessimistic? If so, please describe.
- How would you describe _____ affect on a daily basis?
- Has _____ ever talked about wanting to die or engaged in self-destructive behavior?

Fears/Worries

- Does _____ become pale, throw up, or complain of illness when anxious or scared?
- What fears or apprehensions does _____ have in the school setting?
- Has _____ failed to attend school due to unsupported complaints of physical illness?
- Are _____'s fears and worries excessive when compared to peers?
- Does _____ use alcohol or other substances? How much/often?

Adaptive/Affective Behavior

- How does _____ handle frustration?
- Does _____ take care of their personal hygiene?
- Is _____ able to take care of their physical needs? (e.g. dressing, eating)
- Does _____ use good judgment regarding personal safety?
- Is _____ able to identify and assert his/her emotional needs?
- Is _____ able to respond appropriately to changes in his/her mood? (e.g. calming self)

- Does _____ use appropriate coping skills to meet the demands of the school environment?
- Does _____ know when to ask for help? If not, please describe how they get their needs met.

Appendix C

Sample Parent/Guardian Interview

These are examples of questions that could be used to gather information from the student in an interview setting. Select questions based on age and developmental level of student.

Strengths

- Please describe your child's strengths.

Parent's Perception of Problem Behavior

- Please tell me your concerns about _____.
- What concerns you most?
- When did you first notice the problem?
- How long has the problem been going on?
- Where does the problem occur?
- Tell me how _____ behaves at school, in stores, in the car, at friends' houses, in the neighborhood.
- What happens just before the problem begins?
- What happens just after the problem occurs?
- What do you do when the problem occurs?
- Do any other children in your family have this problem?
- Has _____ been evaluated or received help for this problem? If so, please describe.

Early History

- Please describe your pregnancy with _____. (If interview is conducted with parent/guardian that did not give birth to the student, probe for any information on prenatal conditions.)
- How old were you when _____ was born?
- Did you have any illnesses or problems during pregnancy?
- Was there any prenatal exposure to substances such as alcohol, cigarettes, etc.?
- Did you have prenatal health care?
- Was _____ born on time? If not, how early/late was _____ born?
- How long did the labor last? What kind of delivery did you have?
- Were there any complications at delivery? Do you know _____'s Apgar score?
- During early infancy, did _____ have any problems with eating, drinking, sleeping, alertness, or irritability?
- Was _____ cuddly or rigid?
- Was _____ overactive or underactive?
- Did _____ engage in tantrums, rocking behavior, head banging?

Health History

- Has ____ had any serious illnesses?
- Has ____ had any surgical procedures?
- How would you describe ____'s usual state of health?
- How is ____'s hearing?
- How is ____'s vision?
- Did ____ have any serious accidents, injuries, stitches, or broken bones?
- Does ____ have any allergies?
- Does ____ eat well?
- Does ____ sleep well?
- Does ____ have nightmares or other sleep problems?
- Does ____ have trouble with bladder or bowel control?
- Does ____ take any medication regularly? What medicine? Does ____ report any side effects from taking the medication?

Home environment

- Tell me what your home is like.
- Where does ____ sleep?
- Where does ____ play?
- Who lives at your home?

Relationships with Siblings

- Does your child have siblings? If yes, please describe.
- Does your child get along with their sibling(s)?

Child's Relations with Parents and other Adults

- How does ____ get along with you?
- What does ____ do with you on a regular basis?
- What are bad times like for ____ and you?
- Who is responsible for discipline?
- Do you have any concerns about how other adults interact with ____?
- Does ____ listen to what they are told to do?
- How is ____ disciplined?
- Which techniques are effective?
- Which are ineffective?

Peer Relations

- Please describe your child's peer relationships. Does ____ have friends?
- Tell me about ____'s friends.
- How does ____ get along with friends?
- Tell me about ____'s not having friends. What do you think prevents _____ from developing peer relationships?

Interests and Hobbies

- What does ____ like to do in his spare time?
- Is ____ involved in any extracurricular activities?
- How much television does ____ watch each day?
- What are his/her favorite programs?
- How much time does ____ spend playing video or computer games?
- How much time does ____ spend listening to music?
- What kind of music does _____ listen to?

Routine Daily Activities

- How does ____ behave when he wakes up?
- Does ____ become more fidgety or restless as the day proceeds, or does _____ become more calm and relaxed?
- Does ____ do household chores?
- How does ____ behave when they go to bed?

Academic Functioning

- How is ____ performing in school?
- What does ____ like best/least about school?
- What grades does ____ get? What are ____'s best/worst subjects?
- Has ____ ever repeated a grade?
- Does your child's current (or previous) teacher(s) report concerns with academic functioning?

Emotional Functioning

- What kinds of things make ____ happy?
- What makes ____ sad?
- What does ____ do when he/she is sad?
- What kinds of things make ____ angry? What does ____ do when he/she is angry?
- What kind of things does ____ worry about?
- What makes ____ get frustrated?
- Have there been any sudden changes to _____ emotional state? If so, please describe.

Family

- How do you see your relationship with your husband/wife affecting ____?
- Is this a first marriage or are other parents, stepparents involved with ____?
- How does ____ get along with the other parents/step-parents?
- In addition to ____, is any other member of your family having a problem at school or work?
- Are there any serious medical or psychological difficulties that you or members of your family have or had?
- Has anyone that ____ was close to died?

- Has anyone in your family been the victim of a crime?
- Have you recently changed your place of residence?
- Do any members of your family have a problem with drugs or alcohol?
- Do you have any concerns about _____ being physically or sexually abused?

Additional Questions for Adolescents

- Is _____ involved in any dating activities?
- Does _____ use any substances such as alcohol or drugs?
- Has _____ been in trouble for alcohol or drug use?
- Has _____ been treated for alcohol or drug use?

Concluding Questions

- Is there any other information about _____ I should know?
- What questions do you have regarding the evaluation process?

Appendix D

Sample Student Interview

These are examples of questions that could be used to gather information from the student in an interview setting. Select questions based on age and developmental level of student.

Introduction

- Has anyone told you why you are here today? Who told you? What did they say?

Problem Exploration

- Why do you feel you're here today?
- Tell me about this problem/incident (who, what, where, when, why, how long).
- Do your (brothers, sisters, friends, or family) have this problem? (if 'yes')
- Is your problem better or worse than theirs?
- What happens just before/after problem begins?
- What makes the problem better/worse? What works best?
- What do you think caused this problem? What do you do when it happens?
- Was anything happening in your family when this problem first started? (you may need to give examples—divorce, relocation, lost job, illness, etc.)
- How did you feel when (cite event) happened?
- How does your family or friends help you with the problem (brothers/sisters/parents/friends)?

School Situations

- How do you get along with your teacher(s)?
- Who is your most/least favorite teacher? Tell me about him/her.
- What subjects do you like the best? Least? Why?
- What grades are you getting?
- Are you in any activities at school? Which ones? Would you like to be in others?
- How do you get along with your classmates?
- Describe your typical school day.

Attention/Concentration

- Do you have trouble following what your teacher says/asks? If so, what kind of trouble?
- Do you daydream a lot when you are in class? Tell me more about that.
- Can you complete your assignments or are you easily distracted? What seems to distract you?
- Do you have trouble sitting still or staying at your seat? If so, tell me about that.
- Do you find it hard to sit still for a long time and need a lot of breaks while studying? (If 'yes'), Tell me more.

- Do you have trouble copying what your teacher writes on the blackboard or taking notes in class? If so, tell me about that.
- Do you have trouble remembering things? If so, tell me about that.
- How is your concentration?
- Do you have trouble taking tests? If so, tell me about that.

Home situations

- Who lives with you at home? Tell me about them.
- Does your father/mother work? If so, where? What do they do?
- Tell me what your home is like. a. Do you have your own room? Do you share a room? If so, with whom? b. How do you get along with that person(s)? What does he/she do that you like/dislike?
- How do you get along with your father? Mother? What does he/she do that you like/dislike?
- What chores do you do at home?
- How do you get along with your brothers/sisters? What do they do that you like/dislike?
- What does your mother or father do when you argue or fight with your brothers/sisters?
- Does your mother/father treat your siblings differently? Tell me about that.
- When you get in trouble at home, who disciplines you? How?
- How do your parents tell you or show you that they like what you have done?
- When you have a problem, whom do you talk to about it? What do they do to help?
- Do you think your parents worry about you? If so, what are their worries?
- Do you spend much time home alone? If so, tell me about that.
- Does your family eat meals together? If so, how often?

Interests

- What do you like to do? What hobbies/interests do you have?
- What do you do in the afternoons after school? In the evenings? Weekends?
- Do you play any sports? If so, tell me what you play.
- Of all the things you like to do, what do you like to do the best? The least?
- Do you belong to any group like boy/girl scouts? Church groups?
- How much TV do you watch in a day? How long do you play video games?
- What are your favorite programs/games? What do you like about them?

Friends

- Do you have friends? (Tell me about them.) or, Why do you think you don't have friends?
- (If child/student indicates friendships) What do you like doing with your friends? Are you spending as much time with them as you used to?
- When you are with your friends, how do you feel? How are your friends treating you?
- Who is your best friend? Tell me about him/her.
- What do you like to do together?
- How many of your friends do your parents know?

Moods/Feelings

- Tell me about how you've been feeling lately?
- Do you have different feelings in the same day? If so, tell me about them.
- Nearly everybody feels happy at times. What things make you feel happiest?
- Sometimes, people feel sad. What makes you feel sad? What do you do when you're sad?
- Sometimes children/teenagers begin to get less pleasure from things that they used to enjoy. Has this happened to you? (If so,) Tell me what has happened.
- Almost everybody feels angry at times. What makes you feel angriest?
- What do you do when you are angry? Do you get into fights? If so, tell me about that.

Fears/Worries

- Most children/teenagers get scared sometimes about things. What scares you? What do you do when you are scared?
- Do you have any special worries? Tell me more about them.

Self concept

- What do you like best/least about yourself? Why?
- Tell me about the best/worst things that have happened to you?
- If you had a child of the same age as you, how would you want the child to be like you? Different from you?

Somatic Concerns

- How do you feel about your body?
- How have you been feeling lately?
- Do you have problems with not having enough energy to do the things you want to do?
- Tell me how you feel about eating?
- Are you having problems getting enough sleep? Too much sleep?
- Do you ever get headaches? If so, how often? Tell me about that.
- Do you get stomach-aches? If so, how often? When do you get them?
- Do you get any other body pains? If so, how often?
- Do you have trouble hearing/seeing things?
- Do you take medicine? What for? How often? How does it make you feel?

Obsessions/Compulsions

- Some children/teenagers have thoughts that they think are silly or unpleasant or do not make sense, but these thoughts keep repeating over and over in their minds. Have you had thoughts like this? (if 'yes') Tell me about these thoughts.
- Some children/teenagers are bothered by a feeling that they have to do something over and over even when they don't want to do it. (e.g., handwashing). Is this a problem for you? If so, tell me about it.

Thought Disorders

- Do you ever see or hear funny or unusual things no one else sees or hears? What does it say/look like? How often do you hear/see it? What do you usually do?
- Do you ever feel as if someone is spying on you or plotting to hurt you?
- Does your thinking seem to speed up or slow down at times?
- Is it hard for you to make decisions?

Aspirations/Goals

- Do you have goals for the future? If so, what are they?
- Are there any barriers that may prevent you from achieving your goals?

Adolescents/Teens

- Do you have an after-school or summer job? Tell me about it.
- Do you have a girlfriend/boyfriend? Tell me about him/her.
- Do your friends drink alcohol? Tell me about their drinking.
- Do you drink alcohol? How much/often?
- Tell me about the time(s) you drank too much.
- Has alcohol ever caused problems for you? Do your friends use any additional substances? If so, please describe. How much/often?
- Do you use any additional substances? If so, please describe. How much/often?

Appendix E

Differentiation of Characteristics of Emotional Impairment and Adverse Impact

Michigan Rule Criteria	Developmentally Typical	Mild	Moderate	Severe
(a) Inability to build or maintain interpersonal relationships within the school environment: Emphasis on the quality of social interactions.	Interpersonal relationships within the school environment are developmentally appropriate.	Interpersonal relationships within the school environment differ mildly from developmentally appropriate expectation.	Interpersonal relationships within the school environment differ moderately from developmentally appropriate expectation.	Interpersonal relationships within the school environment differ severely from appropriate expectation
(b) Inappropriate types of behaviors or feelings under normal circumstances: Emphasis on behavior in typical situations.	For the situation, behavior, or expression of feelings are within the range of expectations.	For the situation, inappropriate behavior or expression of feelings are low in frequency, duration and intensity.	For the situation, inappropriate behavior or expression of feelings vary in frequency, duration, and intensity and may require adult response.	For the situation, inappropriate behavior or expression of feelings are extreme in frequency, duration, and intensity across environments and require adult response.
(c) General pervasive mood of unhappiness or depression	Moods are typical for age and circumstances.	Moods of unhappiness occur a few times per year.	Moods of unhappiness occur at least monthly or weekly.	Moods of unhappiness occur multiple times in a week or daily.
(d) Tendency to develop physical symptoms or fears associated with personal or school problems	Physical symptoms or fears are typical for age and circumstances.	Physical symptoms or fears occur a few times per year.	Physical symptoms or fears occur at least monthly or weekly.	Physical symptoms or fears occur multiple times in a week or daily.
Differentiation of the four characteristics of emotional impairment: One or more must be present	(a) Behavior(s): _____ (b) Behavior(s): _____ (c) Behavior(s): _____ (d) Behavior(s): _____			
Behavioral problems adversely affect the student's educational performance to the extent that the student cannot profit from regular learning experiences without special education support	No interference	Mild interference despite documented general education strategies for at least 90 school days which resulted in behavioral improvement.	Moderate interference persists despite documented general education strategies implemented with fidelity for at least 90 school days which result in temporary or minimal behavioral improvement.	Severe interference persists despite documented general education strategies implemented with fidelity for at least 90 school days*

Appendix F

The following chart of characteristics is designed to assist in distinguishing students with social maladjustment from those students who have an emotional impairment. A student would not need to present with all of the listed characteristics to be considered as having an emotional impairment, a social maladjustment, or both.

Common Characteristics and Rating Scale

The characteristics listed below can also be used to aid in making a differential diagnosis. Place a mark beneath each set of characteristics to indicate which set most closely describes the student.

EI = Emotional Impairment

SM = Social Maladjustment

GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
School Behavior	Seen as unable to comply; inconsistent achievement; expects help or has difficulty asking for help.	Seen as unwilling to comply; generally low achievement; excessive absences; rejects help; callous disregard for rights/needs of others.
	EI	SM
Attitude Toward School	School is a source of confusion and anxiety; often responds to structure.	Tends to dislike school except as a place for social contacts; rebels against rules and structure
	EI	SM
School Attendance	Misses school due to emotional issues or psychosomatic issues.	Chooses to be truant.
	EI	SM
Educational Performance	School is a source of confusion and anxiety; often responds to structure in the educational program; achievement is often uneven; attention and concentration are impaired by anxiety/depression/emotion.	Tends to dislike school except as a place for social contacts; frequently truant; rebels against rules and structure; frequently avoids school achievement, even in areas of competence.
	EI	SM
Peer Relations	Ignored or rejected.	Generally accepted by socio-cultural group.
	EI	SM

Type of Friends	Younger or no real friends.	Companions may be part of delinquent subculture, same age or older; may be liked by peers.
	EI	SM
Perception by Peers	Bizarre or odd.	Cool; tough; delinquent; charismatic.
	EI	SM
Social Skills	Poor developed; difficulty reading social cues.	Well attuned; well developed.
	EI	SM
Interpersonal Relations	Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but can't seem to maintain.	Extensive peer relationships within a select peer group; exploitative and manipulative; lack of honesty in relationships, frequently lying; may be able to exploit others with charm in order to achieve ends.
	EI	SM
Physical Presence	Awkward; "goofy", clumsy; may be uncomfortable with physicality.	Awkward; "goofy", clumsy; may be uncomfortable with physicality.
	EI	SM
Group Participation	Withdraw; unhappy.	Outgoing.
	EI	SM
Interpersonal Dynamics	Often is characterized by a pervasively poor self concept; often overly dependent or impulsive/defiant; is generally anxious, fearful; mood swings from depression to high activity; frequent inappropriate affect; frequent denial and confusion; often distorts reality without regard to self interest.	Tends to be independent and appears self-assured; generally reacts toward situations with appropriate affect but lacks appropriate guilt; may show courage, even responsibility and imagination, but toward socially unacceptable ends; often blames others for his/her problems, but otherwise is reality oriented; demonstrates knowledge of social expectations in school and chooses not to conform to those expectations.
	EI	SM

Adaptive Behavior	Consistently poor.	More "situation" dependent.
	EI	SM
Aggression	Hurts self or others as an end.	Hurts others as a means to an end.
	EI	SM
Anxiety	Tense; fearful.	Appears relaxed; "cool".
	EI	SM
Emotional Well-being	Limited capacity for pleasure, rarely experiencing truly satisfied feeling; may experience depression, suicidal ideation, self-mutilation and the like.	Generally inflated positive self concept.
	EI	SM
Conscience Development	Self-critical; unable to have fun; guilty and remorseful.	Little remorse; pleasure seeking; lacks empathy; knows right from wrong but chooses wrong.
	EI	SM
Reality Orientation	Fantasy; naïve; gullible; may have thought disorder, hallucinations and the like.	"Street-wise".
	EI	SM
Developmental Appropriateness	Inappropriate for age.	Appropriate for age or above; "more socially mature."
	EI	SM
Risk Taking	Avoids risks.	Prone to thrill seeking behavior.
	EI	SM
Response to Consequences	Tries to comply but may not be able to.	Ignores anyone who tries to alter socially unacceptable behavior.
	EI	SM

Type of Friends	Younger or no real friends.	Companions may be part of delinquent subculture, same age or older; may be liked by peers.
	EI	SM
Perception by Peers	Bizarre or odd.	Cool; tough; delinquent; charismatic.
	EI	SM
Social Skills	Poor developed; difficulty reading social cues.	Well attuned; well developed.
	EI	SM
Interpersonal Relations	Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but can't seem to maintain.	Extensive peer relationships within a select peer group; exploitative and manipulative; lack of honesty in relationships, frequently lying; may be able to exploit others with charm in order to achieve ends.
	EI	SM
Physical Presence	Awkward; "goofy", clumsy; may be uncomfortable with physicality.	Awkward; "goofy", clumsy; may be uncomfortable with physicality.
	EI	SM
Group Participation	Withdraw; unhappy.	Outgoing.
	EI	SM
Interpersonal Dynamics	Often is characterized by a pervasively poor self concept; often overly dependent or impulsively defiant; is generally anxious, fearful; mood swings from depression to high activity; frequent inappropriate affect; frequent denial and confusion; often distorts reality without regard to self interest.	Tends to be independent and appears self-assured; generally reacts toward situations with appropriate affect but lacks appropriate guilt; may show courage, even responsibility and imagination, but toward socially unacceptable ends; often blames others for his/her problems, but otherwise is reality oriented; demonstrates knowledge of social expectations in school and chooses not to conform to those expectations.
	EI	SM

Adaptive Behavior	Consistently poor.	More "situation" dependent.
	EI	SM
Aggression	Hurts self or others as an end.	Hurts others as a means to an end.
	EI	SM
Anxiety	Tense; fearful.	Appears relaxed; "cool".
	EI	SM
Emotional Well-being	Limited capacity for pleasure, rarely experiencing truly satisfied feeling; may experience depression, suicidal ideation, self-mutilation and the like.	Generally inflated positive self concept.
	EI	SM
Conscience Development	Self-critical; unable to have fun; guilty and remorseful.	Little remorse; pleasure seeking; lacks empathy; knows right from wrong but chooses wrong.
	EI	SM
Reality Orientation	Fantasy; naïve; gullible; may have thought disorder, hallucinations and the like.	"Street-wise".
	EI	SM
Developmental Appropriateness	Inappropriate for age.	Appropriate for age or above; "more socially mature."
	EI	SM
Risk Taking	Avoids risks.	Prone to thrill seeking behavior.
	EI	SM
Response to Consequences	Tries to comply but may not be able to.	Ignores anyone who tries to alter socially unacceptable behavior.
	EI	SM
Rules	"Doesn't get it."	"Gets it" but chooses to violate rules; violates the law deliberately.
	EI	SM
Motivation of Behavior	Fear and flight; anxiety.	Power and control.

Adapted from: Wayne County Regional Educational Service Agency (2001). Social Maladjustment: A Guide to Differential Diagnosis and Educational Options

Appendix G

Survey of Common Characteristics: Emotionally Impaired vs. Socially Maladjusted

Adapted from *Social Maladjustment: A Guide to Differential Diagnosis and Educational Options*
(Wayne County Regional Educational Service Agency 2001, pp.5-7)

Student Name:	D.O.B.:
Grade:	School:

Please read each descriptor.

Indicate if each common characteristic is mostly true or false for this student.

True	False	Common Characteristic
		1. Seen as unable to comply to school expectations; inconsistent achievement; expects help or has difficulty asking for help.
		2. Behavior seems motivated by attaining power or control.
		3. School is a source of confusion and anxiety; often responds to structure.
		4. Misses school due to emotional issues or psychosomatic issues.
		5. Behavior is intentional with features of anger and rage.
		6. Understands the school rules and chooses to violate them. Knows right from wrong and chooses wrong.
		7. Seems to ignore people who are attempting to alter his/her socially unacceptable behavior.
		8. Achievement is often uneven; attention and concentration in school is impaired by anxiety, depression or other affective disorders.
		9. Has poorly developed social skills and has difficulty reading social cues.
		10. Has a positive, though generally inflated, self concept.
		11. Uses or abuses substances with peer group for a variety of reasons.
		12. Appears to be ignored by peers.
		13. Appears narcissistic; having inflated ego.
		14. Has younger or no real friends.

		15. Perceived by peers as bizarre or odd.
		16. Social skills are appropriate for age and may seem above age or "mature".
		17. Does not establish or maintain social relationships; avoids people or has severely withdrawn behavior. Seems to want friendships but not able to maintain them.
		18. Oriented to reality with "street-wise" perspective.
		19. Physically awkward, "goofy" or clumsy. May be uncomfortable with physicality.
		20. Has demonstrated little remorse for behavior and lack of empathy noted.
		21. Many relationships with peers within a specific group; relationships characterized as exploitive and manipulative; lack of honesty; ability to exploit others by charm.
		22. Withdrawn or unhappy in group situations.
		23. Often characterized by a pervasively poor self concept; often overly dependent or impulsively defiant; is generally anxious, fearful; having mood swings from depression to high anxiety; frequent inappropriate affect; frequent denial and confusion; often distort reality without regard to self-interest.
		24. Consistently poor adaptive behavior.
		25. Well-attuned social skills: well developed for age.
		26. Problems primarily in the affective domain.
		27. Perceived by peers as cool, tough, charismatic.
		28. Aggression directed to self; hurts self.
		29. Affiliated with a social group.
		30. Appears tense or fearful.
		31. Adaptive behavior situation dependent.
		32. Limited capacity for pleasure; rarely experiencing truly satisfied feeling; may express suicide ideation, self mutilation and other self injurious behaviors.
		33. Tends to dislike school except as a place for peer contacts.
		34. Problems represent a character disorder.
		35. Educational performance low to due to avoidance of achievement even in areas of competence.

		36. Aggression achieves a purpose; hurting others is a means to an end,.
		37. Emotional reaction disproportionate and not under student's control.
		38. Often self-critical; unable to have fun or feeling guilty or remorseful.
		39. Often in a fantasy world, appears gullible or naive; may have thought disorder or hallucinations.
		40. Tends to be independent and self assured; may show courage, responsibility and imagination but towards socially undesirable ends.
		41. Appears relaxed or "cool".
		42. Overall development appears immature, inappropriate forage.
		43. Unsure of self; poor self concept.
		44. Seems outgoing in group participation.
		45. Avoids risks.
		46. Exceeds allowed absences, could be considered for truancy.
		47. Physical presence is smooth and agile.
		48. Responds to appropriate consequences particularly when consistent and structured.
		49. Can be described as an internalizer.
		50. Generally reacts towards situations with appropriate affect but lacks appropriate guilt. Rebels against rules and structure.
		51. Not sure of rules; "Doesn't get it".
		52. In school seen as unwilling to comply to directions, rejects help, callous disregard for right or need of others.
		53. Often motivated by fear and light or anxiety.
		54. Isolates self when abusing substances.
		55. Friends are same age or older; friends may be delinquent.
		56. Blames others for his/her problems; but is otherwise reality oriented.

Scoring: Cross out each of the items that were true for this student.

<i>Common Characteristics of Emotional Impairment</i>		<i>Common Characteristics of Social Maladjustment</i>	
1	28	2	31
3	30	5	33
4	32	6	34
8	37	7	35
9	38	10	36
12	39	11	40
14	42	13	41
15	43	16	44
17	45	18	46
19	48	20	47
22	49	21	50
23	51	25	52
24	53	27	55
26	54	29	56