

Bulletin 1508 Revision Guidance

Teaching and Learning/Division of Diverse Learners

Purpose

This guidance document translates the revisions to Bulletin 1508 into clear, functional guidance for school systems. It is intended to:

- Summarize each major area of revision
- Explain what the change means for day-to-day practice
- Highlight implementation considerations and compliance implications
- Support training of SBLC teams, evaluators, related service providers, and administrators
- Promote consistent statewide interpretation

Overview of Major Revision Themes

Across the policy revision rules, the following themes emerge:

1. Modernization of Language and Terminology

- Removal of outdated or repetitive phrases
- Consistent use of terms like *access and participation, general education curriculum, intervention fidelity, evaluation components, etc.*

2. Emphasis on Data-Based, Multi-Tiered Instruction & Intervention

- Clarification that RTI must not delay special education referrals
- Stronger statements on fidelity, duration, progress monitoring, and documentation
- Greater specification on intervention leadership (e.g., SLPs leading communication interventions)

3. Strengthening Evaluation Quality and Student-Centered Practices

- Expanded clarity on what constitutes a comprehensive evaluation
- Specific wording added to ensure evaluators:
 - Address access barriers
 - Examine all suspected areas
 - Document student responses to interventions
 - Consider factors relevant to the individual student
 - Refinement of Disability Criteria

- Many sections include updated definitions, eligibility criteria, and evaluation requirements—particularly for Autism, Emotional Disturbance, Specific Learning Disability, and Speech/Language Impairment.
- Alignment to Federal IDEA Expectations
- Reinforcement of IDEA requirements around full and individual evaluation
- Clearer expectations for multidisciplinary teams
- Expanded documentation and reporting expectations

Chapter-by-Chapter Guidance

Chapter 1-LEA Responsibilities & Child Find

What's New

- Minor clarifications to reinforce identification of all students, including private school students and those experiencing homelessness.

What LEAs Must Do

- Review Child Find procedures to ensure proactive identification across all schooling contexts.
- Ensure that personnel understand expanded language around students “with suspected exceptionailities.”

Chapter 3-Interventions, SBLC, and Screenings

1. RTI (§301)

Key Revisions

- Stronger emphasis on Tier 1 access for *all students*
- Tier 2 and Tier 3 interventions must be aligned to core instruction
- Personnel delivering academic or behavioral interventions must possess the **knowledge, skills, and training** necessary to implement the selected intervention with fidelity (Intervention Specialists/ Certified or Licensed Instructional Staff/Paraprofessionals when trained and supervised)
- Explicit statement that special education referrals cannot be delayed due to RTI requirements

Implementation Guidance

- Update RTI documentation tools to capture fidelity, alignment to curriculum, and personnel qualifications.
- Train administrators and SBLC chairs on the *no-delay* rule.
- Incorporate improved language in local intervention manuals and professional development.

2. Screening (§305)

Key Revisions

- Communication screening clarifies roles for SLPs/SLPAs in interventions
- Updates to sensory, motor, and AT screening definitions
- Removal of outdated subsections
- Reinforced requirement for evidence-based, documented intervention before referral (when appropriate), including progress monitoring.

Implementation Guidance

- Ensure SBLC teams understand when screening is *sufficient* versus when an evaluation is required.
- Secure parent consent before communication interventions as required.

3. Referral (§307)

Key Revisions

- Expanded examples of low-incidence impairments requiring immediate referral (Example: deafness or hard of hearing). Removed “and some students with severe” autism.
- More detailed explanation of when immediate referral overrides RTI.

Implementation Guidance

- Train SBLC teams to identify red-flag conditions requiring expedited evaluation (as in Sec. 307, B.).
- Update internal decision trees to reflect low-incidence and safety-related immediate referrals.

Chapter 5-Evaluation Responsibilities

1. Evaluation Coordination (§501)

Updates clarify which professionals may coordinate evaluations. Added a licensed specialist in school psychology, or a licensed psychologist with a school specialty.

2. Procedural Responsibilities (§505)

Added “A comprehensive evaluation should consider any suspected delays, concomitant disabilities, and/or exceptionality that is suspected based on the referral data or information learned during the course of the evaluation”.

Specifically, the evaluation should include:

- Any suspected delays
If the referral or early information suggests delays in areas like learning, language, behavior, motor skills, or social-emotional development, those areas should be assessed.

- Any possible additional (co-occurring) disabilities
If information suggests that more than one disability might be present (for example, a student with learning difficulties who also shows attention or behavioral concerns), the evaluation should look at all relevant areas — not just the initial concern.
- Any suspected exceptionality
If the student shows signs of being gifted, highly advanced, or having unique strengths along with challenges, the evaluation should consider those factors so the student's full profile is understood.
- New concerns that arise during the evaluation process
If evaluators learn new information while testing, observing, or reviewing records, they should follow up on those concerns rather than ignoring them.

3. Evaluation Procedures (§507)

For a preschool child;

- Ages 3-5, who qualify for sped serviced in accordance with this part”
- Added behavior if appropriate

4. Evaluation Components (§513)

Practice-Impacting Changes

- Student interview required to capture the student's perception
- Educational assessment must describe needed accommodations and modifications
- Stronger requirements for documenting:
 - procedures used
 - interventions completed
 - student response to interventions
 - rationale for eligibility conclusions
- Reinforced expectations around documenting IEP recommendations
- Expanded list of personnel qualified to conduct or review Functional Behavioral Assessments

Implementation Guidance

- Standardize evaluation report templates to reflect new subsections.
- Train evaluators on incorporating intervention data analyses.

Chapter 7-Revisions to Disability Categories

1. Autism (§701)

Major Revisions

- New definition aligns more closely with the *DSM-5* language.

- Updated criteria for restricted/repetitive behaviors and sensory behaviors.
- Explicit requirement that deficits impact educational functioning.
- Occupational therapy assessment when sensory-motor screen and intervention data indicate the student is at risk.
- Requirement for an adaptive behavior assessment.
- Expanded list of personnel qualified to assess developmental disabilities

Evaluator Guidance

- Ensure assessments capture social communication, behavioral patterns, sensory functioning, and adaptive behavior.
- Include multiple settings and observers.
- Document response to interventions when relevant.
- When signs of comorbid conditions are present, additional assessments may be necessary to:
 - **Clarify how the conditions interact**
Understanding how multiple disabilities affect learning, behavior, communication, or functioning helps ensure the evaluation reflects the student's true needs.
 - **Differentiate overlapping characteristics**
Some disabilities share similar features (e.g., attention difficulties, language challenges, academic delays). Additional assessments help determine which challenges are attributable to which condition.
 - **Understand the educational impact**
The focus is on how the combined conditions affect the student's performance and participation in the school environment.
 - **Guide appropriate intervention planning**
Results from these assessments inform the selection of targeted, effective interventions, supports, and services within the educational setting.

2. Developmental Delay (§705)

Key revision

- Added “f”-self-help, including feeding, clothing management, and toileting under areas of impairment.

3. Emotional Disturbance (§707)

Key Revisions

- Clearer wording around “two settings” and “to a marked degree.”
- Expanded description of required psycho-social assessment.
- Reinforcement that ED may co-exist with other disabilities.

Evaluator Guidance

- Document behavior across at least two settings (one must be school).
- Demonstrate the interventions attempted and their integrity.
- Provide functional, behavioral, and environmental data.

4. Deaf and/or Hard of Hearing (§709)

- Removed “fluctuating” from hearing loss description
- Added “licensed audiologist or licensed” physical

5. Multiple Disabilities (§713)

- Added “only” the two (deafness and blindness), making the distinction clear.

6. Other Health Impairment (§717)

- **OHI is not** intended for students with mood and anxiety disorders (more appropriate under Emotional Disturbance).
- Behavioral implications under OHI require behavioral interventions, including non-disruptive behaviors (inattention and aspects of executive functioning).
- Includes acceptance of diagnostic reports from a qualified health care professional (physician, physician’s assistant, nurse practitioner, neurologist, or psychiatrist).
- Medical cannot be a mandatory requirement, but should be considered when available.

7. Specific Learning Disability (§719)

Significant Changes

- More explicit requirements for graphing intervention data
- Revised description of “pattern of strengths and weaknesses”
- New wording on standard deviation expectations for strengths and weaknesses
- Students suspected of having dyslexia may meet the eligibility criteria for Specific Learning Disability under IDEA and are therefore included in the Child Find mandate
- Reinforcement of need for sufficient intervention duration and fidelity

Evaluator Guidance

- Use chronological age norms as required.
- Document *both* strengths and weaknesses using SD criteria.
- Include detailed intervention graphs and narrative analyses.

Recommended Domains to Assess Specific to Dyslexia

Academic Skills	Cognitive Processes	Additional Areas of Assessment (as deemed necessary by evaluation team)
<ul style="list-style-type: none">• Letter knowledge• Reading words in isolation• Decoding unfamiliar words• Reading fluency (rate, accuracy, and prosody are assessed)• Reading comprehension• Spelling	<ul style="list-style-type: none">• Phonological/phonemic awareness• Rapid naming of symbols or objects	<ul style="list-style-type: none">• Vocabulary• Listening comprehension• Verbal expression• Written expression• Handwriting• Memory for letter or symbol sequences (orthographic processing)• Mathematical calculation/reasoning• Phonological memory• Verbal working memory• Processing speed

8. Speech/Language Impairment (§721)

Key Updates

- Revised definitions for articulation, fluency, voice, and language
- Strong emphasis on “access and participation in general curriculum”
- Documentation of interventions is required for K+ students
- Educational impact must be clearly analyzed

SLP Guidance

- Update intervention and data collection tools.
- Document medical clearance when required for voice disorders.
- Ensure alignment between language deficits and academic demands.

Chapter 9-Gifted & Talented (§901)

Mostly formatting and clarification changes, including:

- Clarification of SD point values
- Removal of outdated language
- Clearer explanation of assessment requirements

Implementation Guidance

- Update matrices and eligibility rubrics used by local gifted teams.

Chapter 11-Reevaluation Requirements (§1101)

Key Revisions

- Clarified the definition of “significant change in placement.”
- Students exit related services (Speech or Language Impairment, OT, PT, or APE) through reevaluation (can be facilitated through an RDR) using formal or informal assessments.
- LEAs are cautioned against consecutive RDRs without updated assessments (formal/informal), unless explicitly refused by parent(s). This change does not require formal assessments to be conducted, unless it is deemed necessary by the multidisciplinary evaluation team for student-centered decision making.
- Reevaluations may occur when a student is entering high school in the following academic year, as deemed appropriate by the multidisciplinary evaluation team.

Implementation Guidance

- Monitor LEA patterns for frequent RDRs and ensure compliance.
- Provide parent communication templates for reevaluation cycles.

Chapter 15-Related Services (§1501and§1509)

Occupational Therapy, Physical Therapy, and School Health Services sections contain important clarifications:

What's New

- Stronger expectations for documenting how services improve *access and participation*.
- Revised criteria for developmental, motor, and sensory-motor needs.
- Clearer health assessment and physician documentation requirements.
- Expanded statements on clinical expertise and necessity.
- Includes terminology specifically requiring “data” from the therapist.
- Use of medical, from a physician or dentist in practice in “a State of the United States”.
- Terminology change: school nurse to registered nurse.

Implementation Guidance

- Related service providers should update:
 - evaluation templates
 - progress monitoring practices
 - IEP justification statements

Related Services-School Psychological Services (§1511)

Under definition, School Psychological Services include but are not limited:

- Under 1, added *intellectual* to assessment procedures
- Under 3, added *behavioral and social emotional* to interventions
- Under 4, struck psychological tests and added *formalized assessments*
- Under 5, added *social-emotional learning strategies/interventions*

IV. Cross-Cutting Implementation Priorities

A. Update Local Evaluation Templates

Include:

- Student interview
- Intervention graphs and analysis
- Required components in updated §513
- Access and participation descriptions
- Expanded eligibility justification statements

B. Provide Systemwide Training

Recommended training audiences and topics:

Audience	Training Focus
SBLC Teams	Updated referral rule, RTI expectations, no-delay guidance
Evaluators	Revised eligibility criteria, required report components
SLPs	New communication intervention rules and educational impact
Related Services	Revised eligibility and documentation requirements
Administrators	Monitoring compliance, workflow updates

C. Revise Local Policies & Procedures

LEAs should revise:

- Child Find guidance
- SBLC manuals
- Intervention documentation tools
- Consent and parent communication templates
- Reevaluation workflows
- Related service eligibility procedures

D. Align With IDEA and LDOE Monitoring

The revisions support:

- stronger defensibility
- higher evaluation quality
- compliance with federal indicators (e.g., Indicator 11)

LEAs should update monitoring systems accordingly.

V. Summary of Expected Impact

1. Improved Evaluation Quality

Evaluations will be more comprehensive, defensible, and aligned to student needs.

2. Stronger Intervention Systems

RTI and screening updates ensure earlier support and more accurate referrals.

3. Clearer Eligibility Decisions

Updated definitions and criteria reduce inconsistencies across the state.

4. Better Alignment With IDEA

Language throughout the revisions streamlines expectations and reduces compliance risk.

Compare & Contrast Tables: Changes to Bulletin 1508

1. Interventions, RTI, & SBLC Processes

Topic	Previous Policy	Revision(s)	Impact/Interpretation
Role of RTI in referrals	RTI is required prior to referral for most disabilities; language somewhat generic.	Strong, explicit reminder that RTI must not delay special education referrals. Clarified Tier descriptions and personnel expectations	Strengthens compliance with IDEA. Retrain SBLCs to ensure “no-delay” practices & proper documentation.
Tier alignment	Interventions referenced but not explicit about alignment to core instruction.	Requires alignment with core curriculum, use of qualified personnel, and fidelity	Ensure interventions are intentional, not generic. RTI documentation procedures likely need revision.
Screening for communication	Screening steps in place; SLP roles less explicit.	SLP/SLPA explicitly identified as those who must conduct communication interventions	SBLCs obtain parent consent and ensure SLP-led intervention when communication concerns exist.

2. Referral for Evaluation

Topic	Previous Policy	Revision(s)	Impact/Interpretation
Immediate referrals	Immediate referral allowed but less defined	Expanded list including significant health concerns, severe autism, TBIs, and risk of harm to self/others.	SLBCs need updated decision trees; training to prevent unnecessary RTI delays

3. Evaluation Procedures & Required Components (§501, §505, §513)

Topic	Previous Policy	Revision(s)	Impact/Interpretation
Student Interview	Recommended, but not clearly mandatory.	Student interview explicitly required	Evaluators should incorporate student voice and perceptions in reports when deemed appropriate (age and verbal skills may be factors)
Documentation of interventions	Required, but not deeply specified.	Requires detailed description, including: procedures used, student responses, analysis of results, and connection to eligibility	Evaluation templates may need to be updated to reflect documentation of interventions and intervention results
IEP Recommendations	Recommendations included but language less detailed	Must include types of services needed, accommodations, and curriculum access needs	Enhances defensibility and aligns evaluation directly to IEP planning
Access & participation language	Intermittent references	Consistently requires evaluators to describe impact on access and participation in the general curriculum	Use a consistent framework for access-barrier analysis

4. Autism (§701)

Topic	Previous Policy	Revision(s)	Impact/Interpretation
Definition alignment	Based on older IDEA language.	Revised to align closely with DSM-5 constructs	Evaluations must include social communication, RRBs, sensory, adaptive behavior, and educational impact.

		(social communication + RRBs + sensory).	
Criteria list	Shorter criteria list, fewer explicit behavioral descriptions	Adds detailed, behaviorally anchored descriptions of deficits and RRBs.	Ensures evaluator consistency across districts
Educational impact	Required but less explicit.	“Impaired environmental functioning significantly interferes” is newly emphasized.	Link symptoms to functional school impact

5. Emotional Disturbance (§707)

Topic	Previous Policy	Revision(s)	Impact/Interpretation
Two-setting rule	Included but not deeply emphasized	Reiterated and clarified: one setting must be school.	Prevents misapplication of ED in cases with home-only problems
Temporary vs. chronic behavior	Broad reference to “long period of time.”	Expands description of “marked degree,” consistency, and persistence.	Requires more robust documentation of time, settings, and severity.
Psycho-social report	Required	Expanded requirements for interviewing parents, assessing risk, and linking to interagency needs.	Strengthens quality and defensibility of ED evaluations.

6. Specific Learning Disability (§719)

Topic	Previous Language/Standards	Revision(s)	Impact/Interpretation
Patterns of Strengths & Weaknesses	SD cut points referenced inconsistently.	Provides exact SD definitions for strengths and weaknesses across grade levels	Creates uniform eligibility criteria statewide
Intervention data	Required but not standardized	Must include graphs, length of time, adjustments, and fidelity.	RTI documentation must be standardized and monitored
Definition of inadequate achievement	Variation in interpretation	Clarifies SD thresholds and alignment with RTI results.	Reduces subjectivity and increases compliance.
Dyslexia language	Mentioned briefly.	Stronger criteria requiring preponderance of evidence including phonological processing and spelling weaknesses	Clarifies dyslexia documentation expectations

7. Speech or Language Impairment (§721)

Topic	Previous Policy	Revision(s)	Impact/Interpretation
Definition	Based on traditional categories	Modernized to reflect communication deficits impacting	Clarifies purpose and increases focus on functional impact

	(stuttering, articulation, etc.).	access and curriculum participation	
Intervention requirement	Required for K+, but inconsistently applied.	Reaffirmed with explicit requirement for documented rate of learning from SLP/SLPA interventions.	Stronger documentation expectations for SLPs.
Educational assessment	Required, but flexible.	More explicit: evaluation must clearly show how impairment affects access and progress.	Evaluation templates should explicitly address curriculum impact.

8. Related Services – OT, PT, Health Services (§1503, §1507, §1509)

Topic	Previous Policy	Revision(s)	Impact/Interpretation
Access & participation	Mentioned, but not consistently	Strong, repeated emphasis that OT/PT services must improve access, participation, or rate of regression.	IEP teams must articulate the rationale using functional educational needs – not medical diagnosis alone.
Eligibility criteria	Multiple categories but less clear.	Refined developmental, motor, and sensory-motor criteria; clarified SD expectations and delay thresholds.	Standardizes eligibility statewide

Clinical expertise requirement	Present but vague.	Explicitly states student must need the clinical expertise of provider	Enhances defensibility during audits/monitoring.
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9. Reevaluation (§1101)

Topic	Previous Policy	Revision(s)	Impact/Interpretation
Consecutive RDRs	Allowed, widely used.	Strong caution against back-to-back RDRs without updated assessments.	Change reevaluation workflows and improve team decision-making.
Exit for SLI	Sometimes unclear.	Clarifies that students who no longer meet criteria for SLI must be reevaluated.	Supports clean, defensible exits.
High school reevaluation	Optional..	Now explicitly allowed in the year prior to high school entry.	Helps prepare for transition planning

10. General Language & Terminology Updates

Type of Change	Examples	Impact/Interpretation
Modernization	“General education curriculum access,” “environmental functioning,” “adjustments,” “assistive technology needs”	Makes language more aligned with IDEA and modern practice.

Removal of outdated lines	Several subsections repealed or condensed	Streamlines procedures and reduces confusion
Consistent use of “student” vs. “child”	Standardized throughout	Improves clarity and professional readability.