Determining Special Education Eligibility - Emotional Disturbance

Department of Education, Office of Special Education

Introduction

These eligibility guidelines were written to provide parents, teachers, special education personnel, administrators, and other professionals with information on the identification and determination of eligibility for special education services for children with an emotional disturbance.

This category of children has been defined by both federal and state regulations. A three-part eligibility requirement for a child to be identified as a child with an emotional disturbance is as follows:

- Meet the eligibility criteria (92 NAC 51.006);
- Documentation of adverse effect on educational performance;
- Determination that a need for special education is evident.

State Definition

Emotional Disturbance: In order to qualify for special education in the category of emotional disturbance the child must have a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance or, in the case of children below age five, development:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behavior or feelings under normal circumstances
- A general pervasive mood or unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems

The term includes schizophrenia. The term does not apply to children with social maladjustments, unless it is determined that they have an emotional disturbance.

Section 1: MULTIDISCIPLINARY EVALUATION (MDT) CONSIDERATIONS

The Multidisciplinary Team (MDT) must include, at least the following members:

- The child's parents;
- A school psychologist or licensed psychologist;
- The child's teacher(s) or a teacher qualified to teach a child of that age;
- A special education teacher or appropriate related services provider; an
- A school district administrator or a designated representative.

Section 2: GUIDELINES

A child who is identified as having an emotional disturbance has a disability characterized by behavioral or emotional responses in school so different from appropriate age, cultural, or ethnic norms that they adversely and significantly affect academic, social, vocational, or personal skills or developmental performance, including readiness to learn. A child with an emotional disturbance exhibits responses which are not age appropriate expected responses to stressful events in the environment and are consistently exhibited in two or more different settings, at least one of which is school related.

A child who is identified with an emotional disturbance shall demonstrate patterns of situational inappropriate behavior which deviates substantially from the behavior of his or her same age or peer group. Thes~~e~~ behaviors may vary from peers in their frequency, intensity, and/or duration and are unresponsive to direct intervention applied in general education, or the child's condition is such that general education interventions would be insufficient or unsustainable using regular education resources.

Delinquency, discipline problems, substance abuse, social maladjustment, and/or conditions resulting from a culturally incompatible learning environment are not sufficient evidence of an emotional disturbance.

Evaluation methods must yield evidence that supports one or more of the five conditions that constitute an emotional disturbance.

- An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances;
- A general pervasive mood of unhappiness or depression;
- A tendency to develop physical symptoms or fears associated with personal or school problem

Evaluation components by the evaluation team should include:

Observation behavior data

There will be quantifiable measures of actual behavior which include the specific recording, thorough systematic formal observations of the child's behavior including the frequency, duration, and intensity of the behaviors of concern. Careful documented observation of the varied activities and situations should be completed by at least one member of the multidisciplinary team other than the classroom teacher or the early childhood teacher. Documented observations should include:

- Identification of behaviors and operational definition of concern, including identification of age or situational inappropriate behaviors
- Frequency of behaviors, (i.e., the rate at which the behaviors occur within a specific length of time)
- Intensity of behaviors, (e.g., length of time the behavior occurs, level or severity of the behaviors);
- Duration of the behaviors, (e.g., occurrence of behaviors through time);
- Comparable data for randomly selected, non-identified peers in comparable situations.

Indirect measures of behavior

There should also be measures of reported behavior that might include information gathered through checklists or rating scales and critical incident interviews which document the perceptions of school personnel and the parent or guardian regarding the behavioral pattern of the referred child.

Social-affective data

Information about the social and emotional development of the child, including unique personal attributes (e.g., self-concept inventories), personal feelings (affective assessment of anger, frustration, isolation, etc.), attitudes, social interactions, perceptions, and thought processes should be identified through child, parent, and teacher interviews and other relevant procedures.

Setting analysis data

Information regarding a child's educational environments should be gathered through direct observation, anecdotal record review, setting checklists, and interviews. Data from other environments should also be gathered. Characteristics of environments, (e.g., location, sounds, lighting, degree of structure, or supervision, number of children, types of social interaction expected) should be considered in the analysis of data. Documentation of environmental modifications and/or accommodations (e.g., academic and behavioral supports) should be included.

Academic achievement data

For a school-age child, there should also be an assessment of the child's academic achievement and educational strengths and needs.

Developmental data for a child, birth to age five

The child must demonstrate a deficit of 1.3 standard deviations or greater in at least one of the following areas: (1) intellectual functioning; (2) communication; or (3) at least one component of adaptive behavior.

Examples of intervention outcome data

The child's responses to SAT interventions are considered in the comprehensive evaluation process

- An emotional disturbance may coexist with any other educational disability or mental health diagnosis (e.g., specific learning disability, speech-language impairment)
    - When behavior problems can be attributed primarily to another disability, the child's primary disability should be that disability, rather than an emotional disturbance
- An emotional disturbance may include children with schizophrenic disorders, affective disorders, anxiety disorders, or other sustained disorders of conduct or adjustment when they adversely affect educational performance
- An emotional disturbance is an educational decision and is a term used to facilitate early identification by public school personnel. Educational evaluation includes a combination of, but not limited to
    - Functional behavioral assessments
    - History of developmental milestones
    - Parent interviews/rating scales
    - Individual achievement testing
    - Classroom assessment data
    - Norm-referenced testing data
    - Criterion-referenced assessments
    - District-wide assessments
    - Curriculum-based assessments
    - Observation and analysis of behavior
    - Teacher anecdotal records

The MDT shall be responsible for the consideration of all available data, including data provided by parents or evaluations from outside agencies (e.g., psychological evaluations, medical reports, social service agency reports).

Parent involvement in the evaluation process is of utmost importance.

Section 3: PROCEDURES TO DETERMINE ADVERSE EFFECT ON DEVELOPMENT/EDUCATIONAL PERFORMANCE

FACTORS TO CONSIDER

The MDT must determine whether the adverse effects on educational performance are primarily a result of the emotional disturbance or other disabilities. When concomitant learning or developmental needs exist, the team must determine which condition is the primary cause of the need.

Many factors must be considered in determining if an emotional disturbance is causing, or can be expected to produce, significant delays in the child's development or educational performance. The factors include, but are not limited to:

- Reports from physician(s) pertaining to the medical/mental health condition of the child
- Developmental assessments
- Checklists/or rating scales
- Critical incident interviews
- Academic achievement data
- Social-affective assessment data
- Reported behaviors
- Type, degree, duration, and severity of emotional disturbance
- Comparable data for randomly selected non-identified peers
- Cause of the emotional disturbance (if known)
- Nature/status of the emotional disturbance

- Age of child when behavior difficulties initially occurred
- Current age
- History of use of modifications/adaptations
- History of intervention and response
- Relevant family history
- Current educational placement
- Current levels of performance
- State and district-wide assessments
- Setting analysis data
- Vocational/postsecondary transition needs

This list is not exhaustive. Examination of each of these factors may lead to additional factors to consider. Psychologists, teachers of children with an emotional disturbance, and appropriate related services staff are the primary professionals who can determine how these factors may impact the child. Parents, teachers, and the child him/herself can also provide information important in determining the impact of the emotional disturbance.

Below you will find listed the five conditions that constitute an emotional disturbance as defined by Federal and State definitions: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors; (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (C) Inappropriate types of behavior or feelings under normal circumstances; (D) A general pervasive mood of unhappiness or depression; (E) A tendency to develop physical symptoms or fears associated with personal or school problems.

The following questions will guide documentation and determination of whether the disability has an adverse effect on the child's developmental/educational performance:

- **An inability to learn which cannot be explained by intellectual, sensory, or health factors**

    - Does the child meet district standards (outcomes) for his/her grade level?
    - Is the child's learning impaired academically or socially?
    - Does the child's progress reflect his/her ability levels?

- Does the child have problem solving skills?
- What is the child's ability to focus on a particular task in which he/she is involved?
- What is the child's ability to complete a given assignment?
- Does the child exhibit an interest in his/her schoolwork and assignments?
- What is the child's ability to complete a given assignment?
- What is the child's level of impulsivity?
- Are the problem behaviors likely to impact success in the community or in later life?

An inability to build or maintain satisfactory interpersonal relationships with peers and teacher

- Does the child exhibit an interest in friends, family members, etc.?
- Does the child try to avoid interactions with peers, either during play times or classroom work times?
- Does the child eat lunch with friends or does the child eat in isolation by his/her own choice?
- Does the child accept responsibility for his/her own actions?
- Is the child's self-esteem affected by his/her behavior?
- Is the child assertive?
- Does the child have appropriate self-confidence?
- What types of relationships does the child have with peers and family members?
- Is the child able to build and maintain satisfactory interpersonal relationships with peers? with adults?
- Does the child have appropriate peer relationships? With teachers?
- Does the child exhibit a lack of insight in particular situations?
  - Do these social situations involve either another child or an adult?
  - In what ways does the child exhibit this lack of insight?

Inappropriate types of behavior or feelings under normal circumstances

- How does the child respond when he/she does not receive his/her expected response to a request, question, etc.?
- Does the child exhibit impulsivity?
- How often does the child exhibit impulsivity?
  - Are there particular situations (e.g., during meals, free time, recess, transition between activities, etc.) in which the child exhibits impulsivity?

- Is the child able to calm him/herself after exhibiting impulsivity?
- Does the child exhibit poor emotional control?
  - Are there particular situations in which the child exhibits poor emotional control?
  - What are some characteristics of the poor emotional control (e.g., crying, shouting, yelling, hiding, etc.)?
- Is the child assertive?
- Does the child have appropriate self-confidence?
- Does the child become angry for no apparent reason?
  - How does the child express his anger or frustration?
- Does the child become agitated easily?
  - How does the child exhibit his/her agitation?
- Does the child often express irritability?
  - What causes this irritability?
  - Is the child able to move away from the situation that is causing the irritability?
  - How does the child express his/her irritability?
- Does the child display aggression?
  - In what ways does the child display aggression (e.g., physical, verbal, etc.)?
  - What causes the child to display aggression?
  - Is the child able to calm him/herself after an aggressive act?
- Is the child responsible and accountable for his/her own actions?
- Does the child's behavior interfere with the learning of others?
- Are the child's behaviors dangerous to the child or other children?

A general pervasive mood of unhappiness or depression

- What are the general characteristics of the mood of unhappiness or depression?
- Does the child exhibit depression and withdrawal?
- Are there particular situations in which the child exhibits depression and withdrawal?
  - In what ways does the child exhibit depression and withdrawal, (i.e., refusing)
  - Refusal to participate, crying, hiding from others, refusal to work on assignments, etc.?
- Does the child exhibit an attitude of apathy in certain situations or events?
  - Under what circumstances does the child exhibit an attitude of apathy?

- Is the child able to become motivated in this same situation that has contributed to the attitude of apathy?
- Does the child describe to another person why he/she is unhappy?
- Are there particular situations in which the child exhibits unhappiness or depression?

- **A tendency to develop physical symptoms or fears associated with personal or school problems**

  - Does the child show evidence of fear?
  - Does the child show evidence of physical symptoms?
  - Does the child ask to visit the nurse's office frequently?
    - Are there general physical symptoms of which the child complains? Stomachache? Headache? Other?
  - What is the child's attendance record?
    - What is the child's attendance pattern?
    - Absent on particular days of the week?
    - Asks to go home at a particular time of the day on a regular basis due to illness or anxiety?
  - Does the child avoid recess or other social situations by complaining of illness?

Other Conditions:

In addition to these behavioral characteristics, the Multidisciplinary Evaluation Team should consider the following conditions under which the behavioral characteristics are exhibited:

- Frequency of behaviors

  - How often do the behaviors occur?
  - What times of the day do the behaviors occur?
  - Are there particular ongoing events that seem to trigger the behaviors?Are there particular days of the week in which the behaviors occur? Particular times of the day?
  - How is data recorded regarding the rate at which the behaviors occur?

- Intensity of behaviors

  - How severe are the behaviors?

- Does the severity of the behaviors escalate over a period of time or does the severity occur instantaneously when an event occurs?
- What are the events/situations that cause severe behaviors to occur?

- Duration of the behaviors, i.e., occurrence of behaviors through time

  - How long do the behaviors persist at any one time?
  - Does the time differ for particular behaviors (e.g., tantrums vs. crying, withdrawal vs. aggressive actions)?
  - Is the duration of the behaviors dependent upon the antecedent event/ situation?

- Patterns of inappropriate behaviors or emotional responses

  - Which behaviors appear to cause problems for the child (target behaviors)?
  - What is the frequency, duration, or intensity of these behaviors?
  - What is the frequency, duration, or intensity of these behaviors for other children (non-disabled) in this environment or similar environments?
  - Do these behaviors deviate significantly from the behavior of peers/and or expected standards?
  - Does the behavior occur in more than one setting? What settings? (e.g., playground, cafeteria, small group, classroom, home, etc.?

- Developmental data for a child, birth to age five

- Can the child's problematic behavior be attributed solely to another disability?

- Appropriate age, cultural, or ethnic norms

  - Does the behavior deviate substantially from the behavior of his/her age peer group in frequency, intensity, or duration?
  - Does the cultural or ethnic status of this child explain or support the child's behavior?
  - What are the expected standards of behavior of all children in settings where problems occur?
  - Are these standards culturally biased?
  - Are these standards reasonable?
  - Is there evidence of delinquency, discipline problems, substance abuse, social maladjustment, or a culturally incompatible learning environment?

Section 4: RELATED DEFINITION

Academic Achievement – A child's level of performance in basic school subjects, measured either formally or informally. (Norlin, 2003

Achievement Test – A test that objectively measures educationally relevant skills or knowledge; a test that measures mastery of content in a subject matter area, as opposed to an intelligence test. (Norlin, 2003)

Adaptive Skill Areas – Daily living skills needed to function adequately in the community, consisting of: (1) communication, (2) self-care skills, (3) home living, 94) social skills, (5) leisure, (6) health and safety, (7) self-direction, (8) functional academics, (9) community use, and (10) work. (Norlin, 2003)

Affective Disorder – A disorder of mood or emotional tone characterized by depression or elation. (Hallahan, Kauffman and Pullen, 2015)

Age-Equivalent Score – A child's raw score or standard score for a test, expressed in the years and months of the chronological age of children for whom that grade is the average. Also called mental age of test age. (Norlin, 2003)

Aggression – Behavior that intentionally causes others harm or that elicits escape or avoidance responses from others. (Hallahan, Kauffman and Pullen, 2015)

Anxiety Disorder – A disorder characterized by anxiety, fearfulness, and avoidance of ordinary activities because of anxiety or fear. (Hallahan, Kauffman and Pullen, 2015)

At Risk – Generally, a child or youth about whom one has a higher than usual expectation of future difficulties as a result of circumstances relating to his or her health status, disability, or family or community situation; typical characteristics of a child who is at risk for reasons other than disability may include being one or more grade levels behind in reading or mathematics achievement, chronic truancy, personal or familial drug or alcohol abuse, or low self-esteem. (Norlin, 2003)

Behavior Management – Strategies and techniques used to increase desirable behavior and decrease undesirable behavior. May be applied in the classroom, home, or other environment. (Hallahan, Kauffman and Pullen, 2015)

Behavior Modification – Systematic control of environmental events, especially of consequences, to produce specific changes in observable responses. May include reinforcement, punishment, modeling, self-instruction, desensitization, guided practice, or any other techniques for strengthening or eliminating a particular response. (Hallahan, Kauffman and Pullen, 2015)

Conduct Disorder – A disorder characterized by overt, aggressive disruptive behavior or covert antisocial acts such as stealing, lying, and fire setting may include both overt and covert acts. (Hallahan, Kauffman and Pullen, 2015)

Duration of Behavior - Occurrence of behaviors through time. (Hallahan, Kauffman and Pullen, 2015)

Externalizing behaviors- disruptive behavior disorders involve acting out and showing unwanted behavior towards others..(CDC website.)

Functional Analysis – Refers to a variety of behavior assessment methodologies for determining the environmental variables that are setting the occasion for and maintaining challenging behaviors such as self-injury. (Heward, 2003)

Functional Behavioral Assessment (FBA) – Evaluation that consists of finding out the consequences (what purpose the behavior serves), antecedents (what triggers the behavior), and settings events (contextual factors) that maintain inappropriate behaviors; this information can help teachers plan educationally for children. (Hallahan, Kauffman and Pullen, 2015)

Frequency of Behaviors - the rate at which the behaviors occur within a specific length of time. (Hallahan, Kauffman and Pullen, 2015)

Impulsivity – An approach to problem-solving associated with attention deficit hyperactivity disorder (ADHD); responding abruptly without consideration of consequences or alternatives. (Norlin, 2003)

Indirect Measures of Behavior- Measures of reported information gathered through checklists or rating scales and critical incident interviews which document the perceptions of school personnel and parents regarding the behavioral pattern of the child.

Intensity of Behaviors - Level or severity of the behaviors. (Hallahan, Kauffman and Pullen, 2015)

Internalizing – Acting-in behavior, anxiety, fearfulness, withdrawal, and other indications of an individual's mood or internal state. (Hallahan, Kauffman and Pullen, 2015)

Observation Behavior Data – Quantifiable measures of actual behavior which include the specific recording, thorough systematic formal observations of the child's behavior including frequency, duration, and intensity of the behaviors of concern; comparable data for randomly selected non-identified peers in comparable situations.

Personality Disorder – A group of behavior disorders, including social withdrawal, anxiety, depression, feelings of inferiority, guilt, shyness, and unhappiness as identified by Quay (1975). (Heward, 2003)

Positive Reinforcement – Presentation of a stimulus or event immediately after a behavior has been emitted, which has the effect of increasing the occurrence of that behavior in the future. (Heward, 2003)

Positive Behavior Support (PBS) – Systematic use of the science of behavior to find ways to support desirable behavior of an individual rather than punishing the undesirable behavior; positive reinforcement (rewarding procedures that are intended to support a child's appropriate or desirable behavior). (Hallahan, Kauffman and Pullen, 2015)

Self-Monitoring – A type of cognitive training technique that requires individuals to keep track of their own behavior. (Hallahan, Kauffman and Pullen, 2015)

Setting analysis data - Information regarding a child's educational environments should be gathered through direct observation, anecdotal record review, setting checklists, and interviews. Additional data from other environments should also be gathered. Characteristics of environments, i.e., location, sounds, lighting, degree of structure or supervision, number of children, types of social interaction expected. Documentation of environmental modifications and/or accommodations (i.e., academic and behavioral supports) should be included.

Social-Affective Assessment Data - Information about the social and emotional development of the child, including unique personal attributes (e.g., self-concept inventories), personal feelings (affective assessment of anger, frustration, isolation, etc.), attitudes, social interactions, perceptions, and thought processes, identified through child, parent, and teacher interviews and other relevant procedures.

Section 5: FREQUENTLY ASKED QUESTIONS

1. Five different behavioral characteristics are listed in the definition of emotional disturbance. Are these the only behavioral characteristics that can be considered for the eligibility of emotional disturbance?

To be eligible as a child with an Emotional Disturbance, the child should meet one or more of the five behavioral characteristics. However, in addition to one or more of these behavioral characteristics, there may be other behavioral characteristics that the MDT will take into consideration in the eligibility of an Emotional Disturbance. If the child does not meet the guidelines for eligibility of an Emotional Disturbance, the MDT may need to evaluate the child for another disability.

2. Is a medical diagnosis required as a part of the eligibility process for an Emotional Disturbance?

No. However, if the child is diagnosed with a medical/mental health condition that has a high probability of resulting in an Emotional Disturbance, a report from a physician describing the medical/mental health condition and its implications is required and should be considered. The Multidisciplinary Evaluation Team (MDT) will consider this report as they complete the comprehensive evaluation.

3. Can a school require that parents seek medication related to the behavior of a child?

No. Recommendation for medication is medical advice, and normally schools should not become involved in recommending, let alone requiring, a child to be on medication. However, educators can provide information to parents and, if authorized, to physicians in order to help them understand the effects and potential side effects of the medication the child is receiving.

4. Is it required that a child have a mental health or medical diagnosis in order to be eligible to meet criteria as having an Emotional Disturbance?

No. A medical diagnosis is not required for special education eligibility in the disability category of Emotional Disturbance. If this information is available, it can be considered by the MDT, but it is not required, and cannot, in itself, be a deciding factor in eligibility.

5. If a child has a DSM diagnosis, may a school choose to identify the child in the category of "other health impairment" rather than "Emotional Disturbance"?

Assuming that a child would meet the eligibility criteria of both of these categories of special education, it would seem probable that the child should be identified as having a "Emotional Disturbance" as the primary disability. A DSM diagnosis in itself does not meet the requirements for eligibility of a disability in either of these categories and does not necessarily identify a chronic or acute health condition as required for "OHI". The only DSM diagnosis mentioned in federal policy is ADD or ADHD. While eligibility of a child as having "Other Health Impairment" may have less stigma than "Emotional Disturbance", that is not a valid reason for determining eligibility.

6. If there is suspicion that a mental/medical condition is present, is the school required to pay for the medical/mental health evaluation?

It depends. In many cases, a medical/mental health evaluation will already have been completed and the physician will send a report to the MDT with the parent's written permission. If a medical/mental health evaluation has not been completed and is needed to determine eligibility, then the school may be responsible for the evaluation.

7. How severe must the medical/mental health condition be for the child to be eligible as a child with an Emotional Disturbance?

The severity of the medical/mental health condition will be documented in a written report from a physical; however, there must be evidence of an adverse effect on the development or educational performance of the child in order for the child to be eligible with an Emotional Disturbance

8. Can a child meet the guidelines for having an Emotional Disturbance if he/she is doing well academically in his/her classes?

Yes. Because the assessment for achievement includes not only academic achievement, but also social/interpersonal skills, adaptive skills, speech/language skills, and any skills considered a part of that child's achievement.

9. Can a child meet the guidelines for an Emotional Disturbance if the child has compensated for the Emotional Disturbance by using medication, counseling, behavior management strategies, etc.?

It depends. The eligibility of an Emotional Disturbance is a two-pronged process including both the behavioral characteristics and achievement. If the child has compensated for the Emotional Disturbance through medications, counseling, behavior management strategies, etc., yet there is an adverse effect on the educational performance of the child, then the child could certainly be eligible as a child with an Emotional Disturbance.

10. Can a child who has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) be eligible as having an Emotional Disturbance?

Yes. ADHD and ADD are both a part of the federal and state definitions. However, the child must meet the eligibility guidelines for a child with an Emotional Disturbance, which includes an adverse effect on educational performance/development.

11. If the cultural or ethnic status of the child explains or supports the behavior/ scan the child be eligible as having an Emotional Disturbance?

Not unless the behavior deviates substantially from the behavior of his or her age peer group in frequency, intensity, or duration.

Section 6: REFERENCES AND RESOURCES

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American Academy of Pediatrics www.aap.org

American Academy of Child and Adolescent Psychiatry www.aacap.org

American Psychiatric Association www.psych.org

American Psychological Association www.psy.org

Anxiety Disorders Association of America www.adaa.org

Center for Mental Health Services/Knowledge Exchange Network www.mentalhealth.samsha.org

Center on Positive Behavioral Interventions and Supports www.pbis.org Child and Adolescent Bipolar Foundation www.bpkids.org

Clearinghouse on Disability Information Office of Special Education and Rehabilitation Services (OSERS) www.ed.gov/about/offices/list/osers/index.html

Council for Exceptional Children (CEC) www.cec.sped.org Council for Children with Behavior Disorders www.ccbd.net

Education Resources Information Center (ERIC) www.ed.gov/EdFed/ERIC.htm Family Connections www.familyconnectionsnj.org

FAST: Families and Schools Together www.wcer.wisc.edu/fast

Federation of Families for Children’s Mental Health www.ffchmh.org

National Alliance for the Mentally Ill www.nami.org

National Association of School Psychologists www.nasponline.org

National Dissemination Center for Children with Disabilities (NICHCY) www.nichcy.org

National Institute of Child Health and Human Development (NICHD) www.nichd.nih.go

National Institute of Mental Health (NIMH) www.nimh.org

National Mental Health and Education Center www.naspcenter.org

National Institute on Disability and Rehabilitation Research (NIDRR) www.ed.gov/about/office/ National Organization on Disability www.nod.org