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Students with Handicaps, Social Maladjustments or Learning Difficulties :

D E F I N I T I O N S

***STUDENTS WITH HANDICAPS, SOCIAL MALADJUSTMENTS
OR LEARNING DIFFICULTIES: DEFINITIONS***

*Direction de l'adaptation scolaire et des services
complémentaires*

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Introduction

The *Education Act* recognizes the right of all students to educational services adapted to their needs. As soon as a difficulty or handicap prevents a student from pursuing his or her studies as intended by the Québec Education Program or achieving greater social integration, school principals must establish an individualized education plan to enable them to provide educational services adapted to the student's needs.

In order to support schools in this task, the Ministère de l'Éducation grants them resources on the basis of parameters it establishes. For students with severe behavioural disorders and for handicapped students, an appropriate declaration of enrollments as of September 30, based on common criteria, is thus essential both to ensure that the school obtains the required resources and to ensure that they are distributed equitably. The Ministère has its regional offices validate the declaration of these enrollments annually.

Although the needs and characteristics of every student with a social maladjustment, a learning difficulty or a handicap require that the school staff establish an individualized education plan, characteristics shared by certain students enable the Ministère to establish broad categories of students on the basis of which a level of resources is attributed to educational institutions to enable them to organize educational services for these students.

The definitions presented in this document regarding students with severe behavioural disorders and handicapped students are used for the annual declaration of enrollments by the school boards and private schools. In addition to serving as a basis for the allocation of resources by the Ministère, this declaration is used regularly for statistics, analysis and research on the educational paths of these young people.

Notwithstanding the 31 categories and subcategories established by the Ministère in the last decade, specialized organizations, parents' associations, and professional groups are always proposing new categories for students with certain specific characteristics. In addition, the increasing complexity of creating files on students with handicaps, social maladjustments or learning difficulties, the more demanding requirements of the declaration of enrollments, the varying levels of expertise of specialized personnel, the unequal distribution of specialists within Québec and the various interpretations of the numerous existing definitions lead to injustices that must be eliminated or minimized as far as possible.

In this context, the Ministère agreed with its partners to reduce the number of financial ratios, to reduce the number of categories of students with handicaps or difficulties and to adopt a more comprehensive approach. This decision is designed to reduce administrative requirements and simplify the declaration and validation of enrollments while ensuring the fairest possible distribution of resources. It also aims to enable the school staff to devote most of their time to educational action with their students.

Introduction (continued)

This document concerns two broad categories of students. The first broad category, which comprises students with social maladjustments or learning difficulties, is divided into two groups: students with difficulties, termed at-risk students, and students with severe behavioural disorders. The second broad category is that of students with handicaps.

The proposed definition of an at-risk student is based on a comprehensive approach that emphasizes the prevention of difficulties. These students no longer have to be identified by name, which means that energy and resources can be focused on finding ways to improve the services to students.

In addition, for a student to be considered as having severe behavioural disorders or a handicap, for purposes of the Ministère de l'Éducation's declaration of enrollments, three elements must be present:

1. First, a **diagnosis** by qualified personnel. The diagnosis defines the disability, and often the disease or injury responsible for the disability, or the nature of the disorder. Knowing the cause of a handicap or disorder may help teachers select their approach, decide which learning strategies to adopt and define objectives realistically.
2. Next, **evaluation of the disabilities and limitations** caused by a disability or a serious disorder, which hinder or prevent the student from learning the content of the program of studies or developing autonomy and achieving social integration. This procedure makes it possible to discover the needs and abilities that the educational activity should focus on if the problems created by the disability or disorder are eliminated or at least reduced.
3. Finally, the **support**, i.e. the measures taken to eliminate or reduce the disadvantages created by a disability or a serious disorder, in order to enable the student to function at school despite his or her disability or difficulties. The extent of the support measures is often the best indicator of the seriousness of the disability or disorder diagnosed.

The document presents the Ministère de l'Éducation's new definitions and explains the interpretation criteria used by the Ministère in its annual validation of the declaration of enrollments. Its main objective is to promote consistency in the interpretation of the definitions and characteristics of the various groups of students considered.

Beyond the definitions proposed here and their various interpretations, and beyond the category in which the Ministère may place a given student with a handicap or a difficulty, schools must take into account the needs and characteristics of each student in creating individualized education plans.

We hope that this document will help lighten the administrative burden and support the continuing efforts of schools to manage educational services adapted to the needs of students with social maladjustments, learning difficulties or handicaps.

Students With Handicaps, Social Maladjustments or Learning Difficulties

A. Students with social maladjustments or learning difficulties

At-risk students

Severe behavioural disorders

13 Covered by an agreement between the MEQ and the MSSS

14 Not covered by an agreement between the MEQ and the MSSS

B. Students with handicaps

Mild motor impairments, organic impairments or language disorders

Moderate to severe intellectual impairments, profound intellectual impairments or severe developmental disorders

Severe physical handicaps

33 Mild motor impairments or organic impairments

34 Language disorders

24 Moderate to severe intellectual impairments

23 Profound intellectual impairments

50 Pervasive developmental disorders

53 Psychopathological disorders

99 Atypical disorders

36 Severe motor impairments

42 Visual impairments

44 Hearing impairments

A. STUDENTS WITH SOCIAL MALADJUSTMENTS OR LEARNING DIFFICULTIES

A.1 AT-RISK STUDENTS

At-risk students are students who require special support measures because they:

- experience difficulties that may lead to failure ;
- exhibit learning delays ;
- have emotional disorders ;
- have behavioural disorders ;
- have a developmental delay or a mild intellectual impairment.¹

Identification of these students for purposes of the Ministère de l'Éducation's declaration of enrollments is no longer required. Funding of the services they require is standardized.

Evaluation of the needs and abilities of these students remains necessary in order to identify the services they should receive and to establish their individualized education plan. However, this procedure can now focus more on the search for conditions favouring their educational success than on a specific diagnosis to establish their admissibility to funding of the services required. For some years, the funding of the services they need has been independent of this declaration, and because funding is standardized, the fact that students are not identified does not mean that fewer resources and services are available to help them.

The concept of the at-risk student is based on a noncategorical view of the educational services provided to students deemed at-risk, which emphasizes preventive action. From this viewpoint, the administrative identification of at-risk students is not a precondition for offering them services adapted to their needs. This outlook is also based on the observation that the categories previously used were somewhat fluid and unreliable, which did not justify the time spent gathering the information for them. In addition, the previous definitions, when applied strictly, left no room for preventive action.

We propose a definition of at-risk students that is based on their progress or lack of progress towards the goals established by the school regarding their learning, social development and qualification. It is the student's progress in relation to these goals that will determine whether preventive action or special education will be necessary. This type of definition is based on the recognition of a need and the intention to provide a service designed to make possible educational success for students who would normally be unlikely to succeed.

Understanding the student's needs and the way in which the educational services must be adapted requires concerted action by the teacher, the student and the parents, the school principal and, if necessary, nonteaching professional or support staff. This collective approach makes it possible to adopt measures to prevent the emergence or worsening of temporary problems. It may also lead to the establishment of an individualized education plan that defines the special education measures to be taken by the school and the parents to help the student achieve the targeted learning or behaviour. Periodically, the school and the family should validate their perception of the evolution of the student's situation and give each other support in choosing and carrying out measures to help the student.

1. Great care must be taken in diagnosing a mild intellectual impairment. The American Association on Mental Retardation revised its definitions in 1992. The new view of mental retardation takes into account the amount of special support a person with a handicap needs. Thus a new dimension is included in definitions of the intensity of the handicap. In addition to the results of intelligence tests or development scales and the evaluation of adaptive behaviours, the evaluation of the student's need for services is taken into consideration.

A.1 AT-RISK STUDENTS (cont'd)

By way of example, at-risk children or students may exhibit some of the following characteristics:

Preschool:

- have frequent discipline problems,
- are isolated, do not mix with other students,
- have an expressive language delay (without a language disorder),
- experience difficulty in following instructions given by an adult,
- experience difficulty in selecting, processing, retaining and using information,
- manifest a delay in awareness of written language and numbers,
- have attention deficits,
- have a developmental delay,
- have behavioural disorders.

Elementary:

- experience difficulty attaining the objectives of the Québec Education Program,
- have an expressive language delay (without a language disorder),
- are considered overreactive (discipline problems, attention deficit) or underactive (minimal interaction with classmates),
- have learning difficulties or disorders,
- have a mild intellectual impairment,
- have emotional problems,
- have behavioural disorders.

Secondary:

- have an academic delay,
- have learning difficulties or disorders,
- have a mild intellectual impairment,
- have non-academic difficulties (pregnancy, anorexia, depression, addiction, etc.),
- have emotional problems,
- have missed several classes, without a valid reason,
- have been involved in several incidents related to discipline (suspension, detention, etc.),
- have behavioural disorders.

Other students experience difficulties because they are not proficient in the language of instruction, are not adapted to the host culture, or do not understand the subtleties of the language, despite measures such as welcoming classes or despite having spent time in an ordinary classroom. They too may need special services.

Definition	Interpretation and comments
<p>A.2 STUDENTS WITH SEVERE BEHAVIOURAL DISORDERS</p> <p>Students are deemed to have severe behavioural disorders linked to psychosocial disturbances when a general functional evaluation,¹ carried out by a multidisciplinary team,² including a specialist from student services, using systematic observation techniques and standardized tests,³ observes the following characteristics:</p> <ul style="list-style-type: none"> - aggressive or destructive behaviour of an antisocial nature that has manifested itself frequently over several years; - repetitive and persistent behaviour that significantly violates other students' rights or the social rules appropriate for an age group and that takes the form of verbal or physical aggression, irresponsible behaviour and the constant challenging of authority.⁴ <p>The intensity and frequency of this behaviour are such that special education and systematic supervision are necessary. An evaluation using a standardized behaviour rating scale shows that these students fall at least two standard deviations from the mean for their age group.⁵</p> <p>The severity of the students' behaviour is such that that it prevents them from carrying out their daily activities and, in terms of educational services, necessitates the intervention of supervisory or rehabilitation personnel for most of the time the students are in school.⁶</p> <p>When the student concerned receives services under the <i>Youth Protection Act</i> or the <i>Young Offenders Act</i>, according to the terms of the agreement between the MEQ and the MSSS, the code 13 is applied.⁷</p> <p>If the student is not covered by any agreement between the Ministère de l'Éducation (MEQ) and the Ministère de la Santé et des Services sociaux, the code 14 is used.</p>	<p>Identification by name of students in this category remains necessary. The nature of their difficulties and the extent of special services required to meet their needs at school justifies the maintenance of this requirement.</p> <ol style="list-style-type: none"> 1. For the purpose of classifying a student as having severe behavioural disorders linked to psychosocial disturbances, the general functional evaluation must take into account academic, psychological, psychosocial and other relevant factors. 2. The multidisciplinary team should include at least one consultant, such as a social worker, psychologist or psychoeducator. 3. Observation techniques and standardized tests refer to observation checklists completed by the teacher or a non-teaching professional, sociometric surveys, structured interviews conducted by a member of the professional team, behaviour rating scales [Conners, Bullock and Wilson (rating scale of dimensions of behaviour), Achenbach, etc.] and projective tests or other standardized psychometric tests. 4. A student with severe behavioural disorders exhibits a wide variety of inappropriate behaviour, the frequency and intensity of which is very high. Aggression is a very frequent and consistent response and constitutes the student's dominant pattern of behaviour. <p>Examples of types of behaviour:</p> <ul style="list-style-type: none"> - threatening school staff (beyond verbal abuse) ; - attacking classmates (beyond provocation) ; - injuring classmates ; - putting the physical safety of others in danger by throwing objects or in other ways ; - damaging their surroundings significantly, or committing provoked or unprovoked acts of vandalism ; - abusing drugs to the point of endangering their health, their psychological stability or their life in society ; - stealing objects of significant value.

Definition	Interpretation and comments
	<ol style="list-style-type: none"><li data-bbox="1357 305 2446 412">5. Evaluation by means of standardized behaviour tests indicates the seriousness of the student's behavioural disorders. The results of such evaluation must be accompanied by valid observation data and an appropriate description of the student's disturbing behaviours.<li data-bbox="1357 440 2446 634">6. Before students can be classified as having severe behavioural disorders, they must be provided with sustained support measures. The severity of their behavioural problems must result in their being placed in a special class and receiving systematic support and supervision by a special education technician, a psychoeducator or staff member with comparable training, who must assist the teacher in the classroom for at least 50 percent of the time the student is in class. Without this support, these students might be unable to continue attending school.<li data-bbox="1357 662 2446 805">7. Code 13 is used exclusively to designate students who are covered by an agreement between the MEQ and the MSSS, students who have been admitted to a rehabilitation centre because of their behavioural disorders. In certain exceptional cases, students who have been placed in this category may not exhibit the characteristics corresponding to the definition given of this category but have been admitted to a rehabilitation centre.

B. STUDENTS WITH HANDICAPS	
Definition	Interpretation and comments
<p>According to section 1 of the <i>Education Act</i> a student is considered handicapped if his or her situation corresponds to that described in the definition of a "handicapped person" in section 1 of the <i>Act to secure the handicapped in the exercise of their rights</i> (R.S.Q., chapter E-20.1): "a person limited in the performance of normal activities who is suffering, significantly and permanently, from a physical or mental deficiency, or who regularly uses a prosthesis or an orthopedic device or any other means of palliating his handicap."</p> <p>For the annual September 30 declaration of enrollments, the categories of students described in this document allow for the recognition as handicapped of students who fulfill the following three conditions:</p> <ol style="list-style-type: none">1. a handicap has been diagnosed by a qualified person;2. they have disabilities that limit or prevent their participation in educational services;3. they need support in order to function at school. <p>The individualized education plan must take into account the diagnoses, which often clarify the origin of the student's limitations and disabilities and also his or her needs and abilities.</p> <p>Students with multiple handicaps or difficulties should be given the code of the category that corresponds most closely to their characteristics and their principal limitations.</p>	<p>Many students with handicaps, indeed, the majority of such students receive student services from the school boards and also from institutions in the health and social services network, such as the various rehabilitation centres, according to their respective mission.</p>

Definition	Interpretation and comments																		
<p>B.1 STUDENTS WITH MILD MOTOR IMPAIRMENTS, ORGANIC IMPAIRMENTS OR LANGUAGE DISORDERS</p> <p>1.1 Mild motor impairments or organic impairments – Code 33</p> <p>1.1.1 Mild motor impairments</p> <p>Students are deemed to have a mild motor impairment when a neuromotor examination carried out by a qualified person¹ shows that they have one or more nervous, muscular or osteoarticular disorders.²</p> <p>Students are considered “handicapped by a mild motor impairment” when a functional evaluation shows that, even with technological aids, they have one or more of the following characteristics:</p> <ul style="list-style-type: none"> - difficulty accomplishing tasks involving grasping (manual dexterity); - difficulty accomplishing daily activities (personal hygiene, eating); - limitations in mobility hindering their ability to get around. <p>These difficulties or limitations may be accompanied by difficulty in learning to communicate.</p> <p>These characteristics necessitate special training and periodic support at school.³</p>	<p>1. A general practitioner or a medical specialist can diagnose a mild motor impairment.</p> <p>2. As a general rule, the person’s motor functioning is affected by damage or lesions to the nerve centres that command muscular contractions, by congenital malformations of the skeleton, or by amputation of limbs.</p> <p>The impairments are either of a nervous, muscular or osteoarticular nature.</p> <p style="text-align: center;">MOTOR IMPAIRMENTS</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1. Neurological</td> <td style="width: 33%;">2. Muscular</td> <td style="width: 33%;">3. Osteoarticular</td> </tr> <tr> <td>1.1 Friedreich’s ataxia</td> <td>2.1 Muscular dystrophy</td> <td>3.1 Congenital malformations</td> </tr> <tr> <td>1.2 Paraplegia and tetraplegia</td> <td></td> <td>3.2 Spina bifida</td> </tr> <tr> <td>1.3 Cerebral motor deficiency</td> <td></td> <td>3.3 Amputations</td> </tr> <tr> <td>1.4 Cranial trauma</td> <td></td> <td>3.4 Juvenile rheumatoid arthritis</td> </tr> <tr> <td>1.5 Uncontrolled epilepsy</td> <td></td> <td></td> </tr> </table> <p>3. The student’s ability to carry out everyday activities is significantly and persistently limited. Even with technical aids, he or she requires special training and regular but not constant support. This means that the student needs help (e.g. an aide) on a permanent basis, but only at certain times of the day.</p> <p>In classifying a student as handicapped by a mild motor impairment, it is necessary to take into account both the diagnosis and the services he or she requires.</p>	1. Neurological	2. Muscular	3. Osteoarticular	1.1 Friedreich’s ataxia	2.1 Muscular dystrophy	3.1 Congenital malformations	1.2 Paraplegia and tetraplegia		3.2 Spina bifida	1.3 Cerebral motor deficiency		3.3 Amputations	1.4 Cranial trauma		3.4 Juvenile rheumatoid arthritis	1.5 Uncontrolled epilepsy		
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Definition	Interpretation and comments
<p>1.1.2 Organic impairments</p> <p>An organic impairment is diagnosed when a medical and functional evaluation¹ shows that one or more of a student's vital systems (e.g. respiratory, circulatory, genito-urinary system) are affected by problems resulting in permanent organic disorders² and have a serious impact on the student's ability to function in school.</p> <p>An organic impairment is recognized as having a serious impact on a student's ability to function in school when the functional disorders that have been diagnosed involve the following characteristics:</p> <ul style="list-style-type: none">- special care has to be integrated into the student's daily schedule (frequent medication, insulin and monitoring, a nurse);- the student has difficulty with the programs of study because of medical treatment (reduced concentration, persistent pain, anxiety, reduced hours of school attendance);- the student's access to certain places may be restricted by the nature of the disease;- frequent absences, sometimes for prolonged periods, lead to academic delay. <p>An organic impairment is recognized as having a serious impact on a student's ability to function in school when it is necessary to integrate special teaching methods and special care into the student's daily schedule.</p>	<ol style="list-style-type: none">1. A general practitioner or a medical specialist can diagnose an organic impairment.2. Certain chronic diseases are classified as organic impairments when they seriously and persistently limit a person's ability to carry out daily activities. When these conditions are medically controlled and allow the person to function normally, they are not considered handicaps. <p>The main chronic illnesses are: cystic fibrosis, leukemia, hemophilia, kidney disease, asthma, insulin-dependent diabetes, major pulmonary diseases, acute and prolonged inflammatory bowel diseases.</p> <p>The condition of a student with an organic impairment requires that special care in keeping with his or her medical diagnosis and special teaching methods be integrated into his or her daily schedule.</p>

Definition	Interpretation and comments
<p>1.2 Language disorders – Code 34</p> <p>Students are deemed to have a language disorder when a functional evaluation, carried out by a multidisciplinary team¹ using systematic observation techniques and appropriate tests,² leads to a diagnosis of severe dysphasia.³</p> <p>Severe dysphasia: A serious and persistent language development disorder significantly limiting verbal interactions, socialization and learning at school.</p> <p>Students are considered handicapped when a functional evaluation indicates:</p> <ul style="list-style-type: none"> - major difficulties in the areas of: <ul style="list-style-type: none"> • language development • verbal expression • cognitive verbal functions - moderate to severe difficulties in the area of: <ul style="list-style-type: none"> • verbal comprehension <p>The disorder is persistent and severe enough to prevent a student from carrying out school tasks normally expected of people of the same age.</p> <p>The student thus requires student services and an adapted pedagogy.</p>	<ol style="list-style-type: none"> 1. A speech-language pathologist working with a multidisciplinary team can diagnose severe dysphasia. 2. The criteria for a diagnosis of severe dysphasia include: <ul style="list-style-type: none"> - the persistence of serious difficulties beyond the age of five; - regular monitoring by a speech-language pathologist for at least six months; - a systematic evaluation based on observation and appropriate tests; - the disorder affects expression as a whole, and not just articulation or phonology; - the ability to understand is affected. 3. The following diagnoses are accepted: <ul style="list-style-type: none"> - congenital or developmental aphasia; - pure word deafness; - semantic-pragmatic disorder; - syntactical-phonological disorder; - lexical-syntactical disorder; - verbal dyspraxia; - phonological programming disorder; - atypical serious language disorders.

Definition	Interpretation and comments
<p>B.2 STUDENTS WITH MODERATE TO SEVERE INTELLECTUAL IMPAIRMENTS, PROFOUND INTELLECTUAL IMPAIRMENTS OR SEVERE DEVELOPMENTAL DISORDERS</p> <p>2.1 Moderate to severe or profound intellectual impairments – Codes 24 and 23</p> <p>Students are deemed to have a moderate to profound intellectual impairment when the evaluation of their cognitive functioning by a multidisciplinary team using standardized tests shows a level of general functioning that is clearly below average, as well as impaired adaptive behaviour² appearing from the beginning of the development period.</p> <p>2.1.1 Moderate to severe intellectual impairments — Code 24</p> <p>An intellectual impairment is qualified as “moderate to severe” when a functional evaluation shows that a student displays:</p> <ul style="list-style-type: none"> - limitations in the area of cognitive development restricting the ability to learn with respect to certain objectives of the ordinary program of studies and requiring an adapted pedagogy or program; - limited functional abilities in the area of personal and social autonomy resulting in a need for assistance in new activities or a need for instruction in basic autonomy; - more or less pronounced difficulties in sensory, motor and communication development making adapted intervention necessary in those areas. <p>An intellectual or development quotient of between 20-25 and 50-55 is usually considered to denote a moderate to severe intellectual impairment. The results of standard cognitive functioning tests can be translated into a development quotient by means of the following formula:</p> <p>Development quotient = $\frac{100 \times \text{developmental age}}{\text{chronological age}}$</p>	<ol style="list-style-type: none"> 1. A psychologist or a guidance counsellor working with a multidisciplinary team can diagnose moderate to severe or profound intellectual impairments. The required evaluations determine that the students’ intellectual or development quotient is between 20-25 and 50-55 in the case of a moderate to severe intellectual impairment, and below 20-25 in the case of a profound intellectual impairment. 2. Adaptive behaviour refers to the ability to meet the standards of personal autonomy and social responsibility dictated by the student’s life environment. <p>The adaptive behaviour evaluation is based on the following major areas: personal autonomy, receptive and expressive language achievement in basic school subjects, motor skills, financial independence, self-determination, etc. Various scales of adaptive behaviour are used to assess students’ abilities in these areas.</p> <p>Both the diagnosis and the services to be provided must be taken into account in placing a student in this category.</p>

Definition	Interpretation and comments
<p>2.1.2 Profound intellectual impairments — Code 23</p> <p>An intellectual impairment is qualified as “profound” when a functional evaluation shows that a student displays:</p> <ul style="list-style-type: none"> - major limitations in the area of cognitive development making attainment of the objectives of the ordinary program of studies impossible and requiring the use of an adapted program; - manifestly limited perceptual, motor and communication skills, requiring individualized methods of evaluation and stimulation; - very low functional abilities in the area of personal and social autonomy, with a constant need for support and supervision to accomplish daily school tasks. <p>A functional evaluation may show that the student has related impairments, such as physical disabilities and sensory impairments, neurological or psychological disorders and a strong susceptibility to various diseases.</p> <p>A development quotient below 20-25 is usually considered to denote a profound intellectual impairment. The results of standard cognitive functioning tests can be translated into a development quotient by means of the following formula:</p> <p>Development quotient = $\frac{100 \times \text{developmental age}}{\text{chronological age}}$</p>	<p>1 Most of the students considered here have other disabilities, which, in interaction with their profound intellectual impairment, influence their development:</p> <ul style="list-style-type: none"> - physical disabilities <p>Various types of weaknesses may negatively affect the mobility of the students’ limbs and the students’ bone structure. As a result of the difficulties caused by these disabilities, these students tire easily. It is thus important to use techniques to ensure that they breathe properly, are comfortable and communicate with those around them. In certain cases, technical aids such as devices that offer support in rising or maintaining a standing position, or wheel chairs, may be necessary. Physical and technical aids and adapted learning materials should enable physically disabled students to function by themselves with a minimum of constraints.</p> <ul style="list-style-type: none"> - sensory impairments <p>Some of these students also have visual or hearing impairments. They need appropriate technical aids to reduce the disadvantages created by these disabilities. In order to use such technical aids, they require training and preparatory exercises given, or at least supervised, by rehabilitation therapy specialists.</p> <ul style="list-style-type: none"> - neurological and psychological disorders <p>Some students with profound intellectual impairments also have neurological and/or psychological disorders (epilepsy, autism or others) that influence their language development, their ability to focus and concentrate, and their perception of time.</p> <ul style="list-style-type: none"> - various diseases <p>Certain students are susceptible to various diseases: pneumonia, asthma, otitis, urinary infections, etc. Medications or injections sometimes have to be administered regularly.</p>

Definition	Interpretation and comments
<p>2.2 Pervasive developmental disorders – Code 50</p> <p>Students are deemed to have a pervasive developmental disorder when a general functional evaluation, carried out by a multidisciplinary team of specialists¹ using systematic observation techniques and standardized tests in accordance with the diagnostic criteria of the <i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM-IV), leads to one of the following diagnoses:</p> <ol style="list-style-type: none"> Autistic disorder:² a set of dysfunctions appearing at an early age and characterized by clearly abnormal or inadequate development of social interaction and communication and a markedly restricted, repetitive and stereotyped repertoire of activities, interests and behaviour. Autism takes the form of specific limitations: <ul style="list-style-type: none"> - an inability to make friends, significant problems integrating into a group; - an inability to understand concepts and abstract ideas, a limited comprehension of words and gestures; - special language and communication problems: some autistic students have no language, while others engage in echolalia, invert pronouns, etc.; - behaviour problems (hyperactivity or abnormal passivity, fits, fearfulness in ordinary situations or a lack of fear in dangerous situations, etc.); - mannerism, stereotypy, etc. Rett's syndrome, childhood disintegrative disorder, Asperger's syndrome and non-specific pervasive developmental disorder are also considered severe developmental disorders.³ <p>The disorders considered here are severe enough to prevent the students from carrying out tasks that would normally be appropriate for their age and school environment, without constant supervision.</p>	<ol style="list-style-type: none"> A psychiatrist or child psychiatrist, working with a multidisciplinary team, can diagnose severe developmental disorders. Autism is a syndrome. When a specific disease is diagnosed, its causes and an appropriate treatment can be determined. In the case of a syndrome, a number of symptoms occur together, but this in itself does not make it possible to determine the cause and nature of the disorder. Autistic individuals share certain clinical symptoms and developmental disorders, whose precise causes are unknown. <p>Unlike other development handicaps, which appear later, in autism there is evidence of a developmental disorder before the age of three. Specialists have therefore chosen this age as a determining factor in the establishment of a formal diagnosis.</p> The diagnostic criteria are based on DSM-IV, the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, 4th edition, (Washington, DC: American Psychiatric Association, 1994) <p>There are five subgroups of pervasive developmental disorders:</p> <ul style="list-style-type: none"> - autism; - Rett's syndrome; - childhood disintegrative disorder; - Asperger's syndrome; - nonspecific pervasive developmental disorder. <p>Of these five subgroups, autism is the one that affects the largest number of students.</p> <p>In establishing an individualized education plan, the specialized staff member must take into account the specific diagnosis that identifies the origin of the student's limitations, but also the student's needs and abilities, in order to choose appropriate educational services.</p> <p>The diagnosis, the student's limitations and the services he or she requires on a continuous basis must be taken into account in placing a student in this category.</p>

Definition	Interpretation and comments
<p>2.3 Psychopathological disorders – Code 53</p> <p>Students are deemed to have a psychopathological disorder when a general functional evaluation, carried out by a multidisciplinary team of specialists,¹ using systematic observation techniques and standardized tests, leads to a diagnosis of:</p> <p>A psychiatric disability² that appears through a distortion in several areas of development, particularly in the area of cognitive development.</p> <p>Individuals suffering from these disorders may exhibit several of the following characteristics:</p> <ul style="list-style-type: none"> - disorganized behaviour, episodes of serious disturbance; - extreme emotional distress, extreme confusion; - distortion of reality, delirium and hallucinations. <p>These developmental disorders are severe enough to prevent the students from carrying out tasks that would normally be³ appropriate for their age and school environment, without constant supervision.</p>	<ol style="list-style-type: none"> 1. A psychiatrist or child psychiatrist, working with a multidisciplinary team, can diagnose psychopathological disorders in a student. 2. These disorders are manifested in a number of ways, such as: <ul style="list-style-type: none"> - schizophrenia, schizoaffective disorder, delusional disorder, major depressive disorder, dysthymic disorder; - psychotic disorders caused by a general medical condition or a substance. <p>In its annual validation of the number of handicapped students enrolled in Québec schools, the Ministère may recognize as handicapped students diagnosed with disorders such as social phobia, panic disorder, conversion disorder, obsessive-compulsive disorder, post-trauma stress disorder), depending on the severity of each case.</p> 3. Most of these students are unable to adapt to the regular curriculum, i.e. to devote the required number of hours to the usual classroom activities. Many receive instruction in a hospital setting or in a special school where they follow an individualized education plan. When the lack of resources rules out these options, they may be placed in special classes or in regular classes, but must be provided with constant assistance. <p>Both the diagnosis and the services to be provided on a continuous basis must be taken into account in placing a student in this category.</p>

Definition	Interpretation and comments
<p>2.4 Atypical disorders – Code 99</p> <p>Students are deemed to have an atypical disorder when a general functional evaluation, carried out by a multidisciplinary team of specialists, shows that they have characteristics or limitations that do not correspond to any of the categories established by the Ministère for its annual September 30 declaration of enrollments.</p> <p>These diagnoses are very unusual. However, the students' limitations are severe enough to prevent them from carrying out tasks that would normally be appropriate for their age and school environment, without constant supervision.</p>	<p>The atypical disorder is exceptional. It is the responsibility of the regional office concerned to verify the situation and to inform the Ministère annually regarding the number of cases identified.</p> <p>Code 99 is given to students who have special needs and who follow an individualized education plan in institutions specially mandated by the Ministère to play this role. In certain cases, the institutions may be hospital centres.</p>

Definition	Interpretation and comments																		
<p>B.3 STUDENTS WITH SEVERE PHYSICAL HANDICAPS</p> <p>3.1 Severe motor impairments – Code 36</p> <p>Students are deemed to have a severe motor impairment when a neuromotor examination, carried out by a medical specialist,¹ indicates one or more nervous, muscular or osteoarticular disorders.²</p> <p>Students are deemed “handicapped by a severe motor impairment” when a functional evaluation shows that, even with technical aids, they display one or more of the following characteristics:</p> <ul style="list-style-type: none"> - severe functional limitations that may necessitate special training and regular assistance in performing daily activities; - severe limitations in mobility (motility and locomotion) necessitating special assistance in motor development as well as an aide or highly specialized equipment to help them move around. <p>These limitations may be accompanied by serious limitations with respect to communication necessitating the use of alternate means of communication.</p> <p>These limitations necessitate special training and continuous assistance.³</p>	<ol style="list-style-type: none"> 1. A general practitioner or a medical specialist can diagnose a mild motor impairment. 2. As a general rule, the person’s motor functioning is affected by damage or lesions to the nerve centres that command muscular contractions, by congenital malformations of the skeleton or by amputation of limbs. <p>The impairments are either of a nervous, muscular or osteoarticular nature.</p> <p style="text-align: center;">MOTOR IMPAIRMENTS</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1. Neurological</td> <td style="width: 33%;">2. Muscular</td> <td style="width: 33%;">3. Osteoarticular</td> </tr> <tr> <td>1.1 Friedreich’s ataxia</td> <td>2.1 Muscular dystrophy</td> <td>3.1 Congenital malformations</td> </tr> <tr> <td>1.2 Paraplegia and tetraplegia</td> <td></td> <td>3.2 Spina bifida</td> </tr> <tr> <td>1.3 Cerebral motor deficiency</td> <td></td> <td>3.3 Amputations</td> </tr> <tr> <td>1.4 Cranial trauma</td> <td></td> <td>3.4 Juvenile rheumatoid arthritis</td> </tr> <tr> <td>1.5 Uncontrolled epilepsy</td> <td></td> <td></td> </tr> </table> <ol style="list-style-type: none"> 3. The student is significantly and persistently limited in carrying out everyday activities. Even with technical aids, he or she requires special training and regular support. Regular support refers to the fact that the student needs help (e.g. an aide) on a permanent basis. Without an aide, the student would not be able to attend school. However, the aide may be assigned to assist more than one student. <p>Both the diagnosis and the services to be provided must be taken into account in placing a student in this category.</p>	1. Neurological	2. Muscular	3. Osteoarticular	1.1 Friedreich’s ataxia	2.1 Muscular dystrophy	3.1 Congenital malformations	1.2 Paraplegia and tetraplegia		3.2 Spina bifida	1.3 Cerebral motor deficiency		3.3 Amputations	1.4 Cranial trauma		3.4 Juvenile rheumatoid arthritis	1.5 Uncontrolled epilepsy		
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Definition	Interpretation and comments
<p>3.2 Visual impairments – Code 42</p> <p>Students are deemed visually impaired when an eye test carried out by a qualified specialist¹ determines that each eye has a visual acuity of no more than 6/21 or a visual field of less than 60° in the 90° and 180° meridians, with correction by means of appropriate ophthalmic lenses other than special optical devices and supplements of more than + 400 dioptries.²</p> <p>Students are deemed visually handicapped when a functional examination shows that, even with technical assistance, they display one or more of the following characteristics:</p> <ul style="list-style-type: none">- limitations with respect to communication resulting in:<ul style="list-style-type: none">• the need for specialized material (high-quality printed matter, sometimes in the form of large-print text, for the functionally sighted; material in braille and recordings for the functionally blind);• the need for exercises and periodic supervision when using specialized mechanical or electronic devices or specialized instructional material;• the need to learn and use alternate codes in order to read and write (for the functionally blind);• the need for an adapted pedagogy to facilitate comprehension of certain concepts.- limitations with respect to participation in everyday activities necessitating special exercises, the adaptation of teaching and periodic assistance;- limitations with respect to mobility requiring special exercise, the adaptation of teaching and periodic assistance.	<ol style="list-style-type: none">1. An ophthalmologist or an optometrist can diagnose a visual impairment.2. The results of the ophthalmological examination must meet the criteria established in the definition of a student handicapped by a visual impairment. The student is considered to be handicapped when a functional evaluation shows that even with technical assistance, he or she has one or more of the characteristics described in the definition and needs special educational services. <p>If the results of the examination do not meet the criteria established in the definition, the student cannot be classified as handicapped by a visual impairment.</p>

Definition	Interpretation and comments
<p>3.3 Hearing impairments – Code 44</p> <p>Students are deemed hearing impaired when a standard audiometric examination administered by a specialist¹ reveals an average hearing threshold greater than 25 decibels for pure tone stimuli of 500, 1000 and 2000 hertz, in the better ear.²</p> <p>Testing must also take into account auditory discrimination and sound tolerance threshold.</p> <p>Students are deemed handicapped by a hearing impairment when a functional evaluation shows that even with technical assistance, they display one or more of the following characteristics:</p> <ul style="list-style-type: none">- limitations in learning and verbal communication resulting in the need for:<ul style="list-style-type: none">• specialized techniques for learning verbal language;• alternate means of communication (lip reading, sign language, etc.);• interpreters.- problems in cognitive development (in concept formation) and in oral language development resulting in the need for:<ul style="list-style-type: none">• special teaching methods;• supplementary instruction to enable the student to overcome learning delays.	<ol style="list-style-type: none">1. An audiologist can diagnose a hearing impairment in a student.2. The results of the hearing test must meet the criteria established in the definition of a student handicapped by a hearing impairment. The student is considered handicapped by a hearing impairment when a functional evaluation shows that, even with technical aids, he or she has one or more of the characteristics described in the definition and needs special educational services. <p>If the results of the hearing test do not meet the criteria established in the definition, the student cannot be classified as handicapped by a hearing impairment even if he or she requires special educational services.</p>

