

Understanding Special Education Disability Classifications in New York State

A FAMILY-FRIENDLY GUIDE

Understanding the classification is only the beginning.

Understanding your child's individual strengths and needs is what drives the IEP.

First: Preschool Is Different

Preschool Student with a Disability - Ages 3-5

For preschool special education, an eligible child is identified on the IEP as a **Preschool Student with a Disability**. Preschool children are not assigned one of the 13 school-age disability classifications on their IEP. Eligibility is based on the child's developmental and educational needs and the applicable New York State criteria.

Family takeaway: Your preschooler does not need to fit neatly into a school-age disability label to receive appropriate support. CPSE considers the child's development, learning, strengths, needs, evaluation results, and how those needs affect participation and learning.

The 13 NYS School-Age Disability Classifications

1. Autism

A developmental disability that significantly affects communication and social interaction and adversely affects educational performance. Students may also demonstrate differences involving routines, repetitive behaviors, transitions, or sensory experiences.

Family takeaway: Autism can look very different from one child to another. The IEP should address the child's individual communication, learning, sensory, behavioral, social, and independence needs - not assumptions based on the classification.

2. Deafness

A hearing impairment that is so significant that the student has difficulty processing linguistic information through hearing, with or without amplification, in a way that adversely affects educational performance.

Family takeaway: Ask how your child will have full access to communication, instruction, classroom discussions, peers, and the curriculum.

3. Deaf-Blindness

A combination of hearing and visual impairments that creates significant communication, developmental, and educational needs that cannot be appropriately addressed solely through programs designed for students who are only deaf or only blind.

Family takeaway: Supports often need to be highly individualized and coordinated across communication, sensory access, orientation and mobility, academics, and independence.

4. Emotional Disability

This classification involves specified emotional or behavioral characteristics that are present over a long period and to a marked degree and adversely affect educational performance.

Family takeaway: Classification should never be based simply on a child being 'difficult' or displaying challenging behavior. The team must consider the required criteria and the impact on education.

5. Hearing Impairment

A hearing impairment, whether permanent or fluctuating, that adversely affects educational performance but does not meet the definition of deafness.

Family takeaway: Even when a child has some functional hearing, hearing differences can affect language, literacy, attention, classroom participation, and access to instruction.

6. Learning Disability

A disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language. It may affect listening, thinking, speaking, reading, writing, spelling, or mathematical calculations.

Family takeaway: A learning disability is not a measure of intelligence. A student may have significant strengths while needing specially designed instruction in a specific area.

7. Intellectual Disability

Significantly below-average intellectual functioning occurring alongside deficits in adaptive behavior that adversely affect educational performance.

Family takeaway: The IEP should consider more than academics. Communication, independence, daily living, social development, functional skills, and meaningful access to learning may all be important.

8. Multiple Disabilities

Two or more disabilities occurring together that create educational needs significant enough that they cannot be appropriately addressed in a program designed solely for one disability.

Family takeaway: The team should look at how the child's needs interact rather than treating each disability in isolation.

9. Orthopedic Impairment

A severe orthopedic impairment that adversely affects educational performance. This can include impairments caused by congenital anomalies, disease, or other causes.

Family takeaway: Consider access as well as academics - mobility, positioning, physical accessibility, assistive technology, independence, and participation in school activities.

10. Other Health Impairment (OHI)

Limited strength, vitality, or alertness - including heightened alertness to environmental stimuli - because of chronic or acute health conditions that adversely affect educational performance.

Family takeaway: A health condition does not automatically result in OHI eligibility. The educational question is how the condition affects functioning and educational performance and whether special education is required.

11. Speech or Language Impairment

A communication disorder - such as stuttering, impaired articulation, a language impairment, or voice impairment - that adversely affects educational performance.

Family takeaway: Communication affects much more than pronunciation. Consider understanding language, expressing ideas, social participation, communicating needs, and accessing instruction.

12. Traumatic Brain Injury (TBI)

An acquired brain injury caused by an external physical force that results in functional disability or psychosocial impairment and adversely affects educational performance.

Family takeaway: Needs after a brain injury may be very different from needs before the injury and may change during recovery. Ongoing assessment and IEP adjustments can be especially important.

13. Visual Impairment, Including Blindness

An impairment in vision that, even with correction, adversely affects educational performance. The category includes both partial sight and blindness.

Family takeaway: Ask whether your child has appropriate access to instructional materials, technology, the physical environment, orientation and mobility supports, and opportunities to develop independence.

What Families Should Remember

**CLASSIFICATION TELLS US HOW A STUDENT QUALIFIES.
THE IEP TELLS US HOW WE SUPPORT THE STUDENT.**

Diagnosis does not equal classification.

A medical or clinical diagnosis can provide important information, but it does not automatically establish special education eligibility. The CPSE or CSE considers evaluation information, educational impact, and New York State eligibility criteria when determining whether a child is eligible for special education.

Classification does not prescribe services.

For school-age students, the disability classification is used for eligibility purposes. The student's individual needs - not the name of the classification - should drive IEP goals, specially designed instruction, related services, accommodations, supports, and placement decisions.

For preschool families:

An eligible preschool child is identified as a Preschool Student with a Disability. The CPSE should focus on the child's strengths, developmental and educational needs, participation, learning, and the supports necessary for meaningful progress.

Questions Families Can Ask the IEP Team

- What evaluation data supports this eligibility decision?
- How does my child's disability affect learning and participation?
- What are my child's strongest skills and greatest areas of need?
- How are the proposed goals connected to those needs?
- What specially designed instruction will my child receive?
- How will progress be measured and shared with me?
- What accommodations, related services, or assistive technology should be considered?
- How will my child have access to peers, instruction, and school activities?

EVY FAMILY REMINDER

Your child is more than a classification.

Ask questions. Understand the data. Center strengths. Identify needs. Make sure the IEP is individualized.

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