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ADHD Assessment to Access and Beyond:

A Primary Care Roadmap From Initial Diagnosis and Treatment Planning to School Supports, Resources, and Comprehensive Assessment

Ochsner Children's Hospital

Michael R. Boh Center for Child Development

* The following information is paraphrased & amended based upon the Pupil Appraisal Handbook (Bulletin 1508) & information provided by the Jefferson Parish Schools website (https://www.jpschools.org/Page/318)

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Disclosure:

I provide part-time consulting and contract services as a psychologist Atlas Psychiatry. I have no other relevant financial relationships or conflicts of interest to disclose related to this presentation or its content.

BEGINNING of the School Year



END of the School Year



How do we get here?





Gaps?

- PCP *Diagnosis* ≠ School eligibility for a 504 IAP or IEP
- PCP & Psychologist's *Diagnosis* ≠ *Exceptionality*
- Private recommendations often do not match school eligibility criteria or available resources
- Families & clinicians may not know the next step
- Students are underserved by the disconnect between private & school-based evaluations & services

The Gap?

A child can have a valid diagnosis and real needs, yet not qualify for school-based services

Learning Objectives

By the end of this session, participants will be able to:

1. **Differentiate documentation** for an…
   - A medial *diagnosis* from
   - A psychologist's *diagnosis* from
   - A school-based *exceptionality* (Bulletin 1508)

2. **Identify** why a diagnosis alone doesn't guarantee school-based services

3. **Translate** evaluation findings to identify clear, actionable *school-based* supports vs. coordinated *private* treatment plans

Learning Objectives



MD ADHD Evaluation
Diagnosis + Individ. Accommodation Plan (504 IAP) *maybe*

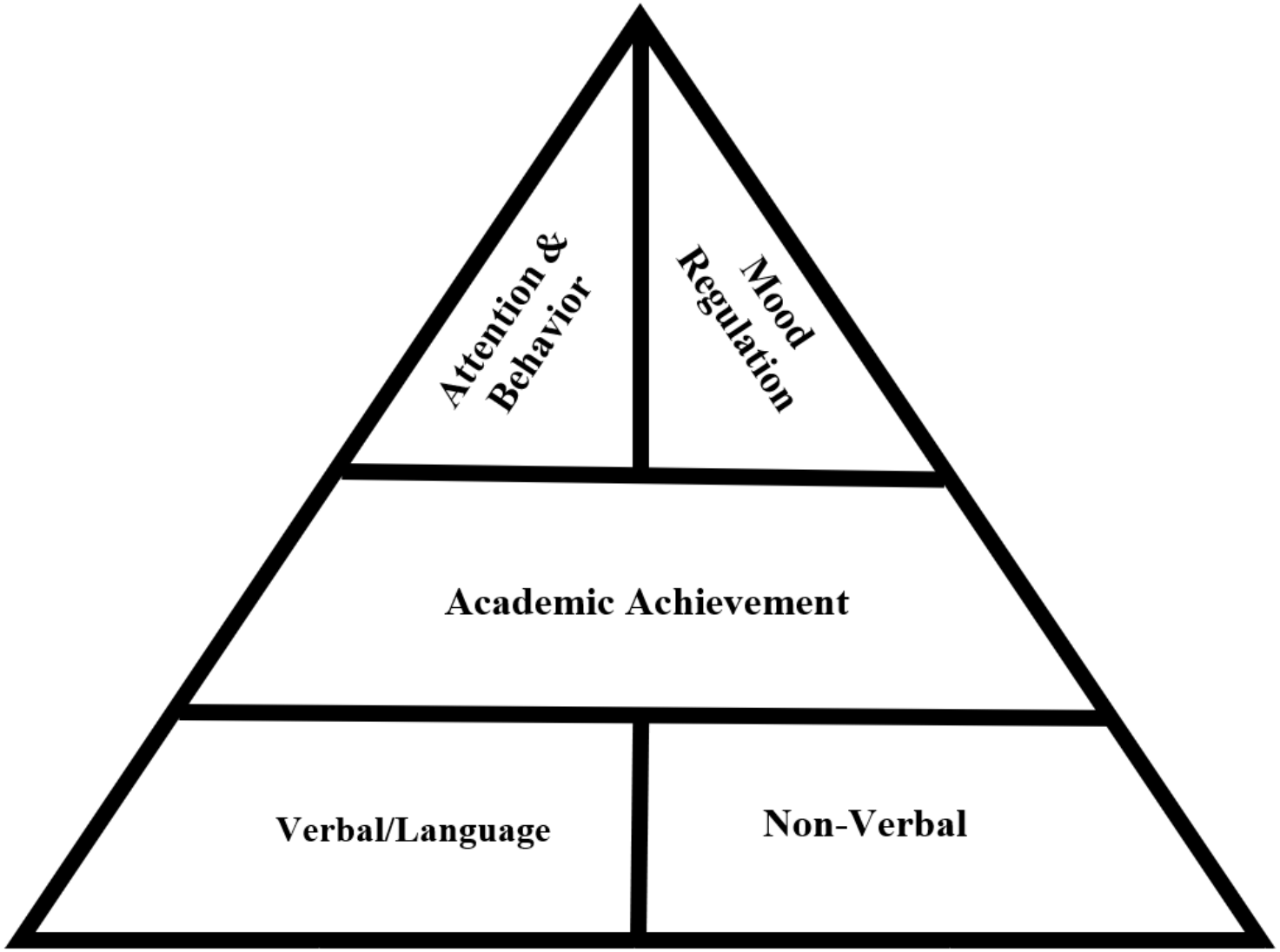
SAT/ACT Accommodations
Only if report is College Board compliant

Individualized Education Program (IEP)
Exceptionality + SPED resources

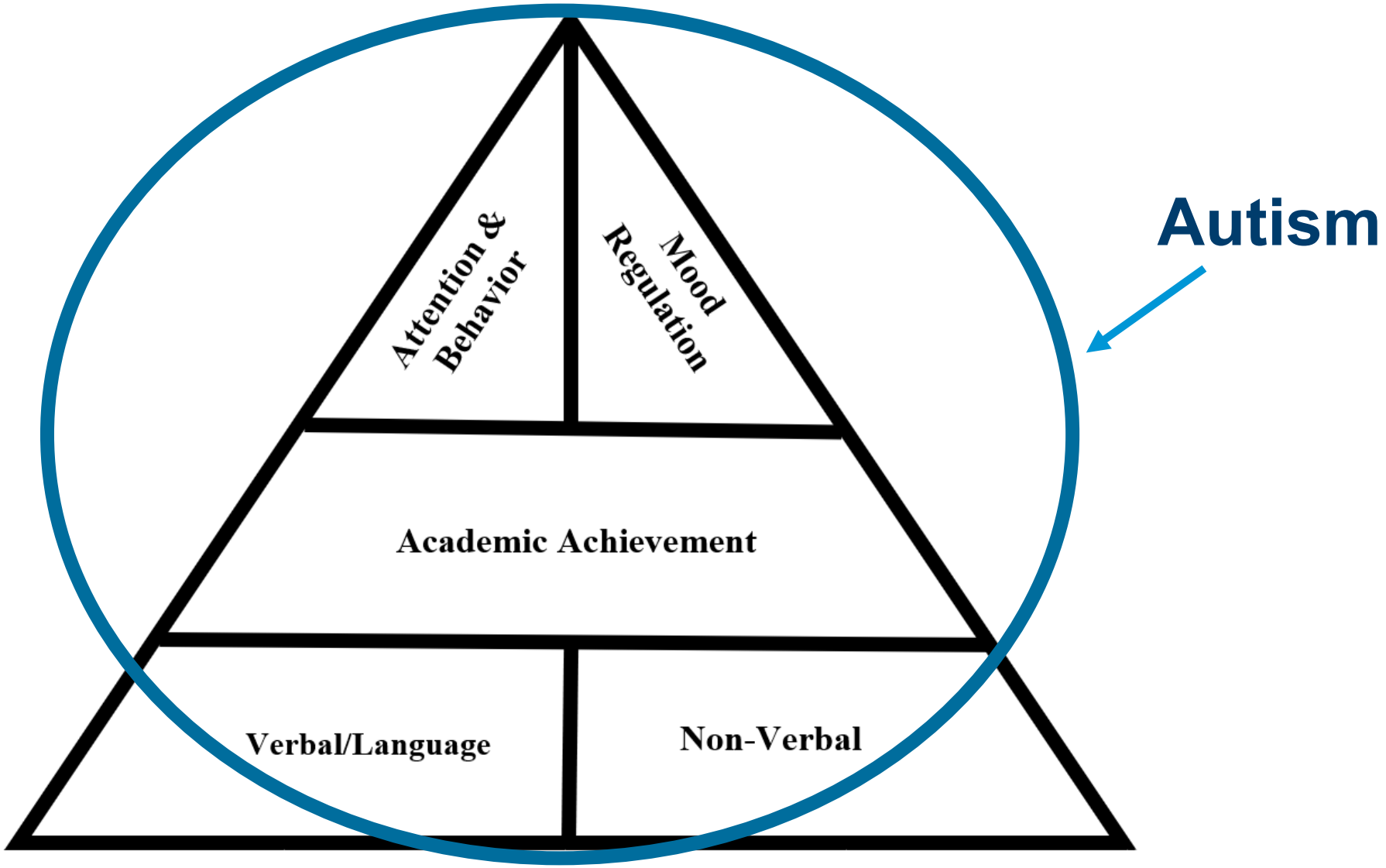
Psychologist's ADHD/SLD Evaluation
Diagnosis + 504 IAP

RTI & Pupil Appraisal Evaluation
LA Pupil Appraisal Handbook (Bulletin 1508)

What skills impact daily functioning?



What skills impact daily functioning?



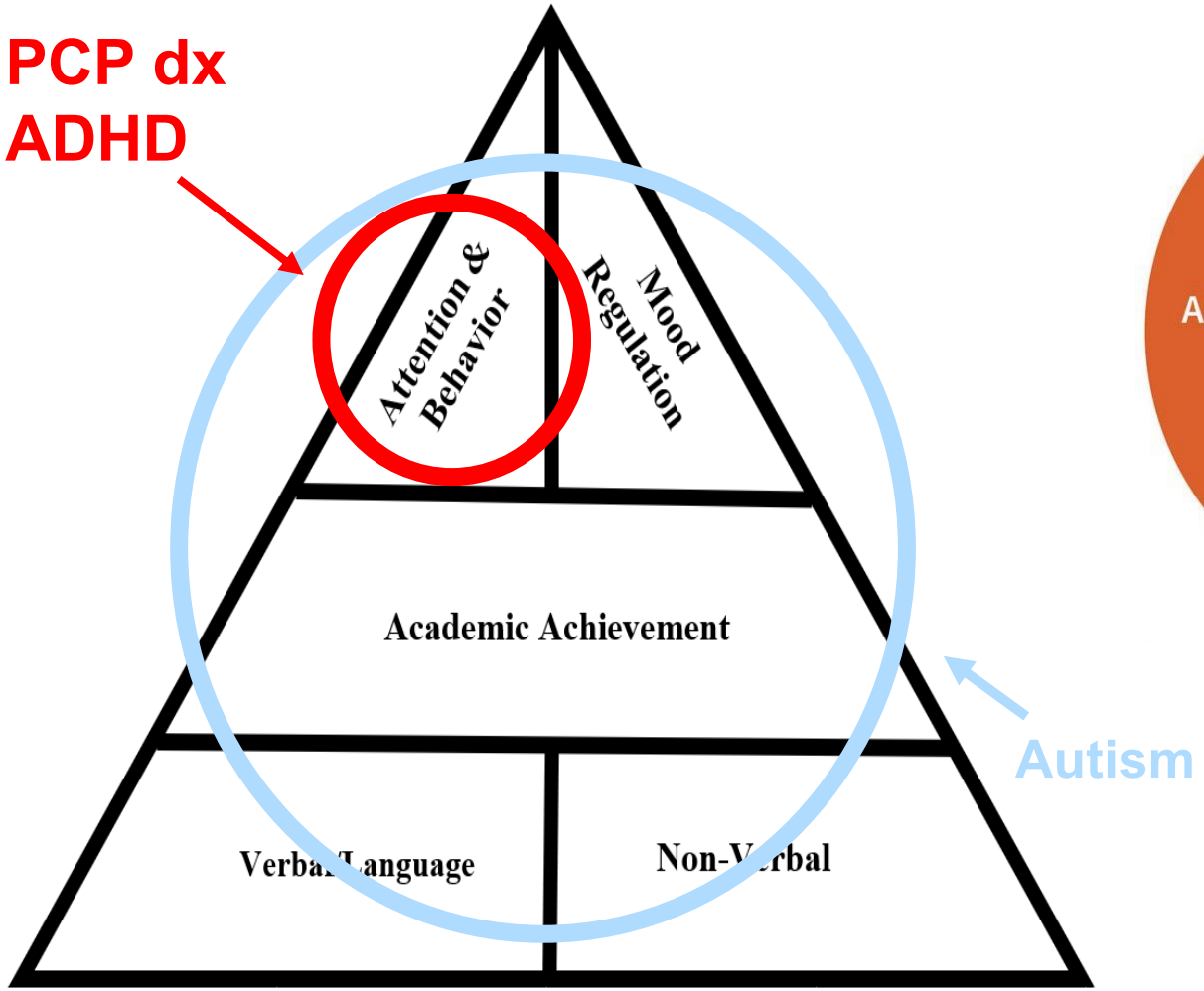
Identifying symptoms of ADHD (DSM-V-TR)

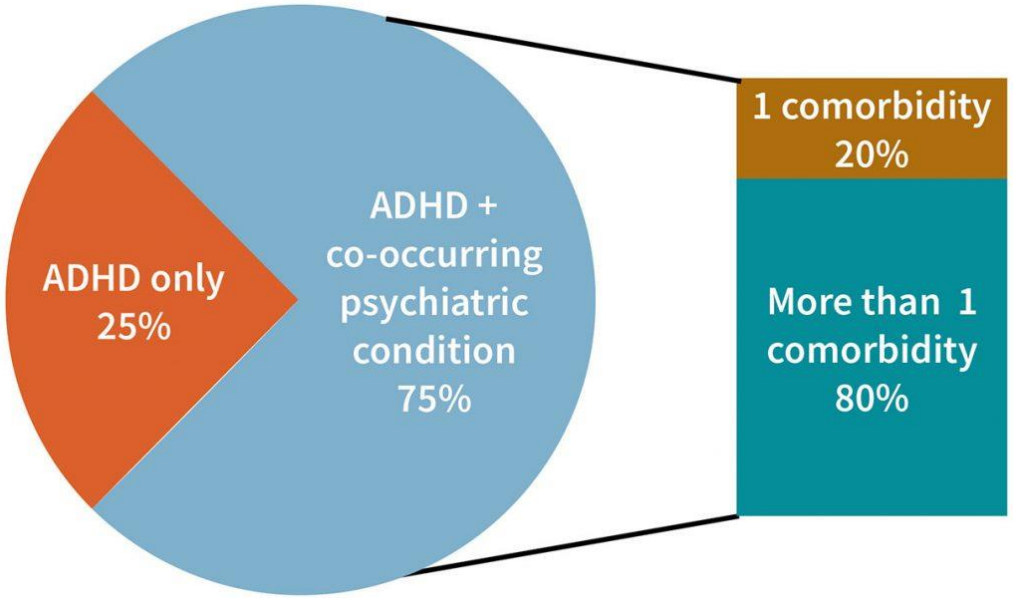
1. Inattention
2. Hyperactivity & Impulsivity

    - 6+ Symptoms (age 4 to <17) or 5+ Symptoms (age 17+)
    - 6+ Months
    - Onset < age 12
    - 2+ settings
    - Occur "often"
    - Functional impairment
    - Inconsistent w/ developmental level
    - **NOT due to another mental disorder**

- Interview Guide for Evaluation of DSM-5 Psychiatric Disorders and the Mental Status Examination (Zimmerman)
- MINI International Neuropsychiatric Interview For Children & Adolescents (Sheehan et al.)

ADHD & Comorbidities





- Ruling ***IN*** ADHD
- Ruling ***OUT*** comorbidities



One stone...

... creates many ripples on the pond.

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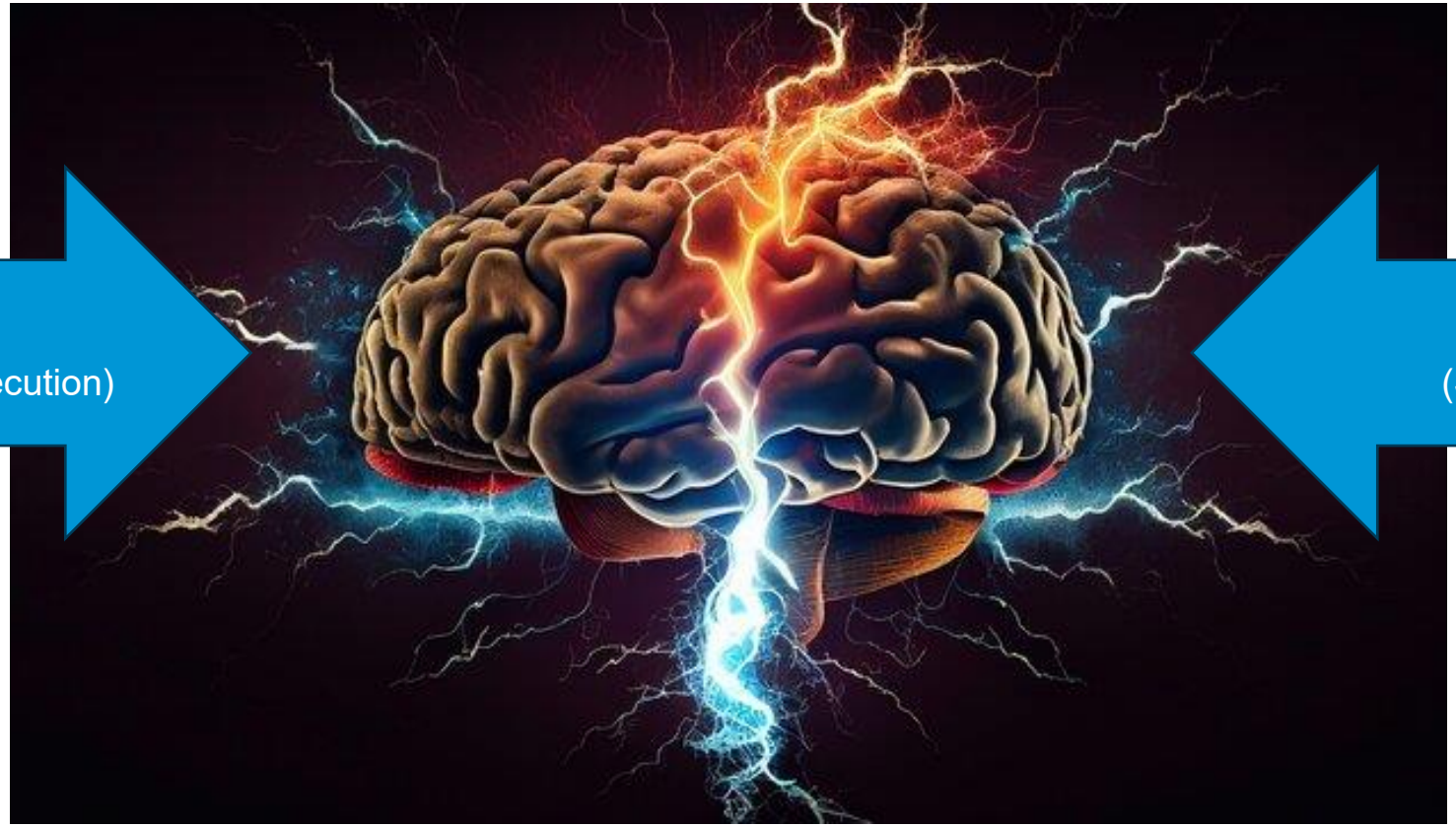
The Brain as a Knowledge vs Performance Device

Barkley (& Creveling)



Performance
(Skill demonstration/execution)

Knowledge
(Skill acquisition)

Ruling *IN ADHD*: DSM-5-TR, ICD-10, & **7 Criteria for *College Board* Compliance**

(https://accommodations.collegeboard.org/)

1) **Diagnosis is clearly stated**

2) **All information is "current"**
   - **Educational evaluation** & testing within last 5 years
   - **Cognitive testing** may be older than 5 years but after 3rd grade
   - Medical/psychiatric testing within the last year (Medical note is usually not sufficient)

3) **History present**

4) **Diagnosis supported by testing**
   - Evidence of **"*comprehensive assessment*"** (including procedures/instruments used)
     - A narrative summary of evaluation results
     - Test results with subtest scores (standard or scaled)
   - Tests used may differ but …
     - "…extended time should be supported by comprehensive *cognitive and academic assessments* that are:"
       - Individually administered
       - Nationally normed
       - Administered under standardized conditions

5) **Functional limitations** (e.g., is the student able to focus for the entire class period?)
   - Psychoeducational evaluation
   - Summary of the student's developmental, educational, and/or medical history
   - Descriptive information from the school (e.g., see Teacher Survey Form)

6) **Accommodations are justified**
   - E.g., request for extended time linked to test data
   - See Frequently Requested Accommodations

7) **Evaluators' professional credentials** listed

Ruling *IN ADHD*: DSM-5-TR, ICD-10, & 7 Criteria for *College Board* Compliance

(https://accommodations.collegeboard.org/)

Short- vs Long-Term Needs

1) **Diagnosis is clearly stated**

2) **All information is "current"**
   - **Educational Evaluation** & testing within last 5 years
   - **Cognitive/Intellectual Evaluation** may be older than 3rd grade
   - Medical/psychiatric testing within the last year (Medical note is usually not sufficient)

3) **History present**

4) **Diagnosis supported by testing**
   - Evidence of "***comprehensive assessment***" (including procedures/instruments used)
     - A narrative summary of evaluation results
     - Test results with subtest scores (standard or scaled)
   - Tests used may differ but …
     - "…extended time should be supported by comprehensive *cognitive and academic assessments* that are:"
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What mimics ADHD?

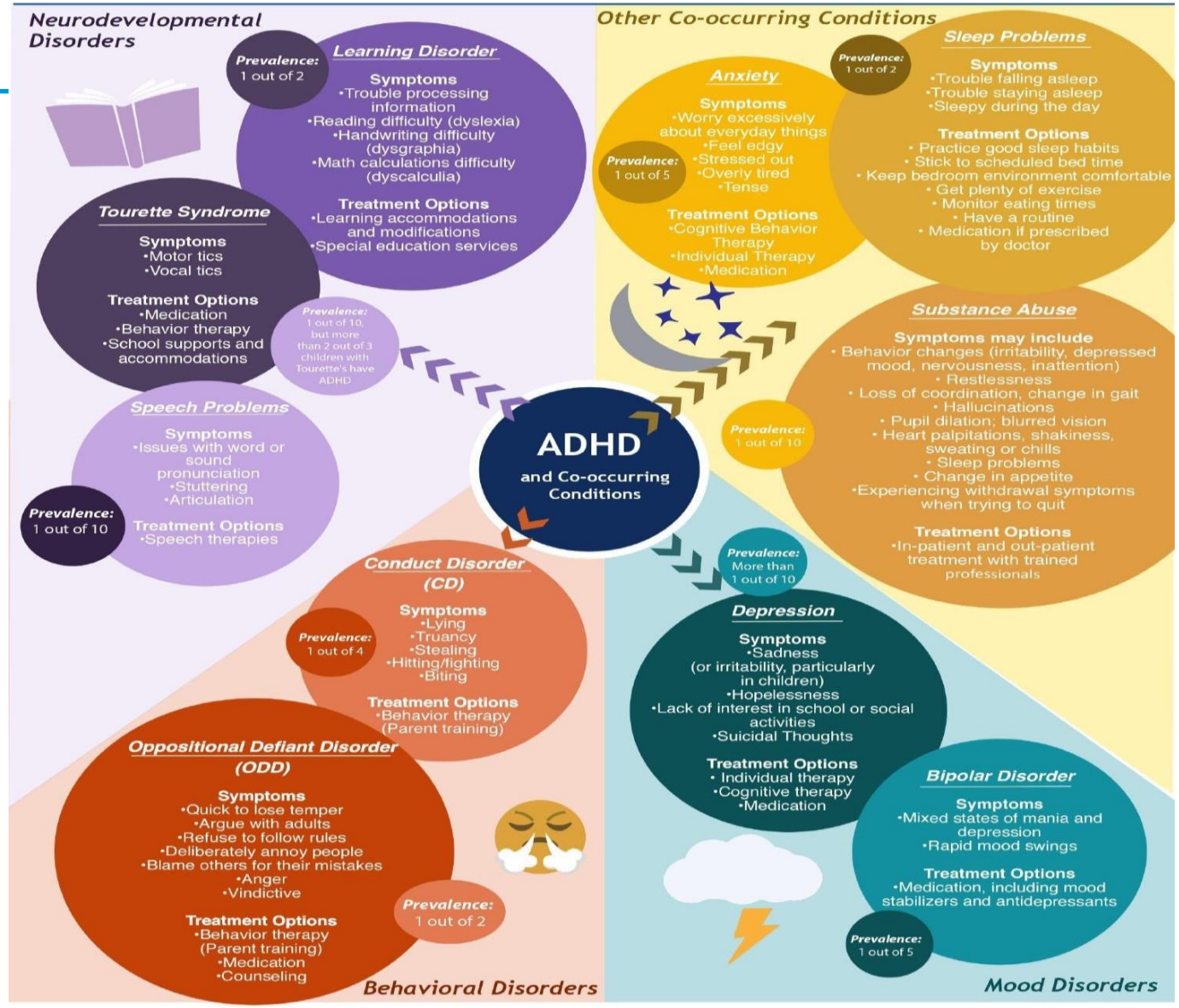


ADHD:

Comorbidities & Prevalences

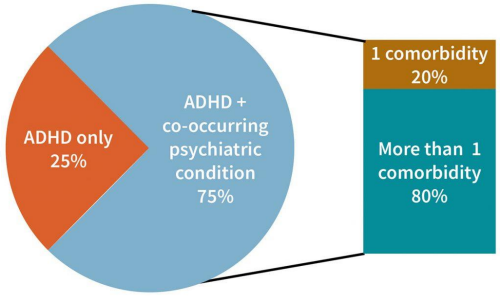
~66% to 75% have some comorbid diagnosis

- 45% Language Disorders
- 20-50% Specific Learning Disorders
- 25% Motor Skills Impairments
- 40-60% Oppositional Defiant Disorder
- 20-40% Conduct Disorder
- 20-25% Anxiety Disorders
- 15-20% Mood Disorders
- 10-30% Tic Disorders
- 10-20% Autism Spectrum Disorder
- 50% Sleep Problems
- 20% Bipolar Disorder
- 10% Depression
- 10% Speech Problems
- 10% Substance Abuse
- 10% Tourette Syndrome



* Variability depending upon study reviewed [National Resource Center on ADHD (2015), American Speed-Language-Hearing Association, Kooij et al (2012), Mestre et al (2013)]

Dr. Creveling's recommendation
(even for 25%'ers)



Minimum: College Board compliant **evaluation in elementary, middle school, & high school to support SAT/ACT accommodations.**

(… and more frequent depending upon severity of co-occurring diagnoses.)



Intervention (IEP) vs Accommodation (504 IAP)

IEP & IAP are dependent upon available school's time/money/human resources

Interventions

Same-Aged Peers

↑

Student

(e.g., ADHD meds, SLP, OT, therapy, academic intervention/remediation via IEP/ Individualized Education Program)

+
"supporting actors"

Accommodations

Lowers Environmental Demands

↓

Student

(e.g., retention, 504 IAP/Individualized Accommodation Plan, extended time, preferential seating, read aloud, scribe, calculator, breaks, grade retention)

If IEP goals are set too low or students are over-accommodated, they may earn A/B grades while the achievement gap remains or grows b/t the student and same-aged peers

MYTHS…



- Schools will do an evaluation if you ask
- Schools will intervene following diagnosis
- Insurance will not pay for educational testing

It’s complicated!

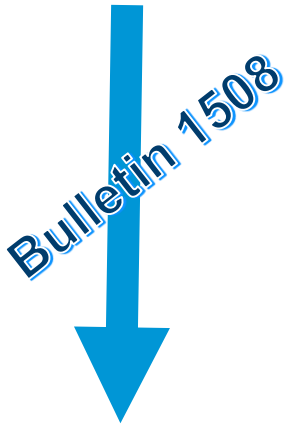
Myth 1: Schools will evaluate a student if a parent/MD asks…

*No, because the process to obtain a **diagnosis** (private evaluation) differs from the process to secure an **exceptionality** (Pupil Appraisal/1508 Evaluation).*

Pupil Appraisal/"1508" Evaluation

School

(Pupil Appraisal)



"Exceptionality"

Private Evaluation

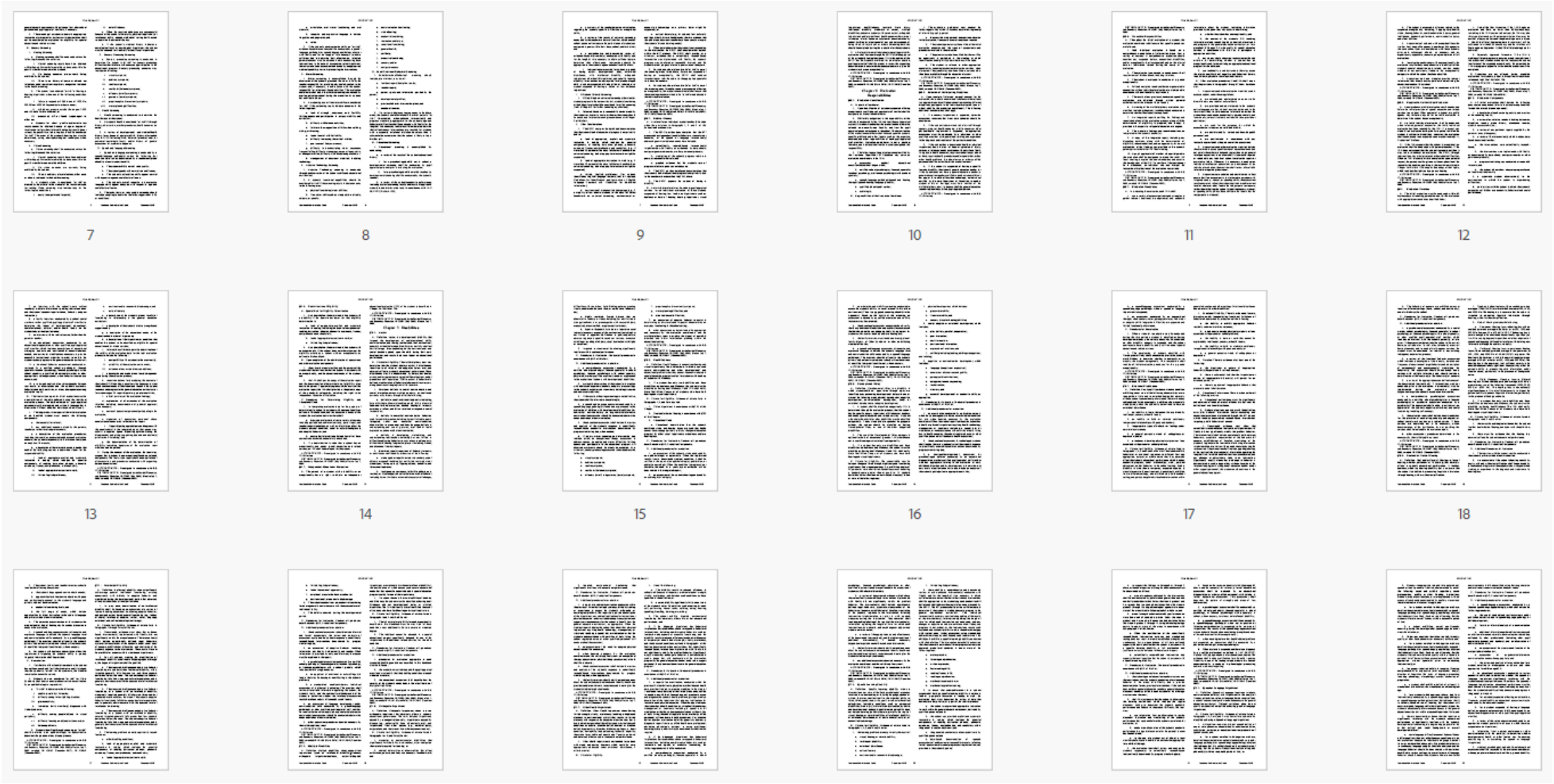
Private providers

(MD, PhD, SLP, OT, etc.)



"Diagnosis"

Bulletin 1508 (38 pages, Revised 12/20/2025)



Myth 2: Schools will intervene following diagnosis

IEP & IAP are dependent upon available school's time/money/human resources

IEP

(Intervention)

Same-Aged Peers



Student

(e.g., ADHD meds, SLP, OT, academic intervention/remediation, therapy)

504 IAP

(Accommodation)

Lowers Environmental Demands



Student

(e.g., extended time, preferential seating, read aloud, scribe, calculator, breaks, grade retention)

Myth 3: Insurance will not pay for educational testing

It's complicated!

Common insurance denial reasons for educational testing include:

- Educational testing is an excluded benefit
- School district evaluation available
- Not medically necessary
- Out-of-network provider
- Prior authorization not obtained
- Testing-hour limits exceeded
- Provider credentialing requirements not met

Myth 3: Insurance will not pay for educational testing

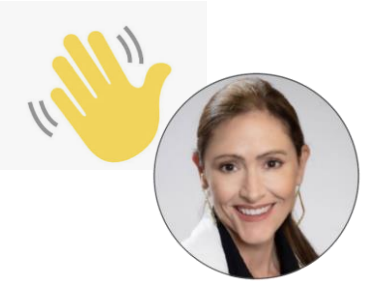
It's complicated!

Common insurance denial reasons for educational testing include:

- Educational testing is an excluded benefit
- School district evaluation available
- Not medically necessary
- Out-of-network provider
- Prior authorization not obtained
- Testing-hour limits exceeded
- Provider credentialing requirements not met

School-Based / 1508 Pupil Appraisal evaluation → "Exceptionality"
Private evaluation → "Diagnosis"

1. Guiding documents?
2. Who pays?
3. Who conducts?
4. Timing?
5. Interventions?
6. Screenings?
7. Evaluation components?
8. Exceptionality vs. diagnosis?
9. Severity criteria?
10. Individualized Education Program (IEP) vs. 504 Individualized Accommodation Plan (IAP)
11. Re-evaluation?
12. What if my child attends private school?



Pupil Appraisal Evaluation vs Private Evaluation?

Pupil Appraisal/1508 Evaluation

4. Timing? Interventions & **RTI** data collection, & then **60 days** from the evaluation start date.

5. Interventions? School provides student with…

- **3 tiers of evidence-based interventions**
  Tier 1 > Tier 2 > Tier 3
- Then, collects **Response-to-Intervention (RTI) data**
- for **"length of time necessary to obtain sufficient data to determine their effectiveness"**

Private Evaluation

5. The DSM-5 requires that learning difficulties persist, despite "**extra help or targeted instruction**"

- Parents pay for interventions
- Providers document RTI

School-Based Pupil Appraisal evaluation → "Exceptionality"
Private evaluation → "Diagnosis"

Pupil Appraisal/1508 Evaluation

8. **Exceptionalities (15)**, *per Bulletin 1508*:
   - Developmental Delay (< age 9)*
   - Speech or Language Impairment*
   - Other Health Impairment (OHI)*
   - Autism*
   - Intellectual Disability*
   - Emotional Disturbance*
   - Specific Learning Disability*
   - Deaf - Blindness
   - Hearing Impairment
   - Visual Impairment
   - Orthopedic Impairment
   - Multiple Disabilities
   - Traumatic Brain Injury (TBI)
   - Gifted*
   - Talented

Private Evaluation

8. **DSM-5 Diagnoses (>70)** offer more specificity regarding symptoms

* Frequently diagnosed by psychologists & MD/DBPs

Autism vs ASD

Pupil Appraisal/1508 Evaluation

8. **Exceptionalities (15)**
   - **Developmental Delay (< age 9) *** → **F88/89, R62.0 (No DSM-5 code)**
   - Speech or Language Impairment*
   - Other Health Impairment (OHI)*
   - **Autism*** → **Autism Spectrum Disorder (ASD)**
   - Specific Learning Disability*
   - Emotional Disturbance*
   - Intellectual Disability*
   - Gifted*

Private Evaluation

8. **ICD-10 / DSM-5 Diagnoses (>70)**

* Frequently diagnosed by psychologists & MD/DBPs

1508 Autism Checklist

1. Communication: A minimum of *two* of the following items must be documented:

- Disturbances in the development of spoken language;
- Disturbances in conceptual development (e.g., has difficulty with or does not understand time but may be able to tell time; does not understand wh-questions; has good oral reading fluency but poor comprehension; knows multiplication facts but cannot use them functionally; does not appear to understand directional concepts, but can read a map and find the way home; repeats multi-word utterances, but cannot process the semantic-syntactic structure, etc.);
- Marked impairment in the ability to attract another's attention, to initiate, or to sustain a socially appropriate conversation;
- Disturbances in shared joint attention (acts used to direct another's attention to an object, action, or person for the purposes of sharing the focus on an object, person or event);
- Stereotypical and/or repetitive use of vocalizations, verbalizations and/or idiosyncratic language (students with Asperger's syndrome may display these verbalizations at a higher level of complexity or sophistication);
- Echolalia with or without communicative intent (may be immediate, delayed, or mitigated);
- Marked impairment in the use and/or understanding of nonverbal (e.g., eye-to-eye gaze, gestures, body postures, facial expressions) and/or symbolic communication (e.g., signs, pictures, words, sentences, written language);
- Prosody variances including, but not limited to, unusual pitch, rate, volume and/or other intonational contours;
- Scarcity of symbolic play

2. Relating to people, events, and/or objects: A minimum of *four* of the following items must be documented:

- Difficulty in developing interpersonal relationships appropriate for developmental level;
- Impairments in social and/or emotional reciprocity, or awareness of the existence of others and their feelings;
- Developmentally inappropriate or minimal spontaneous seeking to share enjoyment, achievements, and/or interests with others;
- Absent, arrested, or delayed capacity to use objects/tools functionally, and/or to assign them symbolic and/or thematic meaning;
- Difficulty generalizing and/or discerning inappropriate versus appropriate behavior across settings and situations;
- Lack of/or minimal varied spontaneous pretend/make-believe play and/or social imitative play;
- Difficulty comprehending other people's social/communicative intentions (e.g., does not understand jokes, sarcasm, irritation; social cues), interests, or perspectives;
- Impaired sense of behavioral consequences (e.g., using the same tone of voice and/or language whether talking to authority figures or peers, no fear of danger or injury to self or others);

3. Restricted, repetitive and/or stereotyped patterns of behaviors, interests, and/or activities: A minimum of *two* items:

- Unusual patterns of interest and/or topics that are abnormal either in intensity or focus (e.g., knows all baseball statistics, tv programs; has collection of light bulbs); - mother reported that she fixates on a topic of conversation
- Marked distress over change and/or transitions (e.g., substitute teacher, moving from one activity to another);
- Unreasonable insistence on following specific rituals or routines (e.g., taking the same route to school, flushing all toilets before leaving a setting, turning on all lights upon returning home);
- Stereotyped and/or repetitive motor movements (e.g., hand flapping, finger flicking/touching/touching thumbs-to-fingers, hand washing, rocking, spinning);
- Persistent preoccupation with an object or parts of objects (e.g., taking magazine everywhere he/she goes, playing with a string, spinning wheels on toy car, interested only in church steeple rather than the church)

School-Based Pupil Appraisal evaluation → **"Exceptionality"**

Private evaluation → **"Diagnosis"**

Pupil Appraisal/1508 Evaluation

8. Exceptionalities (15)

- Developmental Delay* (< age 9)
- Autism*
- **Other Health Impairment (OHI)***
- **Specific Learning *Disability****
- Emotional Disturbance*
- Intellectual *Disability**
- Gifted*

Private Evaluation

8. Diagnoses (>70) offer more specificity regarding symptoms

- **ADHD** falls under OHI
- **Specific Learning *Disorder***

Other Health Impairment (OHI) vs ADHD



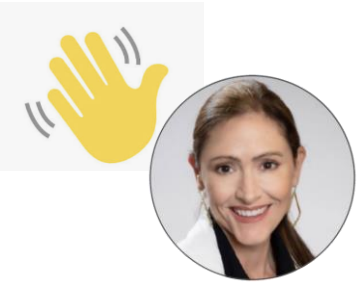
- ADHD is a clinical diagnosis
- ADHD *may* support OHI
  - Symptoms must adversely affect educational performance
  - If a child does not "fail to respond" to Tier 3 interventions (e.g., medication), they will not be evaluated to understand how ADHD impacts learning
- *We can't assume that schools will evaluate the effect on academic skill development*
- For most, 504 IAP & private interventions are the options

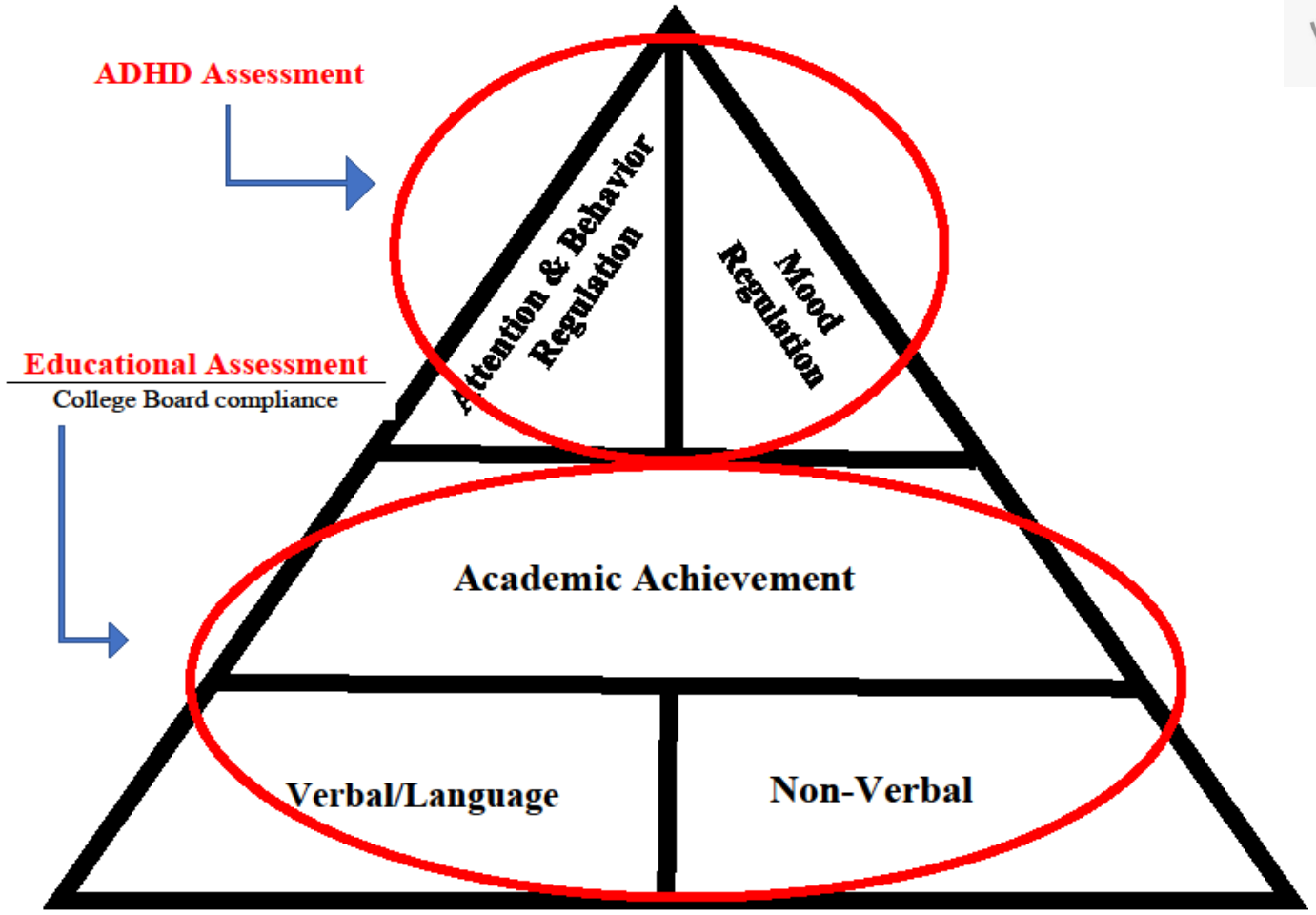
Have you ever said, *"My patient doesn't need an evaluation. They only need SAT/ACT accommodations…"?*

Psychoeducational Evaluation Components

College Board Compliance

(e.g., SAT/ACT accommodations)





Specific Learning *Disabilty* vs Specific Learning *Disorder*

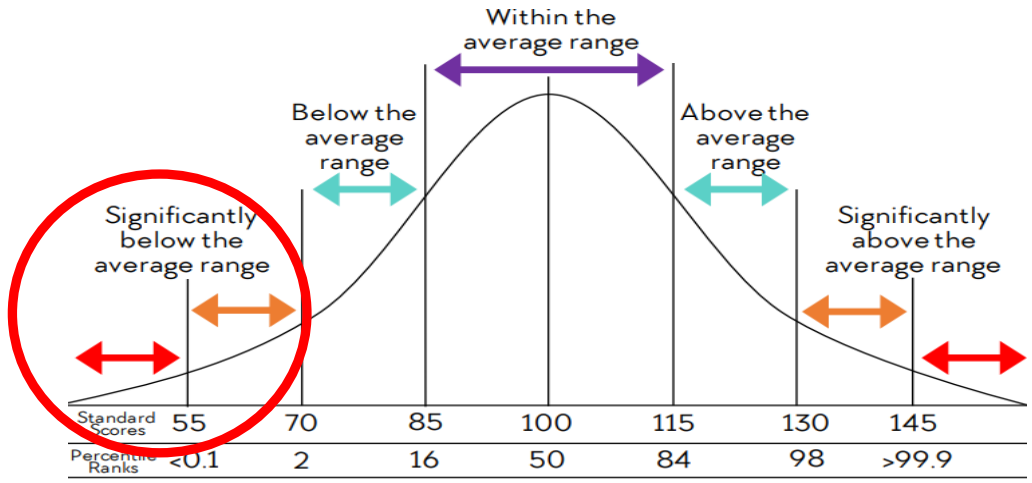
Pupil Appraisal/1508 Evaluation

9. Severity criteria for ***exceptionality*** *of*
Specific Learning *Disability*

"Area of low achievement"

Grades 1 & 2 = -1.5 SD (6th percentile) or greater

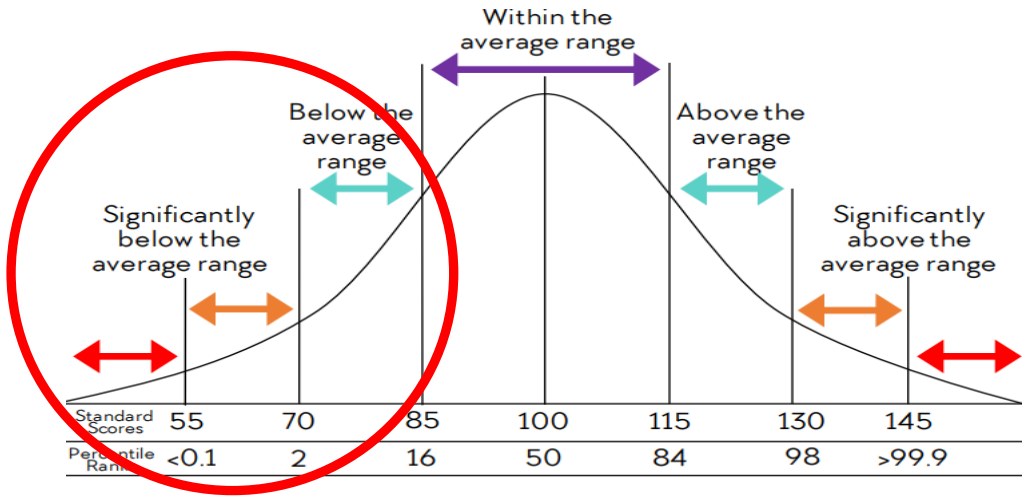
Grades 3-12 = -2 SD (2nd percentile) or greater



Private Evaluation

9. Severity criteria for ***diagnosis*** *of*
Specific Learning *Disorder*

Standard scores approx. -1SD (16th percentile) below an age-corrected mean or lower



Specific Learning *Disability* vs *Disorder*

Pupil Appraisal/1508 Evaluation

9. Severity criteria SLD?

Bulletin 1508 **exceptionality criteria** is *more stringent*

- **"Area of low achievement"**
  - Grades 1 & 2 = -1.5 SD (6th percentile) or greater
  - Grades 3-12 = -2 SD (2nd percentile) or greater

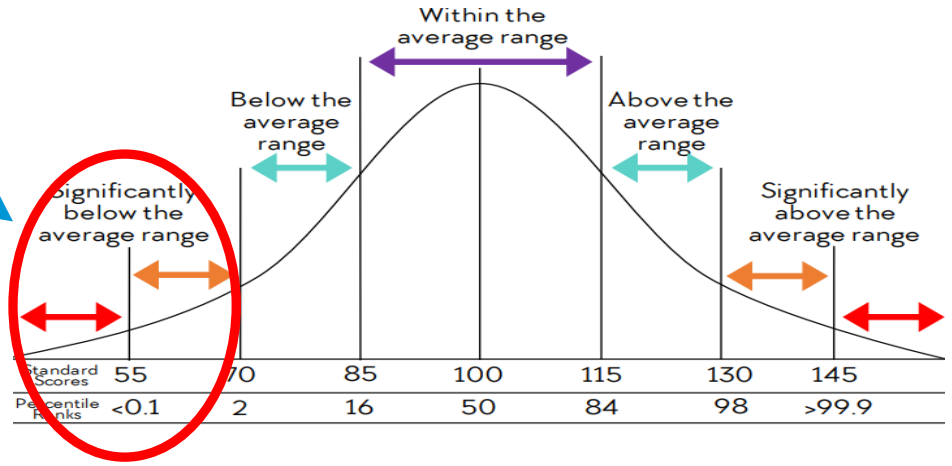
- AND a "strength"
  - Grades 1 & 2 = "No more than" -.5 SD (~30th percentile or higher)
  - Grades 3-12 = "No more than" -1SD (16th percentile or higher)

Private Evaluation

9. ICD-10 & **DSM-5 diagnostic criteria for SLD** is *more broad/flexible*

DSM-V **diagnostic criteria** *for* Specific Learning *Disorder*:

- Standard scores approx. -1SD (16th percentile) below an age-corrected mean or lower



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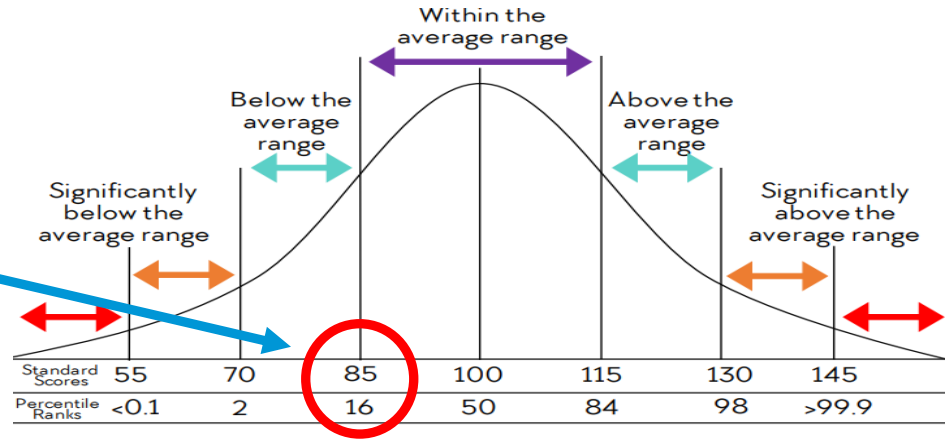
Private Evaluation

9. ICD-10 & **DSM-5 diagnostic criteria for SLD** is *more broad/flexible*
   - ~25% comorbidity with ASD; Khachadourian, 2023)

DSM-V **diagnostic criteria** *for* Specific Learning *Disorder*:

- Standard scores approx. -1SD (16th percentile) below an age-corrected mean or lower



Specific Learning *Disability* vs *Disorder*

Pupil Appraisal/1508 Evaluation

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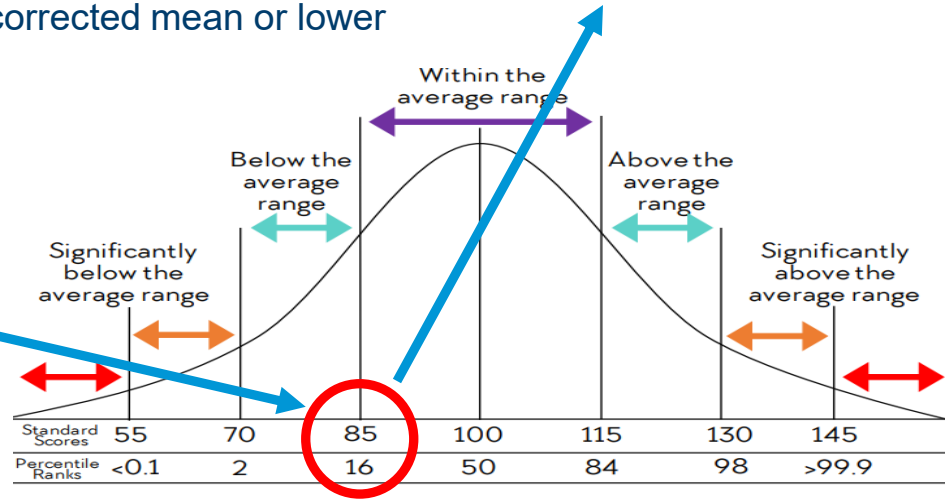


Specific Learning *Disability* vs *Disorder*

Pupil Appraisal/1508 Evaluation

9. Severity criteria SLD?

Bulletin 1508 **exceptionality criteria** is *more stringent*

- **Area of low achievement & strengths**
  - Oral expression
  - Listening comprehension
  - Written expression
  - Basic reading skills
  - Reading fluency skills
  - Reading comprehension
  - Mathematics calculation
  - Mathematics problem solving

Many skills
(e.g., verbal comprehension, visual spatial, working memory)
may NOT “count” towards
1508 SLD eligibility

Breathe…



Pupil Appraisal Evaluation vs Private Evaluation?

Pupil Appraisal/1508 Evaluation

10. **IEP vs 504 IAP?** If student qualifies for an ***exceptionality***, a student is granted an **Individualized Education Program (IEP),** which affords more *legal rights* to the student.

Private Evaluation

10. Reported data & ***diagnosis*** may be used to inform a student's **504 Individualized Accommodation Plan (IAP)**.

IEP vs 504 IAP

IEP & IAP are dependent upon available school's time/money/human resources

IEP

(Intervention)

Same-Aged Peers



Student

(e.g., ADHD meds, SLP, OT, academic intervention/remediation, therapy)

504 IAP

(Accommodation)

Lowers Environmental Demands



Student

(e.g., extended time, preferential seating, read aloud, scribe, calculator, breaks, grade retention)

If IEP goals are set too low or students are over-accommodated, they may earn A/B grades while the achievement gap remains or grows b/t the student and same-aged peers

Pupil Appraisal Evaluation vs Private Evaluation?

Pupil Appraisal/1508 Evaluation

11. **Re-Evaluation?**

    Triennial re-evaluation (**every 3 years**) is mandated by *Bulletin 1508* & is provided free of charge by the State of Louisiana.

Private Evaluation

11. Re-evaluation is left to the discretion of parent/school & is paid for by parent/insurance.

"We don't want to wait 3 years to know our treatment plans are ineffective."

There is a high degree of variability in what data is collected during a re-evaluation!

Who-dee-whooo do you feel like?





Student Advocacy & “Home-School Connection”



Where do I, as the PCP, start?

- Provide a letter, including diagnosis, functional impact, and recommendations
- Clarify: Diagnosis ≠ IEP or 504 IAP eligibility
- Review private evaluations (& explain percentile scores)
- Refer for psychoeducational assessment

Encourage parents to:

- Share letter/report with school staff
- Ask, ***“What interventions and resources are currently available for my child at this school?”***
- Seek a comprehensive psychoeducational assessment
- Be patient, collaborate, **self-advocate !!!**



Self Advocacy: Be Patient & Collaborate

1. ***Crucial Conversations:* *Tools for Talking When Stakes Are High*** (Switzler et al.)
2. **Independent Educational Evaluation (IEE)**
3. **Families Helping Families** (225-216-7474, 866-216-7474, www.fhfgbr.org)
   - Network of resources, support, services; provides referrals, workshops, and information through their resource libraries; and helps secure accommodations in the school setting.
   - Legal resources (Legal – Families Helping Families of Greater New Orleans, fhfofgno.org)
4. **The National Parent & Youth Helpline** (855-427-2736, https://nationalparentyouthhelpline.org/)
   - ***Call, text, live chat, or email to receive immediate emotional support from a dedicated team of trained counselors*** in 240 languages, including ASL
   - ***Weekly Parents Anonymous Groups***
   - 16 Nurturing & Parenting Strategies
   - 16 Youth Self-Care Strategies
   - Tools to create a Relaxation Room (including meditations in English and Spanish)

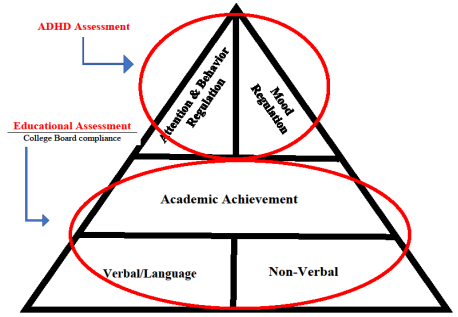
Student Advocacy

Pupil Appraisal Resources

- Search **parish's name + "Pupil Appraisal"** online
- **Bulletin 1508**: Louisiana Pupil Appraisal Handbook
  https://www.doa.la.gov/media/g0jbnrxn/28v101.pdf
- **Special Education Related Bulletins & Policy Guidelines**
  - https://www.louisianabelieves.com/docs/default-source/students-with-disabilities/resources-for-administrators-of-students-with-disabilities.pdf?sfvrsn=c4e89d1f_2
    - Act 303
    - Early Resolution Process
    - Seclusion & Restraint Guidance for Developing LEA Guidelines
    - Bulletin 1530: LA's IEP Handbook for Students with Exceptionalities
    - Bulletin 1706: Regulations for Implementation of the Children with Exceptionalities Act
    - Bulletin 1508: LA Pupil Appraisal Handbook
    - Related Services (i.e., APE, OT/PT, Nursing, SLP)

What about private school students?

- Process is still governed under IDEA
- Evaluation reports still must be 1508-compliant
  - 💡 *Reminder: Dr. Creveling's reports are College Board compliant*



Steps:

1. Parents request a Pupil Appraisal evaluation through their **local parish,** where they reside
   - Search your **parish's name + "Pupil Appraisal"** online
2. The parish's **Pupil Appraisal team conducts the evaluation**
3. Pupil Appraisal team determines eligibility (not the private school)
4. Services may be limited through **equitable services provisions** for students in private school
   - Private school students are included in "equitable services" only if their LEA (school district) chooses them based on proportionate share funding
   - There is no individual right to an IEP or full special education services in private school

Should private school parents take the time to pursue Pupil Appraisal evaluation?

YES!

(if there is good evidence that student will qualify)

- If the child stays in private school, they **do NOT automatically receive an IEP**
  - Instead, they may be considered for a **"services plan" (not an IEP)**, but…
- Per IDEA, **Child Find** still must *1) Identify, 2) Locate, & 3) Evaluate* children suspected of having a disability
- Let's look at the value of the…

LA GATOR Scholarship Program

What is good evidence to suggest that a student will qualify for an exceptionality/IEP?

"Bobby's" Test Data & Diagnoses	Outcome & Recommendations?
• ASD diagnosis & C grades?	• 504 IAP + Private interventions
• 3rd grade w/ SLD diagnosis: reading (3rd percentile), math (6th percentile), & written expression (4th percentile)	• 504 IAP + Private interventions
• ADHD & D/F grades but no medication to date	• 504 IAP + Private interventions

These students above will NOT likely qualify for an exceptionality.

LA GATOR Scholarship Program

(Formerly School Choice for Exceptionalities)

📍 *Who Is Eligible?* Basic Requirements

- Louisiana resident
- Student is **5–21 years old by September 30**
- Student must qualify through **at least ONE** of the eligibility pathways below

🟦 Eligibility Pathways

🎒 **Public School Enrollment**

- The student attended a Louisiana public school during the required prior-year enrollment period established by the Louisiana Department of Education

👶 **Entering Kindergarten**

- Students entering kindergarten for the first time are eligible to apply

💰 **Income-Based Eligibility**

- Household income is **250% or less of the Federal Poverty Level (FPL)**
- **Example (2026):**
  👨‍👩‍👧‍👦 Family of 4
  ≈ $80,375 annual household income
- *Income thresholds are updated annually using federal poverty guidelines.*

⭐ Important Parent Information

- ✓ The 250% FPL income limit is only ONE pathway to eligibility.
- Families do NOT have to meet the income requirement if the student qualifies through another eligibility pathway (e.g., prior public school enrollment, kindergarten entry, or previous participation in LA GATOR).

💵 Scholarship Award Amounts

Student Category	Maximum Award
🧩 Student with verified IDEA disability	**Up to $15,253**
💰 Income eligible (≤250% FPL)	**$7,626**
🎒 Other eligible students	**$5,243**

LA GATOR Scholarship Program

(Formerly School Choice for Exceptionalities)

📍 *What documentation is required?*

- A private diagnosis from a physician or psychologist ***ALONE***
  - …does NOT establish IDEA eligibility
  - …does NOT qualify a student for the LA GATOR award

🏫 For the Higher Disability Scholarship (Up to $15,253)

- The student must be **currently eligible for special education under the Individuals with Disabilities Education Act (IDEA).**
- This determination must be made by a **Louisiana Local Educational Agency (LEA)** (typically through the public school system).
- Documentation generally includes:
- 📋 Bulletin 1508/Pupil Appraisal evaluation + qualifying exceptionality
- 📄 Current IEP
- ✅ LEA eligibility determination identifying the student as eligible for special education services

⚖️ Why Is This Important?

- A **clinical diagnosis** answers:
  - "What condition does my child have?"
  - An IDEA eligibility determination answers:
  - “What exceptionality does my child qualify for?
  - "Does my child qualify for special education services under Louisiana Bulletin 1508 and federal IDEA regulations?"
  - These are related—but not the same—determinations.

🎯 Parent Takeaway

- ✓ A private evaluation is often the first step.
- ✓ If you wish to pursue the higher LA GATOR disability scholarship, you should also request a Bulletin 1508/Pupil Appraisal evaluation through your child's public school (or other LEA) so the school can determine IDEA eligibility.
- ⭐ **Remember: Clinical Diagnosis ≠ IDEA Eligibility**

Other Tuition Assistance Resources

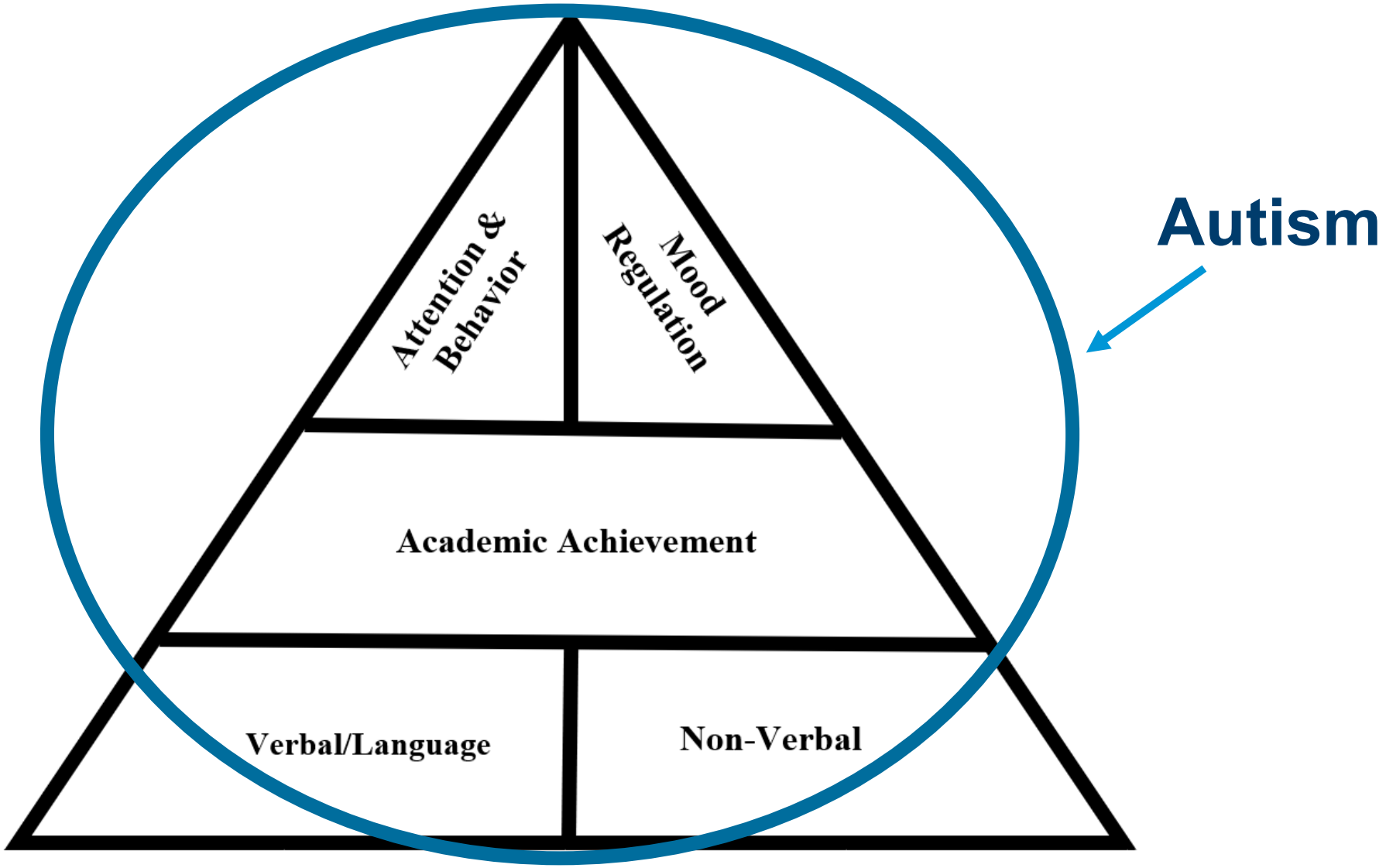
🎓 ACE Scholarships Louisiana

- Private nonprofit scholarship program that providers tuition assistance
  - 👫 **Who May Qualify?** Families may apply if they:
  - ✅ Need financial assistance with private school tuition
    ✅ Meet ACE household income requirements
    ✅ Select a participating ACE-approved school
- **Does not require a special education exceptionality**
- 🌐 https://www.acescholarships.org/louisiana

🎓 Additional Private School Financial Support Options

💙 School-specific financial aid
⛪ Diocese/private school scholarships
💰 School payment plans
🤝 Community or foundation scholarships

Targets for Evidence-Based Intervention



Learning Objectives

By the end of this session, participants will be able to:

1. **Differentiate** documentation for an…
   - an MD/PCP *diagnoses* from
   - a PhD/Psychologist's *diagnosis* from
   - a school-based *exceptionality* (Bulletin 1508)

2. **Identify** why a diagnosis alone doesn't guarantee school-based services

3. **Translate** evaluation findings to identify clear, actionable *school-based* supports and/or coordinated *private* treatment plans

Q & A

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