Clearinghouse Rule 98-138

CERTIFICATE

STATE OF WISCONSIN

DEPARTMENT OF PUBLIC INSTRUCTION)

I, State Superintendent of the Department of Public Instruction and custodian of the official records of said Department, do hereby certify that the annexed rule relating to eligibility criteria for children with disabilities was duly approved and adopted by this Department on the first day of the month following publication in the Wisconsin Administrative Register.

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I further certify that said copy has been compared by me with the original on file in this Department and the same is a true copy thereof, and of the whole of such original.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the official seal of the Department at General Executive Facility (GEF) 3, 125 South Webster Street, P.O. Box 7841, in the city of Madison, this <u>10^{rh}</u> day of November, 2000.

m T. Bendonpas

John T/Benson State Superintendent State Department of Public Instruction

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ORDER OF THE STATE SUPERINTENDENT OF PUBLIC INSTRUCTION CREATING/AMENDING RULES

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REVISOR OF STATU

The state superintendent of public instruction hereby repeals PI 11.35(1m), PI 11.35(2)(title), (intro.), (a) and (ad), PI 11.35(2)(c), (d), (e) and (f) and PI 11.35(2)(g) and (h); renumbers PI 11.35(2)(b), renumbers and amends PI 11.35(2)(i), (j), (k), and (L), repeals and recreates PI 11.35(title) and (1), and creates PI 11.35(2) and (3), PI 11.36(title), (1), (3), (4), (5), (6) and (7), relating to eligibility criteria for children with disabilities.

ANALYSIS BY THE DEPARTMENT OF PUBLIC INSTRUCTION

Statutory authority: ss. 115.76(5) and 227.11(2)(a), Stats. Statute interpreted: ss. 115.76(5) and 115.782, Stats.

In November 1996, the department held twelve informational hearings throughout the state relating to special education requirements under Chapter PI 11, Wisconsin Administrative Code. As a result of testimony presented at those hearings, the state superintendent appointed seven task forces to develop criteria determining the need for special education services and to modify eligibility criteria relating to:

- Cognitive disabilities.
- Visual impairments.
- Hearing impairments.
- Speech and language impairments.
- Specific learning disabilities.
- Emotional behavioral disabilities.

As a result of the task force recommendations, the proposed rules modify provisions relating to the identification of a child with a disability. Specifically, when evaluating a child with a potential disability, the rules require that an IEP team:

- May not use any single procedure as a sole criterion for determining whether a child is a child with a disability or for determining an appropriate educational program for the child.
- Must determine if an impairment specified in this chapter adversely affects the child's educational performance, thereby requiring the need of special education and related services on the part of the child.
- Must determine the child's needs that cannot be met in the regular education program, modifications that can be made in the regular education program, and whether any additions or modifications need to be made to the child's special education and related services in order for the child to meet his or her goals.

The proposed rules also set forth eligibility criteria to identify children with cognitive disabilities, visual impairments, hearing impairments, specific learning disabilities, emotional behavioral disabilities, and speech or language. The multiple handicapped impairment has been eliminated since a child with multiple impairments would be identified under one or more of the existing impairments. Other technical modifications have been made to update terminology and to renumber and reorganize the section relating to impairments.

SECTION 1. PI 11.35(title) and (1) are repealed and recreated to read:

PI 11.35 DETERMINATION OF ELIGIBILITY. (1) An evaluation conducted by an IEP team under s. 115.782,

Stats., shall focus on the consideration of information and activities that assist the IEP team in determining how to teach

the child in the way he or she is most capable of learning. Specifically, the IEP team shall meet the evaluation criteria specified under s. 115.782(2)(a), Stats., when conducting tests and using other evaluation materials in determining a child's disability.

SECTION 2. PI 11.35(1m) is repealed.

SECTION 3. PI 11.35(2)(title), (intro.), (a) and (ad) are repealed.

SECTION 4. PI 11.35(2)(b) is renumbered PI 11.36(2).

SECTION 5. PI 11.35(2)(c), (d), (e), (f), (g) and (h) are repealed.

SECTION 6. PI 11.35(2)(i), (j), (k), (L) and the note that follows are renumbered PI 11.36(8), (9), (10), (11) and the note will follow and as renumbered, PI 11.36(9)(b), (11)(b), (c)(intro.), (d)(intro.), and the note are amended to read:

PI 11.36(9)(b) Children whose educational performance is adversely affected as a result of acquired injuries to the brain caused by internal occurrences, such as vascular accidents, infections, anoxia, tumors, metabolic disorders and the effects of toxic substances or degenerative conditions may meet the criteria of one of the other handicapping conditions impairments under this section, such as other health impairment, learning disability, or multiple handicapped.

(11)(b) All other suspected handicapping conditions, including cognitive disability, orthopedic-impairment, visually handicapped, hearing handicapped, learning disability, speech and language handicapped, emotional disturbance, autism, traumatic brain injury, or other health impairment impairments under this section shall be considered before identifying a child's primary handicapping condition impairment as significant developmental delay.

(c)(intro.) A child may be identified as having the handicapping condition of significant developmental delay when delays in development significantly challenge the child in two or more of the following five major life activities:

(d)(intro.) Documentation of significant developmental delays under subd. 3 par. (c) and their detrimental effect

upon the child's daily life shall be based upon qualitative and quantitative measures including all of the following:

NOTE: With respect to the eligibility criteria under s. PI-11.35 11.36, in September 1991 the U.S. department of education issued a memorandum clarifying state and local responsibilities for addressing the educational needs of children with attention deficit disorder (ADD). (See 18 IDELR 116) as a condition of receipt of federal funds under the Individuals with Disabilities Education Act (IDEA), the state and local school districts are bound to comply with the federal policy outlined in that memo. (See e.g. *Metropolitan school district of Wayne Township, Marion County, Indiana v. Davila*, 969 F. 2d 485 (7th cir. 1992)).

Pursuant to that federal policy memo, a child with ADD is neither automatically eligible nor ineligible for special education and related services under ch. 115, Stats. In considering eligibility, a multidisciplinary team (M-team) an IEP team must determine whether the child diagnosed with ADD has one or more handicapping conditions impairments under ch. 115, Stats., this section and a need for special education. For example, pursuant to the federal policy memo, a child with ADD may be eligible for special education and related services under ch. 115, Stats., if the child meets the eligibility criteria for "other health impaired" or any other condition impairment enumerated in ch. 115, Stats this section. In addition, 34 CFR 300.7 (c) (9) (i) now specifically lists ADD and attention deficit hyperactivity disorder among the health problems which may result in disability based on other health impairment. A copy of the federal policy may be obtained by writing the Exceptional Education Mission Special Education Team, Division for Learning Support: Equity and Advocacy, Department of Public Instruction, P.O. Box 7841, Madison, WI 53707-7841.

SECTION 7. PI 11.35(2) and (3) are created to read:

PI 11.35(2) A child shall be identified as having a disability if the IEP team has determined from an evaluation conducted under s. 115.782, Stats., that the child has an impairment under s. PI 11.36 that adversely affects the child's educational performance, and the child, as a result thereof, needs special education and related services.

(3) As part of an evaluation or reevaluation under s. 115.782, Stats., conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the IEP team shall identify all of the following:

(a) The child's needs that cannot be met through the regular education program as structured at the time the evaluation was conducted.

(b) Modifications, if any, that can be made in the regular education program, such as adaptation of content, methodology or delivery of instruction to meet the child's needs identified under par. (a), that will allow the child to access the general education curriculum and meet the educational standards that apply to all children.

(c) Additions or modifications, if any, that the child needs which are not provided through the general education curriculum, including replacement content, expanded core curriculum or other supports.

SECTION 8. PI 11.36(title), (intro.), (1), (3), (4), (5), (6), and (7) are created to read:

<u>PI 11.36 AREAS OF IMPAIRMENT.</u> (intro.) All provisions in these rules shall be construed consistent with 20 USC 1400 et. seq. and the regulations promulgated thereunder. (1) COGNITIVE DISABILITY. (a) Cognitive disability means significantly subaverage intellectual functioning that exists concurrently with deficits in adaptive behavior and that adversely affects educational performance.

(b) The IEP team may identify a child as having a cognitive disability if the child meets the criteria under subd.1.a. or b., 2. and subd. 3.a. or b. as follows:

1. a. The child has a standard score of 2 or more standard deviations below the mean on at least one individually administered intelligence test developed to assess intellectual functioning.

b. The child has a standard score between 1 and 2 standard deviations below the mean on at least one individually administered intelligence test, the child has been documented as having a cognitive disability in the past, and the child's condition is expected to last indefinitely.

2. The child has deficits in adaptive behavior as demonstrated by a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments that include interviews of the parents, tests, and observations of the child in adaptive behavior which are relevant to the child's age, such as:

- a. Communication.
- b. Self-care.
- c. Home living skills.
- d. Social skills.
- e. Appropriate use of resources in the community.
- f. Self-direction.

g. Health and safety.

h. Applying academic skills in life.

i. Leisure.

j. Work.

3.a. The child is age 3 through 5 and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments, in at least 2 of the following areas: academic readiness, comprehension of language or communication, or motor skills.

b. The child is age 6 through 21 and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments, in general information and at least 2 of the following areas: written language, reading, or mathematics.

NOTE: Cognitive disabilities typically manifest before age 18. An etiology should be determined when possible, so that the IEP team can use this information for program planning.

(3) VISUAL IMPAIRMENT. Visual impairment means even after correction a child's visual functioning significantly adversely affects his or her educational performance. The IEP team may identify a child as having a visual impairment after all of the following events occur:

(a) A certified teacher of the visually impaired conducts a functional vision evaluation which includes a review of medical information, formal and informal tests of visual functioning and the determination of the implications of the visual impairment on the educational and curricular needs of the child.

(b) An ophthalmologist or optometrist finds at least one of the following:

1. Central visual acuity of 20/70 or less in the better eye after conventional correction.

2. Reduced visual field to 50 degrees or less in the better eye.

3. Other ocular pathologies that are permanent and irremediable.

4. Cortical visual impairment.

5. A degenerative condition that is likely to result in a significant loss of vision in the future.

(c) An orientation and mobility specialist, or teacher of the visually impaired in conjunction with an orientation and mobility specialist, evaluates the child to determine if there are related mobility needs in home, school, or community environments.

(4) HEARING IMPAIRMENT. Hearing impairment, including deafness, means a significant impairment in hearing, with or without amplification, whether permanent or chronically fluctuating, that significantly adversely affects a child's educational performance including academic performance, speech perception and production, or language and communication skills. A current evaluation by an audiologist licensed under ch. 459, Stats., shall be one of the components for an initial evaluation of a child with a suspected hearing impairment.

(5) SPEECH OR LANGUAGE IMPAIRMENT. (a) Speech or language impairment means an impairment of speech or sound production, voice, fluency, or language that significantly affects educational performance or social, emotional or vocational development.

(b) The IEP team may identify a child as having a speech or language impairment if the child meets the definition under par. (a) and meets any of the following criteria:

1. The child's conversational intelligibility is significantly affected and the child displays at least one of the following:

a. The child performs on a norm referenced test of articulation or phonology at least 1.75 standard deviations below the mean for his or her chronological age.

b. Demonstrates consistent errors in speech sound production beyond the time when 90% of typically developing children have acquired the sound.

2. One or more of the child's phonological patterns of sound are at least 40% disordered or the child scores in the moderate to profound range of phonological process use in formal testing and the child's conversational intelligibility is significantly affected.

3. The child's voice is impaired in the absence of an acute, respiratory virus or infection and not due to temporary physical factors such as allergies, short term vocal abuse, or puberty. The child exhibits atypical loudness, pitch, quality or resonance for his or her age and gender.

4. The child exhibits behaviors characteristic of a fluency disorder.

5. The child's oral communication or, for a child who cannot communicate orally, his or her primary mode of communication, is inadequate, as documented by all of the following:

a. Performance on norm referenced measures that is at least 1.75 standard deviations below the mean for chronological age.

b. Performance in activities is impaired as documented by informal assessment such as language sampling, observations in structured and unstructured settings, interviews, or checklists.

c. The child's receptive or expressive language interferes with oral communication or his or her primary mode of communication. When technically adequate norm referenced language measures are not appropriate as determined by the IEP team to provide evidence of a deficit of 1.75 standard deviations below the mean in the area of oral communication, then 2 measurement procedures shall be used to document a significant difference from what would be expected given consideration to chronological age, developmental level, and method of communication such as oral, manual, and augmentative. These procedures may include additional language samples, criterion referenced instruments, observations in natural environments and parent reports.

(c) The IEP team may not identify a child who exhibits any of the following as having a speech or language impairment:

1. Mild, transitory or developmentally appropriate speech or language difficulties that children experience at various times and to various degrees.

2. Speech or language performance that is consistent with developmental levels as documented by formal and informal assessment data unless the child requires speech or language services in order to benefit from his or her educational programs in school, home, and community environments.

3. Speech or language difficulties resulting from dialectical differences or from learning English as a second language, unless the child has a language impairment in his or her native language.

4. Difficulties with auditory processing without a concomitant documented oral speech or language impairment.

5. A tongue thrust which exists in the absence of a concomitant impairment in speech sound production.

6. Elective or selective mutism or school phobia without a documented oral speech or language impairment.

(d) The IEP team shall substantiate a speech or language impairment by considering all of the following:

1. Formal measures using normative data or informal measures using criterion referenced data.

2. Some form of speech or language measures such as developmental checklists, intelligibility ratio, language sample analysis, minimal core competency.

3. Information about the child's oral communication in natural environments.

4. Information about the child's augmentative or assistive communication needs.

(e) An IEP team shall include a department-licensed speech or language pathologist and information from the most recent assessment to document a speech or language impairment and the need for speech or language services.

(6) SPECIFIC LEARNING DISABILITY. (a) Specific learning disability, pursuant to s. 115.76 (5) (a) 10., Stats., means a severe learning problem due to a disorder in one or more of the basic psychological processes involved in acquiring, organizing or expressing information that manifests itself in school as an impaired ability to listen, reason, speak, read, write, spell or do mathematical calculations, despite appropriate instruction in the general education curriculum. Specific learning disability may include conditions such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia.

(b) The IEP team shall base its decision of whether a child has a specific learning disability on formal and informal assessment data on intellectual ability, academic achievement, and learning behavior from sources such as standardized tests, error analysis, criterion referenced measures, curriculum-based assessments, student work samples, interviews, observations, and an analysis of the child's response to previous interventions, classroom expectations, and curriculum in accordance with s. 115.782, Stats. The IEP team may identify a child as having a specific learning disability if all of the following are true:

1. 'Classroom achievement.' Upon initial identification, the child's ability to meet the instructional demands of the classroom and to achieve commensurate with his or her age and ability levels is severely delayed in any of the following areas:

a. Oral expression.

b. Listening comprehension.

c. Written expression.

d. Basic reading skill.

e. Reading comprehension.

f. Mathematical calculation.

g. Mathematical reasoning.

2. 'Significant discrepancy.' Upon initial identification, a significant discrepancy exists between the child's academic achievement in any of the areas under subd. 1. a. to g. and intellectual ability as documented by the child's composite score on a multiple score instrument or the child's score on a single score instrument. The IEP team may base a determination of significant discrepancy only upon the results of individually administered, standardized achievement and ability tests that are reliable and valid. A significant discrepancy means a difference between standard scores for ability and achievement equal to or greater than 1.75 standard errors of the estimate below expected achievement, using a standard regression procedure that accounts for the correlation between ability and achievement measures. This regression procedure shall be used except under any of the following conditions:

a. The regression procedure under this subdivision may not be used to determine a significant discrepancy if the IEP team determines that the child cannot attain valid and reliable standard scores for intellectual ability or achievement because of the child's test behavior, the child's language, another impairment of the child that interferes with the attainment of valid and reliable scores or the absence of valid and reliable standardized, diagnostic tests appropriate for the child's age.

b. If the IEP team makes such a determination under subd. 2. a., it shall document the reasons why it was not appropriate to use the regression procedure and shall document that a significant discrepancy exists, including documentation of a variable pattern of achievement or ability, in at least one of the areas under subd. 1. a. to g. using other empirical evidence.

c. If the discrepancy between the child's ability and achievement approaches but does not reach the 1.75 standard error of the estimate cut-off under subd. 2. (intro.), the child's performance in any of the areas in subd. 1. a. to g. is variable, and the IEP team determines that the child meets all other criteria under subds. 1. and 3., the IEP team may consider that a significant discrepancy exists.

NOTE: Appendix A specifies the recommended regression formula for calculating significant discrepancy scores.

3. 'Information processing deficit.' The child has an information processing deficit that is linked to the child's classroom achievement delays under subd. 1. and to the significant discrepancy under subd. 2. An information processing deficit means a pattern of severe problems with storage, organization, acquisition, retrieval, expression, or manipulation of information rather than relative strengths and weaknesses. The IEP team shall document the reasons for and data used to make its determination that the child has an information processing deficit.

(c) 1. The IEP team may not identify a child as having a specific learning disability if it determines that the significant discrepancy between ability and achievement is primarily due to environmental, cultural or economic disadvantage or any of the reasons specified under s. 115.782 (3) (a), Stats., or any of the impairments under s. 115.76 (5), Stats., except s. 115.76 (5) (a) 10.

2. If the IEP team is concerned that a child has a significant discrepancy in oral expression or listening comprehension, the IEP team shall include a person qualified to assess speech and language impairments.

3. A child who is found to have a significant discrepancy between ability and achievement in the single area of oral expression or listening comprehension and who meets criteria for speech and language impairment under s. PI 11.36 (5) shall be considered to have a primary impairment in the area of speech and language.

4. At least one observation in the general classroom setting by a team member other than the classroom teacher shall be conducted.

(d) Upon reevaluation, a child who met initial identification criteria under par. (b) and continues to demonstrate a need for special education under s. PI 11.35 (2), including specially designed instruction, is a child with a disability under this section, unless the provision under par. (c) 1. now applies. If a child with a specific learning disability performs to generally accepted performance expectations in the general education classroom without specially designed instruction, the IEP team shall determine whether the child is no longer a child with a disability.

(7) EMOTIONAL BEHAVIORAL DISABILITY. (a) Emotional behavioral disability, pursuant to s. 115.76 (5)
(a) 5., Stats., means social, emotional or behavioral functioning that so departs from generally accepted, age appropriate ethnic or cultural norms that it adversely affects a child's academic progress, social relationships, personal adjustment, classroom adjustment, self-care or vocational skills.

(b) The IEP team may identify a child as having an emotional behavioral disability if the child meets the definition under par. (a), and meets all of the following:

1. The child demonstrates severe, chronic and frequent behavior that is not the result of situational anxiety, stress or conflict.

2. The child's behavior described under par. (a) occurs in school and in at least one other setting.

3. The child displays any of the following:

a. Inability to develop or maintain satisfactory interpersonal relationships.

b. Inappropriate affective or behavior response to a normal situation.

c. Pervasive unhappiness, depression or anxiety.

d. Physical symptoms, pains or fears associated with personal or school problems.

e. Inability to learn that cannot be explained by intellectual, sensory or health factors.

f. Extreme withdrawal from social interactions.

g. Extreme aggressiveness for a long period of time.

h. Other inappropriate behaviors that are so different from children of similar age, ability, educational experiences and opportunities that the child or other children in a regular or special education program are negatively affected.

(c) The IEP team shall rely on a variety of sources of information, including systematic observations of the child in a variety of educational settings and shall have reviewed prior, documented interventions. If the IEP team knows the cause of the disability under this paragraph, the cause may be, but is not required to be, included in the IEP team's written evaluation summary.

(d) The IEP team may not identify or refuse to identify a child as a child with an emotional behavioral disability solely on the basis that the child has another disability, or is socially maladjusted, adjudged delinquent, a dropout, chemically dependent, or a child whose behavior is primarily due to cultural deprivation, familial instability, suspected child abuse or socio-economic circumstances, or when medical or psychiatric diagnostic statements have been used to describe the child's behavior.

SECTION 9. PI 11.37 is created to read:

<u>PI 11.37 STUDY AND REPORT TO THE STANDING COMMITTEES OF THE LEGISLATURE.</u> (1) The department shall conduct a study of the effect of the modification of special education eligibility criteria made under CHR 98-138 and report to the appropriate standing committees of the legislature under s. 13.172 (3), Stats., on the results of that study.

(2) A preliminary report on items specified under pars. (a) to (f) shall be submitted by June 30, 2003, and a final report on items specified under pars. (a) to (g) shall be submitted by June 20, 2005. The reports under this subsection shall include the following:

(a) A comparison of the incidence rates of children identified as children with a disability before and after implementation of CHR 98-138.

(b) If incidence rates have changed, an analysis of the relationship between referral rates and incidence rates before and after implementation of CHR 98-138.

(c) If incidence rates have increased, an analysis of the factors in CHR 98-138, and any other factors, which may have increased incidence rates.

(d) If incidence rates have increased, an analysis of the relationship between:

1. IEP team determinations that a child is a child with a disability; and

2. IEP team determinations that a child needs special education services and programming.

(e) A comparison of the number of review hearings, appeals, complaints filed with the department, mediation requests and lawsuits filed before and after implementation of CHR 98-138, and, if the numbers have increased, an analysis of the factors in CHR 98-138, and any other factors, which may have increased the numbers.

(f) An analysis regarding whether implementation of CHR 98-138 has increased either paperwork requirements by school district special education staff or special education monitoring activities of department staff, and if so, an analysis of the factors in CHR 98-138, and any other factors, which may have caused such increase.

(g) An analysis of pupil performance, for example on state assessment measures, and of factors relating to pupil performance for all children and for children with a disability, including a comparison of school districts with the highest rates of identifying pupils as children with a disability and those with the lowest rates of identifying pupils as children with a disability.

SECTION 10. Initial applicability. This rule applies to evaluations conducted by IEP teams on or after July 1, 2001 to determine whether a child is or continues to be a child with a disability.

SECTION 11. Appendix A is created to read:

	Appendix A	
Regression Fo	rmula for Calculating Significant Discrepancy	Scores

Information needed for Calculation:				
IQ/Ability Score =	SD of IQ/Cognitive Test =	(SDi)		
Achievement Score =	SD of Achievement Test $=$	(SDa)		
	Correlation between tests =	<u>0. (r)*</u>		
Formula:	· .			
Expected Achievement = (SDa/SDi)r(IQ-10	00)+100 =			
Discrepancy = Expected Achievement - Obtained Achievement Score =				
SD Discrepancy = SDa $\sqrt{1-r^2}$				
Cut-off:				
Discrepancy / SD Discrepancy =				
If number is greater than 1.75, there is a sign	nificant discrepancy between achiev	vement and ability scores		

* If correlation between tests is unknown, use .62

When the test publisher provides tables for significant differences between ability and achievement scores (such as with the Weschler Intelligence Scale for Children- 3 and the Weschler Individual Achievement Test), these tables may be used in lieu of this formula. Cut-offs should be derived using a 1.75 Standard Error of Estimate (SEe) criterion so that the difference between expected and obtained scores in the bottom 4% of the distribution meet the standard for a significant discrepancy (i.e. 1.75 SEe units below the expected score).

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SECTION 13. Cross-reference changes. In the sections of the rule listed in Column A, the cross-references shown in Column B are changed to the cross-references in Column C.

Column A Rule Sections	Column B Old Cross-References	Column C New Cross-References
s. PI 11.36(8)(a) as renumbered	par. (g)	s. PI 11.36(7)
s. PI 11.36(8)(b) as renumbered	subd. 2.a. and b. subd. 2.c. through f.	subd. 1. and 2. subd. 3. through 6.
s. PI 11.36(9)(c) as renumbered	subd. 1.	par. (a)
s. PI 11.36(9)(d) as renumbered	this paragraph	this subsection

The rules contained in this order shall take effect on July 1, 2001, as provided in s. 227.22(2)(b), Stats.

Dated this 10^{-th} day of November, 2000

John T. Benson/10

John 7. Benson State Superintendent

Memorandum



STATE OF WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

DATE: November 9, 2000

TO: Gary Poulson Revisor of Statutes Bureau

FROM: Lori Slauson Administrative Rules and Federal Grants Coordinator

SUBJECT: CHR 98-138

Attached for publication in the *Wisconsin Administrative Register* is Clearinghouse Rule (CHR) 98-138, relating to eligibility criteria for children with disabilities. The rules will take effect July 1, 2001. Before a new version of Chapter PI 11 is printed, please renumber all of the sections, including the sections affected under CHR 98-138, to be sequential.

If you have any questions, please let me know. Thank you.

