



**National Association of Educational Translators  
and Interpreters of Spoken Languages**

**Guide for Spoken Language Interpreters in Education Series**

**Understanding Disability Categories**

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Educational interpreters will find that increased understanding of the disability conditions listed in the Individuals with Disabilities Education Improvement Act (IDEA, 2004) will make them more effective in virtually all special education interactions. The IDEA contains 13 disability categories that address the intellectual, academic, social/emotional, physical, health and/or sensory performance of children and youth for the purpose of providing special educational services (see Table 1). The IDEA also offers an option to states to utilize the generic category of developmental delay for young children since the accurate identification of

specific disabilities at early ages is often difficult.

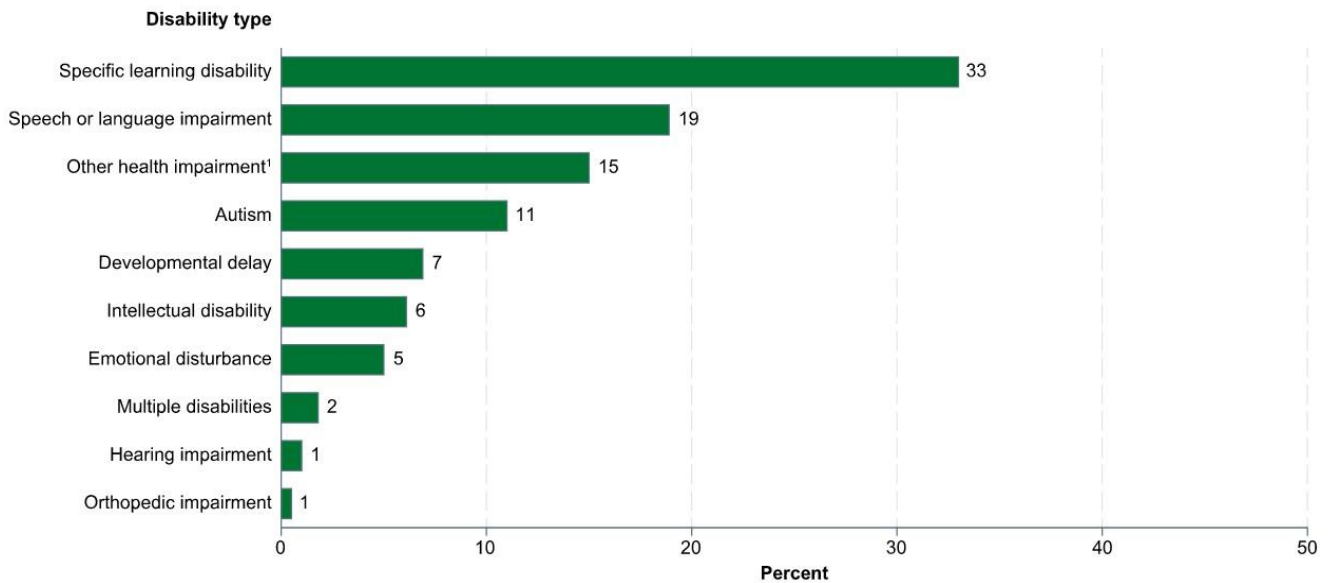
Dividing the disability categories in two groups based on their percentage of representation in the population served is common. Specific learning disability, speech and language impairment, other health impairment and autism are considered higher incidence disabilities. The remaining categories are considered lower incidence disabilities and include developmental delay, vision impairments and deaf-blindness.

## Understanding Disability Categories

Education Plan (IEP) meetings and other special education interactions will involve students with higher incidence disabilities, inquiring about the specific disabilities that may be discussed during these interactions is recommended as each category of disability contains unique terms and concepts. Interpreters who work in special schools or with programs that serve students with more intensive needs are likely to attend meetings involving autism and lower incidence disabilities. This chapter provides basic information regarding eligibility for services under the categories listed in the IDEA as well as the primary features of disability conditions. Resources for additional information about disability conditions in children and youth are listed at the end of the chapter. Descriptions of the disability categories appear in italics and are taken directly from the IDEA.

Figure 1 *Percentage of Students Receiving Special Education Services by Disability Category*

Percentage distribution of students ages 3–21 served under the Individuals with Disabilities Education Act (IDEA), by disability type: School year 2019–20



<sup>1</sup> Other health impairments include having limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes.

**NOTE:** Data are for the 50 states and the District of Columbia only. Visual impairment, traumatic brain injury, and deaf-blindness are not shown because they each account for less than 0.5 percent of students served under IDEA. Due to categories not shown, detail does not sum to 100 percent. Although rounded numbers are displayed, the figures are based on unrounded data.

Source: National Center for Education Statistics. (2022).

## Eligibility for Services

Eligibility for special education services based on the definitions of the disability categories in IDEA is an important concept for interpreters to be aware of. In medical and psychological situations, the term “diagnosis” is used to indicate that a set of learning, behavior, physical and/or sensory characteristics have been assessed and identified in students and linked to a specific condition. Typically, psychologists and psychiatrists use the most recent edition of the American Psychiatric Association Diagnostic and Statistical Manual (DSM-5) (APA, 2013) to identify psychological conditions while pediatric and other physicians use the most recent edition of the International Classification of Diseases Clinical Manual (ICD-11-CM) (WHO, 2019) for medical conditions. The definitions or descriptions of conditions in these manuals are considered “authoritative,” meaning that reputable authorities have come to a consensus about the definitions based on knowledge in the field. Such descriptions assist physicians and psychologists in identification and treatment. In special education, however, the descriptions of disability categories in the IDEA are considered “legal” definitions. While legal definitions may contain language similar to diagnostic descriptions, legal definitions typically are written to qualify individuals for services based on certain criteria and to exclude others. In IDEA, disability conditions must adversely affect educational performance in order for the student to be eligible for special education services. Students do not need to be failing to be eligible for services, but it should be clear that special education support is required for meaningful participation in the educational environment. Meetings at which eligibility is discussed typically take place near the beginning of the special education process. Once a student has been referred for special education testing, a psychoeducational assessment is conducted and the multidisciplinary team is assembled along with parents to discuss the determination.

There are three possible eligibility determination outcomes. One outcome is that the student is found to have a disability that adversely affects educational performance and the student is eligible for special

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education services that will be described in the IEP. A second outcome is that a student is found to have a disability that does not adversely affect educational performance and the student is not eligible for special education services. However, such a student may be an appropriate candidate for a 504 plan, named for the section of the Rehabilitation Act of 1973 in which discrimination against qualified individuals with disabilities is disallowed by organizations that receive federal funding. Under the Act, individuals with disabilities are defined as persons with a physical or mental impairment which substantially limits one or more major life activities (e.g., learning, walking, talking). In educational settings, a 504 plan describes the adjustments that school personnel will make to minimize obstacles the student's condition presents to educational progress. A student with sickle cell disease, for example, may benefit from a 504 plan that specifies how educational services are to be provided if the student is ever hospitalized. A student with a diagnosed anxiety disorder may have a 504 plan that allows for extra time on end-of-unit exams and state- required testing. In contrast, an IEP requires educational goals and progress monitoring as well as a description of necessary accommodations. A third outcome is that the student is found not have a disability and, therefore, is not eligible for special education services or 504 accommodations. In these cases, the school team may work with parents to develop strategies in the context of general education to support the student. Parents who disagree with eligibility decisions may appeal them in the manner specified by the state in which they live.

### High Incidence Disability Categories

The categories described in this section account for nearly 80% of all students who receive special education services.

#### *Specific Learning Disability*

Specific learning disability, often referred to simply as learning disability or LD, is the most common category of disability in special education. Its

prevalence in the general population is estimated to be between 5% and 9%. The IDEA definition provides a description of learning disability and a list of learning problems that should not be considered under the category. The specification of what not to include under a disability category is often referred to as the “exclusion clause” and appears in several of the other categories.

(i) General. Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(ii) Disorders not included. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage. (IDEA, 2014, Part B, Subpart A, Sec 300.8)

Students with learning disabilities have typical intellectual ability but experience academic problems due to difficulties in one or more of the neuropsychological processes involved in learning. For example, the majority of students in first grade can match letters to sounds, indicating that their visual-auditory processing is intact. Some students, however, have difficulty in this area. They may see letters or words correctly but inconsistently assign them the right sound, causing difficulty in the reading process. When this difficulty is serious enough, it can cause students to make little progress in reading compared to their peers even after interventions have been tried in general education. It is then that they might be considered for assessment for special education services. Since there are numerous neuropsychological processes involved in learning (e.g., memory, visual-spatial orientation, motor functioning), there are numerous ways and reasons why students with learning disabilities can experience academic difficulties. Learning disabilities

are highly individualized and every individual with a learning disability presents a unique profile.

### **Eligibility Issue:**

#### **Disability or poor understanding of language and cultural factors?**

Research indicates that students from linguistically and culturally different backgrounds, including those who are emergent bilinguals, are over- and under- identified as having a disability condition depending on factors including where they live, how old they are, if they have well-developed first language skills, and which language is spoken in the home (e.g. Cooc, 2018; Cruz & Rodl, 2018; Hibel & Jasper, 2012). In some school districts, there is a rush to judgement about disability, especially speech and language disorders and learning disabilities, when students appear to be slower than expected in learning English. In other school districts, members of the assessment team may dismiss a serious look at disability simply because the student is new to the U.S. or has yet to learn English well.

Comprehensive assessment of a student's life history, including health issues, exposure to formal education, migration of the family, in addition to oral and written bilingual language proficiency testing as well as other academic and behavioral assessments should allow team members to make well-informed eligibility decisions that separate disability issues from ones related to language and culture. Exhibiting learning problems such as expressive language difficulties across language and cultural contexts tend to indicate problems intrinsic to the student's functioning and may be considered as possible disability issues. Exhibiting learning problems associated primarily with the new language or specific cultural contents tend to indicate situational issues that exclude a determination of disability.

Educational interpreters should be aware that conversations around "difference or disability" issues are likely to surface at eligibility meetings and that team members may engage in considerable explanation about why

learning problems do or do not meet eligibility criteria.

### *Speech/Language Impairment*

Speech and language impairment is the second most common category among all students receiving special education services, with higher prevalence at early years and lower prevalence at older years. In addition, speech/language impairment is often identified as secondary to other conditions, including learning and intellectual disabilities, making speech/language services ubiquitous in early childhood and elementary programs. Students identified with this disorder are routinely served by a speech/language therapist or a speech/language assistant under the direction of the therapist in addition to their special and/or general education teachers.

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance. (IDEA, 2014, Part B, Subpart A, Sec 300.8)

Students found to be eligible under this category may experience speech and/or language problems. Speech disorders include problems of articulation, fluency and/or voice. Articulation, the ability to produce sounds and words correctly, can be compromised by various speech alterations: omissions (cand for candy), substitutions (wabbit for rabbit), additions (goting for going) or distortions (slip for sip). Fluency, which refers to the continuity of smoothness of speech, can be comprised when students have problems with the rhythm or timing of their speech. Stuttering, where word sounds are repeated unnecessarily, is the most common fluency issue. Voice quality can be distorted by problems of the larynx and include unusual pitch or loudness.

While speech disorders primarily involve the mechanics of speech, language disorders involve problems related to delay or difficulties in one or

more the major components of language: phonology (sounds), morphology (units of meaning), syntax (structure), semantics (meaning) and pragmatics (practical usage). Students with this disorder may have difficulty with language tasks including sequencing phonemes to form words, telling a story in logical order, labeling groups of objects and following general rules of conversation such as turn taking or facing the person they are addressing.

### *Other Health Impairment*

The category of other health impairment includes multiple health conditions that can have a negative impact on a student's educational performance due to factors including time away from school, tiredness, difficulty focusing and discomfort. While the specific health conditions that may fall in the category range from somewhat common to rare, as a group they make other health impairments the third most common category of disability in the special education population.

Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

(i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

(ii) Adversely affects a child's educational performance. (IDEA, 2014, Part B, Subpart A, Sec 300.8)

Notice that the definition does not provide an exclusive or exhaustive list of possible health conditions but examples of conditions that students might present. The eligibility determination under this category involves a



medical diagnosis from a licensed physician. IEPs of students with other health impairments typically include the services of a school nurse who will coordinate with the student's physician or medical team.

### *Autism*

Autism is commonly referred to as autism spectrum disorders in the field because of the wide range of intensity and characteristics that can be present. Once considered a rare condition, autism is now relatively common presumably due to increased awareness by parents and improved identification methods. The learning and behavioral diversity among students with autism cannot be overstated. Students with autism may present with limited cognitive ability, have average to well above average intellectual capacity or even be regarded as savants in certain areas of functioning. They may also vary greatly with regard to communication abilities, social functioning and adaptive behaviors such as personal care or ability to take public transportation.

(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied. (IDEA, 2014, Part B, Subpart A, Sec 300.8)  
In general, students with autism show characteristics of the disorder in

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early childhood, manifest mild to more serious problems in communication and social engagement and show one or more other common signs associated with autism such as difficulty with change or hypersensitivity to certain sensory stimuli including loud noise or scratchy fabrics. Part (ii) of the definition excluding emotional disturbance as a cause for autism exists because in the past autism was incorrectly considered to be an emotional disturbance rather than a neurodevelopmental condition.

### Low Incidence Disability Categories

The categories described in this section account for slightly over 20% of all students who receive special education services. The combined representation of intellectual disability, emotional disturbance, and the age-dependent category of developmental delay accounts for nearly all but a small percentage of this group.

#### *Intellectual Disability*

This category of intellectual disability includes a range of students with mild to intense impairment, although mild intellectual disability accounts for the majority of students in this category. In the past, it was common for intellectual disability to be described in terms of levels, i.e., mild, moderate, severe, and profound, that represented test scores below average ability. Now, it is becoming more common to use the general term of intellectual disability and describe the extent to which students need support or assistance in major life areas, i.e., intermittent, limited, extensive, or pervasive (AAIDD, yr.). One or both sets of terms may be used at IEP and other special education meetings depending on the person speaking and/or terminology protocols used in the district.

Intellectual disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that

adversely affects a child's educational performance. The term "intellectual disability" was formerly termed "mental retardation." (IDEA, 2014, Part B, Subpart A, Sec 300.8)

In order for students to be eligible under the intellectual disability category, significant difficulties must be apparent in intellectual functioning, typically measured by a formal IQ test, and in adaptive behavior which includes life skills such as bathing, taking public transportation, and communicating with others. Students with intellectual disability may certainly have areas of relative strength and need, but the disability is considered to be pervasive, affecting all aspects of daily life and typically apparent in early years.

### *Emotional Disturbance*

The category of emotional disturbance includes a wide range of characteristics and disorders that involve social, emotional and/or behavioral features that interfere with a student's educational performance. It is common to conceptualize and describe problem feelings and behaviors in terms of whether they are "internalizing," such as anxiety and withdrawal, or "externalizing," such as aggression or acting out. Under this broad category, schools may serve students who are fearful of large class size or hallway encounters with others as well as students who have limited impulse control that leads to bad decision-making and conflict with peers.

(i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal

circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section. (IDEA, 2014, Part B, Subpart A, Sec 300.8)

Of all the IDEA categories, emotional disturbance has received the most criticism from experts in the field because of the use of ambiguous terms, e.g., to a marked degree, a long period of time, a general pervasive mood, and because it excludes students with social maladjustment, a vague label associated with conduct disorders and criminal-like behavior. Professional organizations have suggested the title of the category and definition be changed to clearly include behavioral and emotional disorders and be more descriptive of the students who need support in these areas (CCBD, 2000).

### *Developmental Delay*

This category of disability, which is listed apart from the 13 other categories in IDEA, was designed to provide states with an alternative to identifying a specific label for young children experiencing developmental difficulties. Children identified under this category are eligible for special education services, including early intervention, beginning at age three. Prior to their tenth birthday, a child with a developmental delay who continues to need special education services must be declared eligible under one of the other IDEA categories or exit special education services. For example, a child with communication and cognitive delays at three years of age may no longer require special education services at age eight because adequate gains have been made. Another child with similar characteristics, however, may continue to experience delays and subsequently be identified as eligible for continued services under one of the 13 categories.

... for children aged three through nine (or any subset of that age range, including ages three through five), may...include a child—

(1) Who is experiencing developmental delays as defined by the State and as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development, or adaptive development; and

(2) Who, by reason thereof, needs special education and related services.

(IDEA, 2014, Part B, Subpart A, Sec 300.8)

### *Remaining Categories*

The remaining categories of disabilities together account for approximately 4% of all students who receive special education services. Of these, hearing impairment, deafness, visual impairment and deaf-blindness are sensory disabilities. Orthopedic impairment is associated with movement difficulties while traumatic brain injury may cause problems of movement, communication, social/emotional functioning and cognition. Multiple disabilities may include any combination of the aforementioned conditions, with the exception of deaf-blindness which is considered to present a unique set of combined characteristics that warrants its own category. These categories will be presented with their IDEA definition along with explanatory details as needed.

Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.

Deafness means a hearing impairment that is so severe that the child is

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impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance. (IDEA, 2014, Part B, Subpart A, Sec 300.8)

Hearing impairment is a general term to describe various types of hearing loss and indicates poorer than normal sensitivity to sounds or speech understanding while deafness refers to limited or absent hearing for the activities of daily life.

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. (IDEA, 2014, Part B, Subpart A, Sec 300.8)

Visual impairment includes the conditions of partial sight loss, low vision, legal blindness and total blindness. The assessment of vision skills includes an examination of acuity or the ability to perceive visual details at near and far distances and when the visual field is restricted. The criterion for legal blindness, for example, is 20/200 vision, which refers to seeing at 20 feet what a person with unimpaired (or 20/20) vision can see from 200 feet away.

Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Multiple disabilities means concomitant impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

Orthopedic impairment means a severe orthopedic impairment that

adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. (IDEA, 2014, Part B, Subpart A, Sec 300.8)

### Disability Categories and State Variations

Interpreters should be aware that the titles of disability categories as well as their definitions vary somewhat across states. The federal government requires that each state has statutory language that meets the minimum standards in the IDEA but does not mandate the use of specific terms or descriptions. In Indiana's special education regulations, for example, autism is listed as "autism spectrum disorder" and visual impairment is listed as "blind or low vision" (Indiana Department of Education, 2019). The definitions of these categories in the Indiana law are considerably more descriptive than those contained in the IDEA, but in no way contradictory. A recommended practice for educational interpreters is to locate and download their state's special education regulations to become familiar with terms unique to the state. Such regulations are typically accessible through the special education page of the state's department of education website. Interpreters who find themselves in advocacy roles will also find these

regulations helpful when parents have questions about the special education process.

## Conclusion

The disability categories contained in the IDEA are often described in general terms, as in this chapter, but it is important to remember that each category contains a range of conditions and characteristics. Every student with a disability will have unique circumstances, so each situation is different. In addition, the eligibility team may determine that a student has a primary disability, such as learning disabilities, and a secondary disability, such as speech/language impairment. Interpreters may find it helpful to conceptualize a student's case in terms of the primary domains of a student's functioning that may be discussed, i.e., intellectual/cognitive, language/communication, social/emotional, and physical/sensory, in relation to their academic performance and potential. Also, depending on where the student is in the special education process, discussions between parents and school staff will have different areas of focus. In the initial assessment process, discussions may revolve around why the student does or does not meet the eligibility criteria for special education services while interactions at annual IEP meetings are likely to deal with goals and teaching strategies. Asking school representatives about the purpose of the meeting and under what category the student is being evaluated for or served prior to providing interpreter services is a reasonable and recommended practice to facilitate a successful interaction.



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Rita Brusca-Vega, Professor Emeritus at Purdue University Northwest, began her teaching career serving elementary and secondary students with special needs in the Chicago metro area. She earned her BA and MA degrees in special education at Northeastern Illinois University and EdD from Northern Illinois University. Rita has worked as an inclusion consultant in language diverse schools in addition to having over 30 years as a teacher educator in higher

education at Northeastern Illinois University, Chicago State, and at Purdue Northwest as director of the graduate online programs in special education. Rita is a frequent presenter on special education for emergent bilingual students, including writing linguistically and culturally responsive IEPs. She is also a successful grant writer and has been the director of multiple federally-funded projects that have ranged from preparing bilingual and ESL teachers and paraprofessionals to become special educators to serving students with intense needs and co-teaching in science classrooms. Rita has served as chair of the Illinois State Board of Education's Joint Committee on Special Education and was the first president of the Illinois Council for Exceptional Children's Diverse Exceptional Learners subdivision. Rita joined the Board of Directors of the National Association of Educational Translators and Interpreters of Spoken Language in 2020 and has contributed to its publications and expanded its professional development projects, including the online advanced course for educational interpreters, training for school leaders on language access in the Missouri schools, and course development for educational interpreters in Massachusetts.