



# Special Education Coding Criteria, 2025/26

Early Childhood Services to Grade 12;  
Mild/Moderate, Gifted and Talented, and Severe

Special Education Coding Criteria, 2025/26: Early Childhood Services to Grade 12; Mild/Moderate, Gifted and Talented, and Severe

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## Introduction

The [Ministerial Order on Student Learning](#) provides an overview of the goals, expectations and outcomes for children and students in Early Childhood Services (ECS) to Grade 12. This framework supports school authorities in determining the amount of additional support required to ensure children and students are successful. All educational programming provided to children and students must be designed and delivered based on the programs of study.

The Special Education Coding Criteria outlines criteria within specific categories to assist teachers and administrators in school authorities to identify those ECS children and Grades 1–12 students who require additional supports in their educational program. Each category is given a code for the purpose of reporting special education data to Alberta Education and Childcare. The need for additional supports may be determined at any time during the school year.

It is the responsibility of school authority staff to assign a special education code to a child's/student's registration in the Provincial Approach to Student Information (PASI). If assigning more than one special education code, one of the codes must be Code 80 (Gifted and Talented). School authorities should work with their PASI administrator to ensure codes are reported accurately in PASI.

Schools must have the documentation to support the assignment of a special education code. This includes a diagnosis of a disability or disorder by a qualified professional. In addition to this diagnosis, it is essential to have a clear indication of how the disability/disorder impacts the ECS child's and Grade 1–12 student's participation and learning in an educational environment.

The *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-5) has been considered in the updates to the Special Education Coding Criteria; however, this document is not intended to provide diagnostic criteria for clinicians.

## Assessment

The following information is designed to offer guidance to school authorities regarding Alberta Education and Childcare's expectations for assessment practices.

A **qualified professional** is an individual who has expertise and training in conducting specialized assessments and providing interpretive reports of the results. The individual is also in good standing with his/her professional association. Psychologists, psychiatrists, audiologists, occupational therapists and speech-language pathologists are some of the qualified professionals who provide assessments and interpretive reports for school authorities.

A **specialized assessment** means individualized measurement across a variety of domains that will contribute to a diagnosis and assist with the development and implementation of an Individualized Program Plan (IPP) for children and students. Specialized assessments may include administration of tests of intellectual abilities, speech and language abilities, academic performance, emotional and behavioural development, and physical development of a child or student. Specialized assessment typically results in a written, interpretative report. When reviewing reports, the following criteria applies: the mild range is the 7<sup>th</sup> to 9<sup>th</sup> percentile; the moderate range is the 3<sup>rd</sup> to 6<sup>th</sup> percentile; and the severe

range is the 2<sup>nd</sup> percentile and below. These ranges correspond to the majority of the tests when a standard score with a mean of 100 and a standard deviation of 15 is reported.

A **functional assessment** includes both formal (objective data such as a standardized checklist) and anecdotal and/or direct observations. The assessment report should provide information about the impact the diagnosis has on the ECS child's/student's functioning in the educational environment in areas such as:

- social interaction;
- communication;
- behaviour;
- skills for daily living;
- safety; and
- other learning considerations.

**NOTE:** Results from screening tools or screening instruments are not sufficient to diagnose an ECS child or a Grade 1–12 student with a disability/disorder, or delay in language for ECS children only, or to determine giftedness.

For additional information please refer to the following resources:

- [Standards for the Provision of Early Childhood Special Education](#);
- [Standards for Special Education, Amended June 2004](#);
- [Requirements for Special Education in Accredited Funded Private Schools](#);
- [Early Childhood Services Handbook for the Identification and Review of Children with Severe Disabilities](#);
- [Handbook for the identification and review of students, in Grades 1 to 12, with severe disabilities in independent schools and public charter schools](#); and
- [The Inclusive Education Library](#).

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## Mild/Moderate and Gifted and Talented (ECS to Grade 12)

### Intellectual Disability (Mild)

(ECS: Code 30; Grades 1–12: Code 51)

An ECS child/student identified as having a mild intellectual (cognitive) disability:

- has been diagnosed by a qualified professional as demonstrating:
  - deficits in intellectual functioning, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning and learning from experience; and
  - adaptive behaviour skills in the mild range as measured on an adaptive behaviour scale<sup>1</sup>; and
- receives support/intervention for behaviours that interfere with learning, for example: demonstrated delays in intellectual functioning in most academic subjects and social behaviours as compared to his or her same-age peers.

### Intellectual Disability (Moderate)

(ECS: Code 30; Grades 1–12: Code 52)

An ECS child/student identified as having a moderate intellectual (cognitive) disability:

- has been diagnosed by a qualified professional as demonstrating:
  - deficits in intellectual functioning, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning and learning from experience; and
  - adaptive behaviour skills in the moderate range as measured on an adaptive behaviour scale<sup>2</sup>; and
- receives support/intervention for behaviours that interfere with learning and requires programming that reflects significant modifications to basic curriculum and instruction in literacy, numeracy and living/vocational skills.

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<sup>1</sup> American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

<sup>2</sup> American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

## Emotional/Behavioural Disability

(ECS: Code 30; Grades 1–12: Code 53)

An ECS child/student identified with a mild to moderate emotional/behavioural disability exhibits chronic and pervasive behaviours that interfere with the learning and safety of the ECS child/student, other ECS children/students and staff.

Typically, behaviour disabilities are characterized by a number of observable behaviours that could include:

- an inability to establish or maintain satisfactory relationships with peers or adults;
- a general mood of unhappiness, moodiness, irritability, withdrawal, temper outbursts, fearfulness, avoidance;
- inappropriate behaviour or feelings under ordinary conditions;
- continued difficulty in coping with the learning situation in spite of remedial intervention;
- physical symptoms or fears associated with personal or school problems;
- difficulties in accepting the realities of personal responsibility and accountability;
- physical symptoms or fears associated with personal or school problems;
- difficulties in accepting the realities of personal responsibility and accountability; and
- physical violence toward other persons and/or physical destructiveness toward the environment.

In addition to a diagnosis by a qualified professional, school authorities are required to have documentation, completed by school staff, indicating the quality, nature, frequency and severity of the disability within an educational environment.

## Learning Disability

(Grades 1–12: Code 54)

Learning disabilities refer to a number of disorders that may affect the acquisition, organization, retention, understanding, or use of verbal or nonverbal information<sup>3</sup>.

The DSM-5 uses the term “specific learning disorder” to identify various types of learning disabilities. The determination of a learning disability/specific learning disorder must be based on an assessment and diagnosis by a professional.

Learning disabilities range in severity (mild, moderate, or severe) and may result in difficulties in one or more of the following areas:

- oral language (e.g., listening, speaking, understanding);
- reading (e.g., decoding, phonetic knowledge, word recognition, comprehension);

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<sup>3</sup> Learning Disabilities Association of Canada, Official Definition of Learning Disabilities. Retrieved in 2017 from <http://www.ldacacta.ca/learn-more/ld-defined/official-definition-of-learning-disabilities>

- written language (e.g., spelling and written expression); and
- mathematics (e.g., computation, problem solving)<sup>4</sup>.

To help individuals with learning disabilities be successful, it is necessary to ensure early identification and provide interventions, as appropriate, involving home, school, community and workplace settings. The interventions need to be appropriate for each individual's type of learning disability and, at a minimum, include the provision of:

- specific skill instruction;
- accommodations;
- compensatory strategies; and
- self-advocacy skills.

## Hearing Disability

(ECS: Code 30; Grades 1–12: Code 55)

An ECS child/student identified with a mild to moderate hearing disability is one who:

- has a hearing condition that affects speech and language development and interferes with the ability to learn; and
- according to one of the more commonly used classification systems, has a mild hearing loss of 26 to 40 decibels (dB), or a moderate hearing loss of 41 to 70 dB unaided in the better ear over the normal speech range of 500 to 4000 hertz (Hz)<sup>5</sup>.

## Visual Disability

(ECS: Code 30; Grades 1–12: Code 56)

An ECS child/student identified with a mild to moderate visual disability is one who:

- has vision so limited that it interferes with the ability to learn and requires modification of the learning environment; and
- is designated as having limited vision with a visual acuity of less than 20/70 (6/21 metric) in the better eye after correction and/or a reduced field of vision.

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<sup>4</sup> Learning Disabilities Association of Canada, Official Definition of Learning Disabilities. Retrieved in 2017 from <http://www.ldacacta.ca/learn-more/ld-defined/official-definition-of-learning-disabilities>.

<sup>5</sup> Canadian Academy of Audiology. Retrieved in 2017 from <https://canadianaudiology.ca/for-the-public/hearing-loss-in-adults-and-children/>.

## Communication Disorder/Delay

(ECS: Code 30)

An ECS child identified with a mild to moderate communication disorder/delay is one who:

- has a diagnosed mild to moderate disorder or identified mild to moderate delay in expressive and/or receptive language; or
- has a diagnosed disorder/delay in articulation, phonology, voice, fluency and/or social (pragmatic) communication; or
- is at risk for learning difficulties as demonstrated by education-based assessments\* that may include tests of phonological awareness.

\* requires formal training in testing level B or C.

## Communication Disability/Disorder

(Grades 1–12: Code 57)

A student identified with a communication disability/disorder communicates ineffectively with peers and adults because of a diagnosed mild to moderate disability in expressive and/or receptive language. This could include difficulty in one or more of the following areas:

- speech sound: articulation, phonology, voice and/or resonance quality; or
- fluency: stuttering; or
- pragmatics: social use of verbal and nonverbal communication.

## Physical or Medical Disability

(ECS: Code 30; Grades 1–12: Code 58)

An ECS child/student identified with a mild to moderate physical or medical disability is one whose physical, neurological, or medical condition interferes significantly with the ability to learn and requires adjustments to the learning environment.

## Multiple Disability

(ECS: Code 30; Grades 1–12: Code 59)

An ECS child/student identified with a multiple disability has two or more non-associated mild to moderate disabilities that have a significant impact upon his or her ability to learn. Some disabilities are closely associated, so would not be designated under this category. For example, ECS children/students with hearing disabilities frequently have communication disabilities, and ECS children/students with cognitive disabilities almost always have communication disorders.

## Gifted and Talented

(ECS to Grade 12: Code 80)

Giftedness is exceptional potential and/or performance across a wide range of abilities in one or more of the following areas:

- general intellect;
- specific academia;
- creative thinking;
- social;
- music;
- art; and
- kinesthesia.

Each school authority establishes its own assessment process for identifying giftedness and ensuring appropriate educational programming for students who are identified.

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## Severe (ECS to Grade 12)

### Intellectual Disability (Severe)

(Code 41)

An ECS child/student identified as having a severe to profound intellectual cognitive disability:

- has been diagnosed by a qualified professional as demonstrating:
  - severe delays in all or most areas of daily living, including significant deficits in intellectual functioning, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning and learning from experience; and
  - adaptive behaviour skills in the severe or profound range as measured on an adaptive behaviour scale<sup>6</sup>; and
- requires ongoing support and intervention for learning and is dependent on others for all aspects of daily living.

### Severe Emotional/Behavioural Disability

(Code 42)

An ECS child/student with a severe emotional/behavioural disorder:

- has been diagnosed by a qualified professional;
- displays chronic, extreme and pervasive behaviours and requires close and constant adult supervision, high levels of structure and other intensive support services in order to function in an educational setting; and
- behaviours significantly interfere with both the learning and safety of the ECS child/student and other ECS children/students. For example, the ECS child/student could be dangerously aggressive and destructive (to self and/or others), violent, extremely compulsive, withdrawn, delusional or paranoid.

Diagnoses could include conduct disorder, schizophrenia, bi-polar disorder, severe chronic depressive disorder, severe oppositional defiant disorder, severe obsessive/compulsive disorders, trauma and/or stress-related disorders.

A clinical diagnosis of a severe emotional/behavioural disorder by a psychiatrist, registered psychologist, or a developmental pediatrician is required, in addition to extensive documentation by school authorities on the nature, frequency and severity of the disorder. The effects of the disability on the child/student's functioning in an education setting should be described in detail. An ongoing treatment plan/behaviour plan should be available and efforts should be made to ensure that the child/student has access to appropriate mental health and therapeutic services.

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<sup>6</sup> American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

## NOTES:

1. ECS children/students with a primary diagnosis of attention-deficit and hyperactivity disorder (ADHD) are not included in this category.
2. ECS children/students diagnosed with fetal alcohol spectrum disorder (FASD) should be reported under Code 44 rather than Code 42.
3. ECS children may have either a diagnosis or a statement from a qualified professional.

If the qualified professional chooses to make a statement rather than a diagnosis, it must indicate the severity of the severe emotional or behavioural difficulties, the frequency and duration of the disturbances and the necessary structure or intervention required for the child/student to be successful.

In addition to a diagnosis by a qualified professional, school authorities are required to have extensive documentation, completed by school staff, indicating the quality, nature, frequency, severity and impact of the disability/disorder within the educational environment.

An ongoing treatment/behaviour plan must be developed by the school, in consultation with a qualified professional and efforts should be made to ensure that the ECS child/student has access to appropriate mental health and therapeutic services.

**OR**

### **Alternative Documentation**

- A statement of impact provided by a professional (teacher, behaviour therapist/consultant, social worker, etc.) that has training in functional behaviour-based assessment or in emotional/behavioural needs.
  - The statement of impact may include a standardized emotional/behavioural measure such as the Behaviour Assessment System for Children (BASC).
  - The statement of impact must include a clear description of how the chronic, extreme and pervasive behaviour impacts the learning of the child/student and/or safety and learning of others and identifies the need for close and constant adult supervision, high levels of structure and other intensive support services in order to function in an educational setting.
- An ongoing behaviour plan, crisis or safety management plan, developed in consultation with the school-based learning team, including the parents/guardians.
- A behaviour tracking summary noting frequency, duration and severity of problematic behaviours.
- An IPP/ISP that include a concise summary that describes the nature, frequency and intensity of the child/student's behaviour and interventions needed to maintain appropriate behaviour.

NOTE: Follow-up with a formal diagnosis by psychiatrist, or registered psychologist is required as soon as possible.

## Severe Multiple Disability

(Code 43)

An ECS child/student with severe multiple disabilities:

- has two or more non-associated moderate to severe cognitive and/or physical disabilities that, in combination, result in the child/student functioning at a severe to profound level; and
- requires significant special programming, resources and/or services in an educational environment.

The following mild or moderate disabilities cannot be used in combination with other disabilities for Code 43:

- ADHD (ECS to Grade 12);
- emotional/behavioural disabilities (ECS to Grade 12);
- learning disability (Grades 1 to 12 only); and
- speech and language-related disabilities (ECS to Grade 12).

ECS children/students diagnosed with a severe disability and another associated disability should be identified under the category of the primary diagnosis. ECS children/students diagnosed with Down syndrome and requiring extensive support in an educational environment should be reported under Severe Multiple Disability (Code 43).

For additional information and characteristics of children/students who may meet criteria for a severe multiple disability, please reference the [Handbook for the identification and review of students, in Grades 1 to 12, with severe disabilities in independent schools and public charter schools](#).

## Severe Physical or Medical Disability

(Code 44)

An ECS child/student with a severe physical, medical, or neurological disability:

- has a medical diagnosis by a qualified professional of a physical disability, specific neurological disorder or medical condition that severely impacts the ECS child's/student's ability to function and learn in an educational environment (note: some physical or medical disabilities have little or no impact upon the ECS child's/student's ability to function in the learning environment);
- requires extensive adult assistance and modifications to the educational environment to support their learning; and
- diagnoses could include autism spectrum disorder, FASD/alcohol-related neurodevelopmental disorder (ARND), Tourette syndrome, cerebral palsy, brain injury, cancer, selective mutism, social (pragmatic) communication disorder, that severely impacts the ECS child's/student's ability to function and learn in an educational environment.

A clinical diagnosis by a registered psychologist or medical professional specializing in the field of these disorders is required. However, a clinical diagnosis alone is not necessarily sufficient to qualify under this category. In addition to a diagnosis by a qualified professional, school authorities are required to have

extensive documentation, completed by school staff, indicating the quality, nature, frequency and severity of the impact of the disability/disorder within the educational environment.

For additional information, please see the [Handbook for the identification and review of students, in Grades 1 to 12, with severe disabilities in independent schools and public charter schools](#).

## Deafness

(Code 45)

An ECS child/student with a severe to profound hearing loss:

- has a hearing loss of 71 dB or more unaided in the better ear over the normal speech range (500 to 4000 Hz) that interferes with the use of oral language as the primary form of communication, or has a cochlear implant preceded by a 71 dB hearing loss unaided in the better ear;<sup>7</sup>
- requires extensive modifications and specialized educational supports; and
- has a diagnosis by a clinical or educational audiologist.

New requests for approvals for the Program Unit Funding Grant or Severe Disabilities Grant require an audiogram within the past three years.

## Blindness

(Code 46)

An ECS child/student with severe vision impairment:

- has corrected vision so limited that it is inadequate for most or all instructional situations and information must be presented through other means; and
- has a visual acuity ranging from 6/60 (20/200) in the better eye after correction, to having no usable vision or a field of vision reduced to an angle of 20 degrees.

In cases where the disability (e.g., cortical blindness; developmentally delayed) of the ECS child/student precludes a standardized visual assessment, a functional vision assessment by a qualified specialist in the field of vision or a medical professional may be sufficient to support this code assignment.

## Severe Language Delay

(ECS children only: Code 47)

A severe language delay is assessed and diagnosed by a speech-language pathologist. The speech-language pathologist uses a variety of formal and informal assessment instruments such as standardized tests, checklists, observational measures and parental interviews resulting in an interpretive report that supports the diagnosis of a severe language delay. Eligibility for a severe language delay is based on a child's overall speech/language development profile and assessment results, not on individual subtest scores.

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<sup>7</sup> American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

An ECS child with a severe language delay:

- has been assessed and diagnosed with a severe language delay in expressive, receptive or total language and the assessment report includes results, based on the assessment tool administered, either below the 1<sup>st</sup> or 2<sup>nd</sup> percentile in expressive, receptive or total language;

**OR**

- has been assessed and diagnosed with a severe phonological delay, based on the assessment tool administered, is either below the 1<sup>st</sup> or 2<sup>nd</sup> percentile, and with moderate to severe total language delay.

#### NOTES:

1. To assist with the identification of children who are learning English as a new language and may present with a severe language delay, ECS operators are encouraged to have their staff and contractors use the following resources to guide the assessment process:
  - the *Speech-Language Pathology Assessment for Preschool English Language Learners Clinical Guide*, Alberta Health Services; and
  - the *Assessment of Children Who are English Language Learners*, Alberta College of Speech-Language Pathologists and Audiologists.
2. The PASI registration information for ECS children, who are learning English as a new language, and have not been diagnosed with a severe language delay, should not include Code 47.
3. If the severe language delay is the result of a primary disability, assign the code for the primary disability (e.g., for a child who is diagnosed with autism spectrum disorder, the PASI registration information should include Code 44).

## Moderate Language Delay

(ECS children only: Code 48)

An ECS child with a moderate language disorder:

- has been assessed by a speech-language pathologist with risk factors that are likely to persist into later childhood and have a functional impact on daily living that affects the child's ability to participate in an ECS program; and
- has been diagnosed with a moderate disorder or delay in expressive and/or receptive language;

**OR**

- has been diagnosed with a moderate disorder or delay in expressive and/or receptive language and two or more mild or moderate delays in fine motor and/or gross motor development, vision or hearing.

NOTE: Moderate range 3<sup>rd</sup> to 6<sup>th</sup> percentile.

**OR**

**Alternative Documentation**

- An alternative document provided by a speech-language pathologist whose clinical opinion indicates areas of need are significant. This might include a functional assessment (i.e., Alberta Health Services Early Language Assessment Checklist) indicating the impact of the speech or language delay on the child's daily life.

**OR**

- An alternative document provided by both a speech-language pathologist and an occupational therapist whose clinical opinions indicate areas of need are significant. This might also include a functional assessment (i.e., School Functional Assessment) indicating the impact of the delays on the child's daily life.
- A detailed IPP/ISP that includes high-level interventions and any therapeutic interventions required to support the learning of the child.

NOTE: Follow-up with a formal diagnosis by a speech-language pathologist is required as soon as possible.