

The National Uniform Classification of Disabilities (People of Determination) in the State Enclosed with Cabinet Resolution No. (3) of 2018

This classification has relied on:

- The Individuals with Disabilities Education Act 2004 – IDEA.
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5TM, American Psychiatric Association (2013).
- The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) – 2006.
- Federal Law No. (29) of 2006 Regarding the Rights of People with Disabilities as amended by virtue of Federal Law No. (14) of 2009.

Basic Pillars:

- There is a need for a uniform classification of disabilities on the level of the State which shall cover all types of disabilities. Such classification shall be considered as a national reference used by all organizations providing their services to the people with disabilities.
- The purpose of the classification is to provide services and needs to the people with disabilities and facilitate their access thereto. Classification is not a target in itself. The individual needs of each case shall be taken into consideration irrespective of the type of disability.
- The classification shall assist in raising the level of coordination and cooperation among the competent authorities in order to unify the tools of detecting the people with disabilities and identifying their needs.
- This classification is flexibly aligned with the best global practices in the field of disability in order to accommodate the categories of disabilities which the rights of their people are included in the United Nations Convention on the Rights of Persons with Disabilities.
- The classification process shall be carried out depending on diagnosis and assessment reports outlined by the Ministry of Community Development. The reports shall be issued by specialists certified by the official authorities in the State, which, in turn, shall be approved by the Ministry. For reports issued outside the State, they shall be certified by the Foreign Ministry by using globally recognized and codified tools and measurements commensurate with the local environment where the person with disability lives.

For the purposes of classification, the following definitions shall be used:

- **Neurodevelopmental disorders:** They are a set of conditions which appear at the beginning of the growth period. The disorders typically manifest early in growth, often before the child joins the school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning. The range of developmental deficits varies from very specific limitations of learning or control of executive functions to global impairments of social skills or intelligence. They include (intellectual disability, communication disorders, autism spectrum disorder, attention-deficit/hyperactivity disorder “ADHD” and specific learning disorders) in addition to other growth disorders.
- **Sensory impairments:** They include (visual impairment, hearing impairment and deaf-blind impairment).

In accordance with this classification, disabilities shall be as follows:

1- Intellectual Disability

It includes three categories depending on the specified mental abilities and the age:

- 1- Intellectual Disability (mental abilities are determined in accordance with the standardized intelligence tests).
- 2- Global Developmental Delay (for children at the age of 5 years or less. It is not specified at a certain degree with respect to mental abilities).
- 3- Unspecified Intellectual Disability (for children above the age of 5 years. It is not specified at a certain degree with respect to mental abilities).

Definition of Intellectual Disability:

1- Intellectual Disability (mental abilities are determined in accordance with the standardized intelligence tests).

Intellectual disability is defined as a disorder which starts during the growth period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

First: Deficits in intellectual functions, such as reasoning; problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.

Intellectual functioning is typically measured with individually administered and psychometrically valid, comprehensive, culturally appropriate, psychometrically sound tests of intelligence. Individuals with intellectual disability have scores of approximately two standard deviations or more below the population mean, including a margin for measurement error (generally 5 points). On tests with a standard deviation of 15 and a mean of 100, this involves a score of 65-75 (70 ± 5). Clinical training and judgment are required to interpret test results and assess intellectual performance.

Second: Deficits in adaptive functioning: that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community) compared to others in the same age group or with the same sociocultural background.

The second criterion of diagnosis is met when at least one domain of adaptive functioning%5Fconceptual, social, or practical%5Fis sufficiently impaired that ongoing support is needed in order for the person to perform adequately in one or more life settings at school, at work, at home, or in the community. To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in the first Criterion.

Third: Onset of intellectual and adaptive deficits during the growth period.

2- Global growth Delay (for children at the age of 5 years or less. It is not specified at a certain degree with respect to mental abilities):

This diagnosis is reserved for individuals under the age of 5 years when the clinical severity level cannot be reliably assessed during early childhood. This category is diagnosed when an individual fails to meet expected developmental milestones in several areas of intellectual functioning, and applies to individuals who are unable to undergo systematic assessments of intellectual functioning, including children who are too young to participate in standardized testing. This category requires reassessment after a period of time.

3- Unspecified Intellectual Disability (for children above the age of 5 years. It is not specified at a certain degree with respect to mental abilities):

This category is reserved for individuals over the age of 5 years when assessment of the degree of

intellectual disability is rendered difficult because of associated sensory or physical impairments, as in blindness or pre-lingual deafness; locomotor disability; or presence of severe problem behaviors or co-occurring mental disorder. This category should only be used in exceptional circumstances and requires reassessment after a period of time.

Required Documents:

A psychological educational report issued by a psychiatrist or clinical psychiatrist at a certified organization. The report shall include the assessment of the mental disabilities, adaptive behavior, accompanying medical condition or behavioral disorder, if any, and the medical history.

Eligibility for Services:

- Medical services including diagnosis and treatment.
- Support rehabilitation such as physical, functional, linguistic and behavioral therapy as the case may be.
- Special educational services.
- Educational and societal integration services.
- Training, vocational rehabilitation and employment services.

2- Communication Disorders

Definition of Communication Disorders:

Disorders of communication include deficits in language, speech, and communication. Speech is the expressive production of sounds and includes an individual's articulation, fluency, voice, and resonance quality. Language includes the form, function, and use of a conventional system of symbols (i.e., spoken words, sign language, written words, pictures) in a rule-governed manner for communication. Communication includes any verbal or nonverbal behavior (whether intentional or unintentional) that influences the behavior, ideas, or attitudes of another individual.

Assessments of speech, language and communication abilities must take into account the individual's cultural and language context, particularly for individuals growing up in bilingual environments. The standardized measures of language development and of nonverbal intellectual capacity must be relevant for the cultural and linguistic group (i.e. tests developed and standardized for one group may not provide appropriate norms for a different group).

The diagnostic category of communication disorders includes the following: language disorder,

speech sound disorder, childhood-onset fluency disorder (stuttering), social communication disorder, and other specified and unspecified communication disorders which emerge during or after the growth phase.

Required Documents:

- A report on language and speech issued by a specialist in the treatment of language and speech disorders in a certified organization.
- A detailed hearing report issued by an acoustics specialist in a certified organization.

Eligibility for Services:

- Support rehabilitation such as linguistic, behavioral and social therapy as the case may be.
- Educational and societal integration services.
- Medical services including (Dental, jaw and staphyle operations ... etc.).
- Hearing aids or other devices as the case may be.

3- Autism Spectrum Disorder

Definition of Autism Spectrum Disorder:

It is one of the developmental neurotic disorders and a type of developmental disabilities caused by the dysfunction of the central nervous system (brain). It is marked by the suspension or deficit of the development of sensory and linguistic perception and accordingly the ability of communication, speech, learning and social communication.

The Diagnostic and Statistical Manual, Fifth Edition, (DSM – V, APA, 2013) has outlined five domain areas for diagnosing Autism Spectrum Disorder as follows:

- **First domain area:** Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive):
 - 1- Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 - 2- Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures: to a total lack

of facial expressions and nonverbal communication.

- 3- Deficits in developing, maintaining, and understanding social relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
- **Second domain area:** Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive):
 - 1- Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 - 2- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 - 3- Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 - 4- Hyper- or hyperactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
 - **Third domain area:** Symptoms must be present in the early growth period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
 - **Fourth domain area:** Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
 - **Fifth domain area:** These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Required Documents:

- A psychological educational report issued by a psychiatrist or clinical psychiatrist in a certified organization.
- A report on language and speech issued by a language and speech specialist in a certified organization.
- A detailed hearing report issued by a certified organization.

Eligibility for Services:

- Medical services including diagnosis and treatment.
- Support rehabilitation such as physical, functional, linguistic and behavioral therapy as the case may be.
- Special educational services.
- Educational and societal integration services.
- Training, vocational rehabilitation and employment services.

4- Attention Deficit / Hyperactive Disorder

The diagnostic criteria of this disorder are defined as follows:

First: A continuous pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1- **Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

a- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).

b- Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).

c- Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).

d- Often does not follow through on instructions and fails to finish schoolwork, chores, or

duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).

e- Often has difficulty organizing tasks and activities (e.g., difficulty in managing sequential tasks; difficulty in keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).

f- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).

g- Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).

h- Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).

i- Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

- 2- **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

a. Often fidgets with or taps hands or feet or squirms in seat.

b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).

c. Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)

d. Often unable to play or engage in leisure activities quietly.

e. Is often “on the go,” acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).

f. Often talks excessively.

g. Often blurts out an answer before a question has been completed (e.g., completes people’s sentences; cannot wait for turn in conversation).

- h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
- i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

Second: Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.

Third: Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).

Fourth: There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.

Fifth: The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

Required Documents:

A medical report issued by a specialist in children development, neurologist or psychiatrist and / or a psychological report issued by a psychiatrist or clinical psychiatrist in a certified organization.

Eligibility for Services:

- Medical, psychological and behavioral services including diagnosis and treatment.
- Support therapeutic services as the case may be.
- Educational integration services.
- Societal integration services.

5- Specific Learning Disorder

Definition of Learning Disorders:

A disorder in one or more basic psychological operations including the understanding or use of the oral or written language. It is manifested in the minimized ability to hear, think, read, write, spell or carry out mathematical operations. It includes perception disabilities, minor brain disorder, and cases of dyslexia. The term does not include education problems which are basically the result of deaf-blind, kinetic, or mental disabilities, emotional disorders, or the environmental, cultural or economic

impediments. The mental abilities of this category as measured by intelligence tests fall within the normal level or higher. The diagnostic criteria of this disorder include the following:

First: Difficulties learning and using academic skills, as indicated by the presence of at least one of the following symptoms that have persisted for at least 6 months, despite the provision of interventions that target those difficulties:

- 1- Inaccurate or slow and effortful word reading (e.g., reads single words aloud incorrectly or slowly and hesitantly, frequently guesses words, has difficulty sounding out words).
- 2- Difficulty in understanding the meaning of what is read (e.g., may read text accurately but not understand the sequence, relationships, inferences, or deeper meanings of what is read).
- 3- Difficulties with spelling (e.g., may add, omit, or substitute vowels or consonants).
- 4- Difficulties with written expression (e.g., makes multiple grammatical or punctuation errors within sentences; employs poor paragraph organization; written expression of ideas lacks clarity).
- 5- Difficulties in mastering number sense, number facts, or calculation (e.g., has poor understanding of numbers, their magnitude, and relationships; counts on fingers to add single-digit numbers instead of recalling the math fact as peers do; gets lost in the midst of arithmetic computation and may switch procedures).
- 6- Difficulties with mathematical reasoning (e.g., has severe difficulty applying mathematical concepts, facts, or procedures to solve quantitative problems).

Second: The affected academic skills are substantially and quantifiably below those expected for the individual's chronological age, and cause significant interference with academic or occupational performance, or with activities of daily living, as confirmed by individually administered standardized achievement measures and comprehensive clinical assessment. For individuals age 17 years and older, a documented history of impairing learning difficulties may be substituted for the standardized assessment.

Third: The learning difficulties begin during school-age years but may not become fully manifest until the demands for those affected academic skills exceed the individual's limited capacities (e.g., as in timed tests, reading or writing lengthy complex reports for a tight deadline, excessively heavy academic loads).

Fourth: The learning difficulties are not better accounted for by intellectual disabilities, uncorrected visual or auditory acuity, other mental or neurological disorders, psychosocial adversity, lack of proficiency in the language of academic instruction, or inadequate educational instruction.

Required Documents:

A psychological educational report issued by a special education specialist, specialist of learning difficulties, or an educational psychiatrist in a certified organization.

The report shall observe the following:

- 1- IQ - Achievement Discrepancy Model: (at the rate of 2 standard deviation) i.e. 30 degrees or more. For example, the student's score in the Intelligence Questionnaire is two standard deviation (30 degrees) which is larger than his / her performance in the achievement test (Table 1).
- 2- Discrepancy Table (Table 2).
- 3- Response to Intervention: It requires three levels of tests, assessments or types of intervention (conducting surveys for all students at the beginning of the academic year through achievement tests. Underperformer students are identified. Later on, a set of interventions and instructions are developed for students and their performance is measured by means of groups. In case students have not gained benefits, individual interventions (rather than special education) are made. In case they have not gained a benefit, they shall be transferred to assessment in order to get special education programs).

Table 1 IQ Achievement Discrepanc

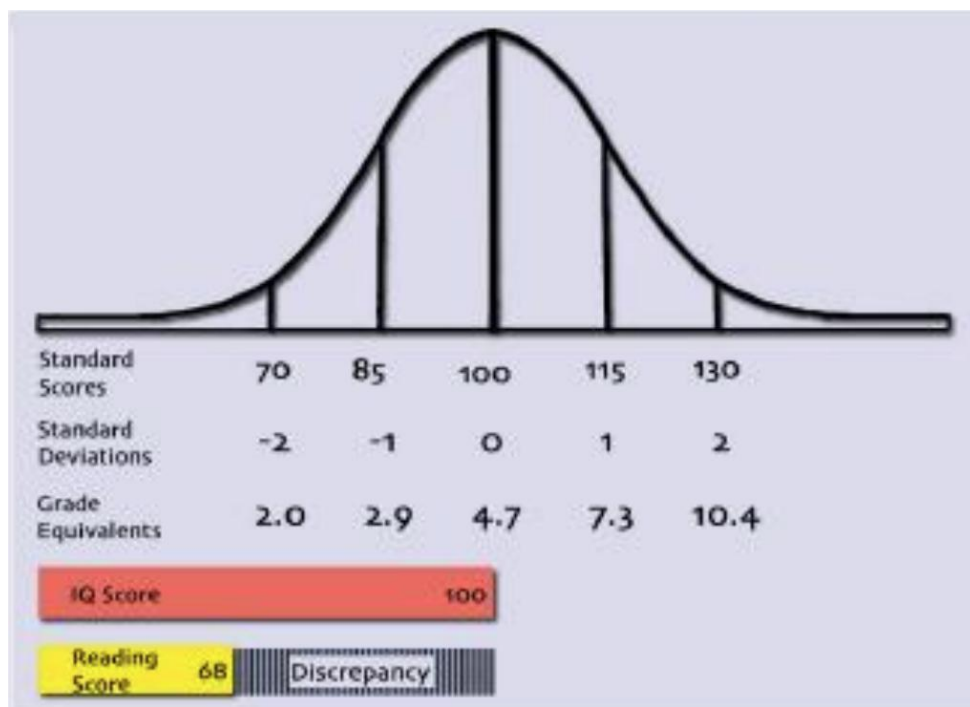


Table 2 Discrepancy Table

Achievement Test	Intelligence Questionnaire	Achievement Test	Intelligence Questionnaire
80	97	62	69
81	98	62	70
82	99	63	71
82	100	64	72
83	101	65	73
84	102	65	74
84	103	66	75
86	105	67	77
86	106	68	78
87	107	69	9
88	108	69	80
88	109	70	81
89	110	71	82
89	111	71	83
90	112	72	84
91	113	73	5
91	114	73	86
92	115	74	87
93	116	75	88
93	117	75	89
94	118	76	90
95	119	76	91
95	120	77	92
96	121	78	93
97	122	78	94
97	123	79	95
98	124	80	96
99	125		

Eligibility for Services:

- Psychological, behavioral and educational services including diagnosis and treatment.
- Support therapeutic services as the case may be.
- Educational integration services.
- Societal integration services.

6- Visual Impairment:

Definition of Visual Impairment:

An acute shortage in vision ranging from the cases of total loss of vision “blindness” to the cases of partial loss of vision which could not be treated by means of surgical operations, use of glasses or contact lenses. Cases of visual impairment could be classified into:

Total Blindness: When a person totally loses the degrees of vision to less than 20 degrees even when using glasses. Such category could not make use of the educational programs provided to normal people and the legal and educational definitions shall apply to them.

Partially Sighted: where – in the best conditions - the percentage of vision reaches 6/60 or less in the more powerful eye.

Low Vision: Partial loss of vision in the more powerful eye which could not be redressed by using visual aids, contact lenses, drugs or surgical operations as low vision varies from one to another.

Required Documents:

A medical report issued by an ophthalmologist in a certified organization.

Eligibility for Services:

- Medical services.
- Orientation and movement rehabilitation program.
- Technological aids, assistant tools and visual aids.
- Visual tools and technologies.
- Braille system education.
- Educational and societal integration services.

7- Hearing Impairment:

Definition of Hearing Impairment:

It is a total or partial loss of the hearing sense to the extent that it affects the individual's ability to use the hearing sense in communication or learning in a normal educational environment. This disability includes deafness and hearing impairment. Accordingly, a person with such disability shall need special services in order to develop the language, speech and oral communication. Hearing impairment may be communicative, neurosensory or mixed.

Hearing impairment includes the following:

- 1- Deafness: A dysfunction of the neuro-auricular system and hence the hearing system shall not be used. This limits the use of oral communication and the person shall use another means of communication such as the sign language. The degree of hearing shall be more than 90 dB (extreme loss of hearing).
- 2- Hearing impairment: Variable or constant loss of hearing which affects the means of communication by relying on the hearing aid as a source of hearing and there is a need for such hearing aid. There are degrees of hearing impairment starting at 26 - 90 dB. There are also various types of such impairment: (dual and mono hearing impairment, homogeneous and non-homogeneous hearing impairment, and developed, sudden and constant hearing impairment).

Degrees of hearing loss in dB:	
26 to 40	Mild
41 to 55	Moderate
56 to 70	Moderately severe
71 to 90	Severe
More than 90	Profound

Required Documents:

A hearing check report issued by an ENT physician or an auricular specialist in a certified organization.

Eligibility for Services:

- Medical services.
- Auricular, linguistic and communication rehabilitation.

- Hearing aids and cochlear implants.
- Educational and societal integration services.
- Special education as the case may be.

8- Deaf-Blind Disability:

It accompanies or concurs with both the hearing and visual impairments. This leads to deep needs with respect to communication as well as other developmental and educational needs which could not be solely provided by means of special education programs allocated for the blind or the people with a hearing impairment.

Required Documents:

- A hearing check report issued by an ENT physician or an auricular specialist in a certified organization.
- A medical report issued by an ophthalmologist in a certified organization.

Eligibility for Services:

- Medical services.
- Auricular, linguistic and communication rehabilitation.
- Hearing aids and cochlear implants.
- Orientation and movement rehabilitation program.
- Technological and visual tools.
- Braille system education.
- Educational and societal integration services.
- Special education and rehabilitation as the case may be.

9- Physical Disability

It is a chronic nervous, muscular or osseous disability which limits a person's ability to use his / her body in a normal manner. Daily life activities are consequently affected with a special focus on school activities in a normal educational environment. This disability may result from birth defects, specific illnesses, fractures or amputations:

As a result of a physical disability, one or more of the following skills are affected:

- 1- Functional skills: deficit in the organizational functional skills or independent business skills.
- 2- Motor skills: inability to carry out or complete a motor skill.
- 3- Educational performance: physical disability affects the student's educational performance as his / her level is less than his / her counterparts.

Cases covered by physical disability	
1	Paralysis: quadriplegia, lower quadrilateral paralysis, longitudinal quadratic paralysis, lateral paralysis caused by spinal cord injuries, stroke, cerebral palsy, poliomyelitis or paralysis resulting from peripheral neuropathic dysfunction ... etc.
2	Cases of paralysis when the person could not walk and there shall be a need for special aids.
3	Cases of paralysis when the person difficultly walks and there shall be a need for special aids. However, such person could walk without these aids.
4	Cases of amputation in one or more of the upper or lower limbs: above the elbow, at the elbow joint, at the wrist, at the hip joint, at the knee joint, at the ankle, and the partial amputation of the foot.
5	Muscle weakness due to the growing central neurological diseases such as muscular atrophy, Duchenne and multiple sclerosis.
6	Severe spinal deformities and chronic diseases which cause a disability.

Required Documents:

A medical report issued by a neurologist, orthopedic doctor, or physical therapist in a certified organization.

Eligibility for Services:

- Medical services including diagnosis and treatment.
- Motor and functional rehabilitation.
- Educational and societal integration services.
- Assistant tools with respect to mobility and movement.

10- Psycho/Emotional Disorder

Psycho disorders include several categories such as emotional disorders, behavioral disorders, or physiological illnesses. Such disorder is a complex emotional condition accompanied by a paramount

physical and physiological activity so that the emotional reactions shall be improper. This condition is manifested through one or more of the following characteristics for a remarkably prolonged period so that it shall negatively have an effect on the person's daily life and educational performance:

- Inability to learn which could not be interpreted due to mental, sensory or medical factors.
- Inability to build or maintain personal relations with peers or adolescents.
- Improper types of conduct or feelings in the light of natural conditions.
- A general mode of depression or failure to feel happy.
- Tendency to the emergence of physical symptoms or concerns related to the personal or educational problems.

This term includes cases of schizophrenia, disintegration of identity, severe physical fear, severe depression, anxiety, trauma, psychological stresses, obsessive-compulsive disorder, and cognitive neurodegenerative disorders ... etc.

Due to the multiplicity and variety of disorders, you may refer to the Fifth Edition of DSM to know more about each disorder and their diagnosis criteria www.psychiatryOnline.org

Required Documents:

A psychological report issued by a psychiatrist or clinical psychiatrist in a certified organization.

Eligibility for Services:

- Medical psychological services including diagnosis and treatment.
- Support rehabilitation such as cognitive, behavioral and functional therapy.
- Special educational services and educational integration.
- Training, vocational rehabilitation and employment services.

11- Multiple Disability

It refers to the presence of a disability under one of the following categories (neurodevelopmental disorders, sensory impairment, physical impairment, or psycho/emotional disorders) accompanied by another disability or more which falls under one of the following categories: concurrent mental and physical disability or concurrent hearing and mental disability. This type of disabilities does not include deaf-blind impairment as it is included under the category of physical disability or the presence of two disabilities belonging to neurodevelopmental disorders in the same person.

Such disability causes developmental and educational problems which have a direct impact on the

performance of the individual. It shall be difficult for the affected person to join the programs of non-complex disabilities. Almost always, scientific references consider multiple disabilities as severe disabilities due to the numerous difficulties encountered by the person in his / her daily life duties.

Required Documents:

- Based on the required documents set forth in the afore-mentioned categories of disabilities.

Eligibility for Services:

- Based on the eligibility for services set forth in the afore-mentioned categories of disabilities.