disabilityrights WISCONSIN
Protection and advocacy for people with disabilities.

Fact Sheet: Disability Definition for Children

This resource material is intended as a self-advocacy guide for people with disabilities. Nothing written here shall be understood to be legal advice. For specific legal advice, please contact an attorney.

The Social Security Administration's Definition of Disability

In summary, a child is considered "disabled" by the Social Security Administration if:

- they have a medically determinable physical or mental impairment (or combination of impairments) that is severe; and
- the impairment(s) has lasted (or is expected to last) for at least one year or to result in death; and
- the impairment(s) cause marked and severe functional limitations that meet, medically equal, or functionally equal a listing.

What is a medically determinable physical or mental impairment?

A child's impairment(s) must result from anatomical, physiological, or psychological abnormalities that are demonstrable by medically acceptable clinical and laboratory diagnostic techniques. The Disability Determination Bureau (DDB) needs objective medical evidence, such as signs or laboratory findings, from acceptable medical sources to establish whether a child has a medically determinable impairment(s).

Once the Disability Determination Bureau establishes the existence of a medically determinable impairment(s), they may also use evidence from other medical and non-medical sources to assess the severity of the impairment(s) and how it affects the child's functioning. For example:

- naturopaths
- chiropractors
- therapists
- teachers
- counselors
- daycare center workers
- public and private social welfare agency personnel
- relatives
- caregivers

Listing of Impairments (The Listings)

What are the "listings"?

The Listing of Impairments (the listings) for children, describes impairments for each major body system that the Social Security Administration considers severe enough to cause marked and severe functional limitations.

Find a list of Childhood Listings (Part B) here:
www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm

What does it mean to "medically equal" a listing?

If a child's impairment(s) does not meet the specific criteria of a listing, it may medically equal the criteria of a listing if it is at least equal in severity and duration to the criteria of any listed impairment.

How does a child functionally equal a listing?

A child functionally equals a listing, if the child's medically determinable impairment, or combination of impairment(s) **results in "marked limitations" in two or more domains of functioning or "extreme limitation" in one or more of 6 domains of functioning.**

Description of Information the Disability Determination Bureau Needs from Physicians and Other Health Care Professionals

The Disability Determination Bureau evaluates physical and mental impairments in children in terms of 6 domains of activity that together represent all aspects of a child's functioning. Specifically, The Disability Determination Bureau considers how the child typically functions compared to children of the same age who do not have impairments. The descriptions of the domains below are drawn directly from Social Security Administration's regulations and operating instructions.

1. Acquiring and Using Information

The Disability Determination Bureau considers how well a child:

- learns or acquires information, and
- uses the information they have learned.

Learning and thinking begin at birth. A child learns as they explore the world through sight, sound, taste, touch, and smell. As a child plays, they acquire concepts and learns that people, things, and activities have names. This lets the child understand symbols, which prepares them to use language for learning. Using the concepts and symbols acquired through play and learning experiences, a child should be able to learn to read, write, do arithmetic, and understand and use new information.

Thinking is the application or use of information a child has learned. It involves being able to perceive relationships, reason, and make logical choices. People think in different ways. When a child thinks in pictures, they may solve a problem by watching and imitating what another person

does. When a child thinks in words, they may solve a problem by using language to talk their way through it. A child must also be able to use language to think about the world and to understand others and express themselves, e.g., to follow directions, ask for information or explain something.

2. Attending and Completing Tasks

The Disability Determination Bureau considers how well a child:

- is able to focus and maintain attention; and
- begins, carries through, and finishes activities, including the pace at which the child performs activities and the ease with which the child changes them.

Attention involves regulating levels of alertness and initiating and maintaining concentration. It involves the ability to filter out distractions and to remain focused on an activity or task at a consistent level of performance. This means focusing long enough to initiate and complete an activity or task and changing focus once it is completed. It also means that if a child loses or changes focus in the middle of a task, they are able to return to it without other people having to remind them frequently to finish it.

Adequate attention is needed to maintain physical and mental effort and concentration on an activity or task. Adequate attention permits a child to think and reflect before starting or deciding to stop an activity. In other words, the child is able to look ahead and predict the outcome of their actions before acting. Focusing attention allows a child to attempt tasks at an appropriate pace. It also helps determine the time needed to finish a task within an appropriate timeframe.

3. Interacting and Relating with Others

The Disability Determination Bureau considers how well a child:

- initiates and sustains emotional connections with others;
- develops and uses the language of their community;
- cooperates with others;
- complies with rules;
- responds to criticism; and
- respects and takes care of the possessions of others.

Interacting means initiating and responding to exchanges with other people, for practical or social purposes. A child interacts with others by using facial expressions, gestures, actions, or words. A child may interact with another person only once, as when asking a stranger for directions, or many times, as when describing their day at school to parents. A child may interact with people one-at-a-time, as when listening to another student in the hallway at school, or in groups, as when playing with others.

Relating to other people means forming intimate relationships with family members and with friends the same age and sustaining them over time. A child may relate to individuals, siblings, parents, or a best friend, or to groups, such as other children in childcare, friends in school, teammates in sports activities, or people in the neighborhood.

Interacting and relating requires a child to respond appropriately to a variety of emotional and behavioral cues. A child must be able to speak intelligibly and fluently so that others can understand; participate in verbal turn taking and nonverbal exchanges; consider others' feelings and points of view; follow social rules for interaction and conversation; and respond to others appropriately and meaningfully.

A child's activities at home or school or in the community may involve playing, learning, and working cooperatively with other children, one-at-a-time or in groups; joining voluntarily in activities with the other children in school or community; and responding to persons in authority (e.g., parents, teacher, bus driver, coach, employer).

4. Moving About and Manipulating Objects

The Disability Determination Bureau considers how well a child:

- moves their body from one place to another and;
- moves and manipulates things.

These are called gross and fine motor skills.

Moving one's body involves several different kinds of actions:

- rolling one's body;
- rising or pulling oneself from a sitting to a standing position;
- pushing oneself up;
- raising one's head, arms, legs, and twisting one's hands and feet;
- balancing one's weight on one's legs and feet;
- shifting weight while sitting or standing;
- transferring from one surface to another;
- lowering oneself to or toward the floor as when bending, kneeling, stooping, or crouching;
- moving oneself forward and backward in space as when crawling, walking, running, and negotiating different terrains (e.g., curbs, steps, hills).

Moving and manipulating things involves several different kinds of actions:

- engaging one's upper and lower body to push, pull, lift, or carry objects from one place to another;
- controlling shoulders, arms, and hands to hold or transfer objects;
- coordinating eyes and hands to manipulate small objects or parts of objects.

These actions require varying degrees of strength, coordination, dexterity, pace, and physical ability to persist at the task. They also require a sense of where one's body is and how it moves in space; the integration of sensory input with motor output; and the capacity to plan, remember, and execute controlled motor movements.

5. Caring For Yourself

The Disability Determination Bureau considers how well a child:

- maintains a healthy emotional and physical state, including how well the child gets their physical and emotional wants and needs met in appropriate ways;
- copes with stress and changes in the environment; and
- takes care of their own health, possessions, and living area.

Caring for and regulating oneself effectively, with the degree of independence appropriate to a child's age, depends upon the ability to respond to changes in emotions and daily demands of the environment. Caring for oneself is characterized by a sense of personal autonomy, or independence, and mastery, or competence. The effort to become independent and competent should be observable at birth and should continue throughout childhood. Emotional wellbeing requires a basic understanding of the body, including its normal functioning, and physical and emotional needs.

To meet these needs successfully, a child must employ effective coping strategies, appropriate to their age, to identify and regulate feelings, thoughts, urges, and intentions. Such strategies are based on taking responsibility for getting needs met in an appropriate and satisfactory manner. This includes establishing and maintaining adequate self-control when regulating responses to changes in moods and environment and developing appropriate means to delay gratification.

Caring for and regulating oneself means becoming increasingly independent in making and following one's own decisions. This entails relying on one's abilities and skills and displaying consistent judgment about the consequences of caring for oneself. As a child matures, using and testing their own judgment helps develop confidence in independence and competence.

6. Health and Physical Well-Being

The Disability Determination Bureau considers how well a child:

- physical or mental impairments, and
- their associated treatments or therapies on a child's functioning.

A physical or mental disorder may have physical effects that vary in kind and intensity and may make it difficult for a child to perform activities independently or effectively. A child may experience problems such as generalized weakness, dizziness, shortness of breath, reduced stamina, fatigue, psychomotor retardation, allergic reactions, recurrent infection, poor growth, bladder, or bowel incontinence, or local or generalized pain. A child may have difficulty with senses, including reduced hearing or visual acuity.

In addition, the medications a child takes (e.g., for asthma, depression) or the treatment a child receives (e.g., chemotherapy, multiple surgeries) may have physical effects that also limit performance of activities.

A child's illness may be chronic with stable symptoms, or episodic with periods of worsening and improvement. We will consider how a child functions during periods of worsening and how often and for how long these periods occur. A child may be medically fragile and need intensive medical care to maintain their level of health and physical wellbeing. In any case, as a result of the illness itself, the medications or treatment a child receives, or both, they may experience physical effects that interfere with functioning in any or all activities.

What is a “marked” or “extreme” limitation?

Marked

A child has a “marked” limitation in a domain when their impairment(s) interferes seriously with their ability to independently initiate, sustain, or complete activities. Their day-to-day functioning may be seriously limited when their impairment(s) limits only one activity or when the interactive and cumulative effects of their impairment(s) limit several activities.

“Marked” limitation also means a limitation that is “more than moderate” but “less than extreme.” It is the equivalent of the functioning we would expect to find on standardized testing with scores that are at least two, but less than three, standard deviations below the mean.

The Disability Determination Bureau will find that a child has a “marked” limitation when they have a valid score that is two standard deviations or more below the mean, but less than three standard deviations, on a comprehensive standardized test designed to measure ability or functioning in that domain, and their day-to-day functioning in domain-related activities is consistent with that score.

Extreme

A child has an “extreme” limitation in a domain when their impairment(s) interferes very seriously with your ability to independently initiate, sustain, or complete activities. Their day-to-day functioning may be very seriously limited when their impairment(s) limits only one activity or when the interactive and cumulative effects of their impairment(s) limit several activities.

“Extreme” limitation also means a limitation that is “more than marked.” “Extreme” limitation is the rating we give to the worst limitations. However, “extreme limitation” does not necessarily mean a total lack or loss of ability to function. It is the equivalent of the functioning we would expect to find on

standardized testing with scores that are at least three standard deviations below the mean.

The Disability Determination Bureau will find that a child has an “extreme” limitation when they have a valid score that is three standard deviations or more below the mean on a comprehensive standardized test designed to measure ability or functioning in that domain, and their day-to-day functioning in domain-related activities is consistent with that score.