

ELIGIBILITY DETERMINATION DATE: *This date should reflect the initial eligibility determination date or the date eligibility is re-determined by the committee.*

1. **STUDENT INFORMATION:** All information regarding the student's personal information should be included. The school of attendance should be listed on the form. Primary language is the language that that student utilizes on a daily basis.
2. **CASE HISTORY:** The information for case history can be found in student records including school enrollment files, SST documentation, and parent teacher conference minutes. It is imperative that the case history information be included so as to assist the committee when reviewing some exclusionary factors.
3. **SUMMARY OF INTERVENTIONS AND DATA PRIOR TO REFERRAL:** The supplementary instruction that the student received prior to consent for special education evaluation should be summarized. Information may be summarized from SST records, classroom benchmark data, or other system level reporting measures. In the rare case that tiered instructional opportunities were by-passed, reasons should be attached. If the parent requested immediate consent for special education evaluation, the interventions attempted during the evaluation period should be summarized. For re-evaluation, the information must be summarized from the current special education supports provided.
4. **SUMMARY OF PROGRESS MONITORING TOWARD ACHIEVING STANDARDS:** For initial evaluations, the actual results of supplementary instruction provided to the student must be listed. Information may be obtained from SST records, system reports, or classroom running records or other data sources. Re-evaluation data shall be obtained from the student's previous and current IEP goals.
5. **RESULTS OF RELEVANT DISTRICT, STATE AND BENCHMARK ASSESSMENTS:** Available results such as standard scores, cut scores, and percentile ranks should be included from individual student assessments. All grade level assessments required by the state and individual school district must be included.
6. **INDIVIDUAL STUDENT DATA:** The team must include data in the area(s) of concern being addressed in the evaluation. Information will include quantitative and qualitative data. It is imperative that all areas suspected as delayed have data to review. Once the results are listed, the team shall determine any specific strengths or weaknesses found from the assessment. Based on this acquired information, the team shall determine specific education impact associated with the delay.
7. **EXCLUSIONARY FACTORS:** Factors one through four must be considered for all students being considered for special education eligibility. An explanation grounded in the available data must be included as documentation. The final three questions regarding exclusionary factors **should not** be completed if the student is being evaluated for vision, hearing, or motor delays. Prior to completing additional sections of the eligibility form, the committee must analyze the available data to determine if the student has issues that have not been resolved through general education supports. It is critical that the committee determine if there are issues that have not been previously resolved. Classifying a student as a child with a disability is a decision that impacts a child for life. Any decisions made by a committee must be certain that all available supports have been provided to the child prior to determining disability.

8. **DECISION MAKING ON EDUCATIONAL IMPACT:** Though a student may have delays, special education eligibility is not required. When successful, general education supports allow a child to progress through the curriculum without special education classification. If the summary of progress in section 4 reveals an increase in skills that may allow the student to reach grade level benchmarks, the committee cannot determine that an educational impact exists. For these situations, the interventions should continue and the student would not require special education support.
The committee comments can be used to summarize or document why specific decisions regarding the child's eligibility occurred. However, this area is optional.
9. **SUMMARY OF CONSIDERATIONS:** If the student who exhibits a delay does not have unresolved exclusionary factors and an educational impact is documented, the committee must determine all areas in which the delay is evident. The committee should indicate which of the eight broad areas are impacted. Eligibility determination should not be based on a pre-conceived categorical area. IDEA 2004 requires that a child be evaluated in all areas of suspected delay. Each area being considered must be listed in the available space. By following the attached grid, the committee can determine which categorical conclusion most accurately describes the child.
10. **ELIGIBILITY DETERMINATION:** Once the committee has analyzed the data, a decision regarding special education eligibility must be rendered. An explanation grounded in the categorical conclusions should be listed in the available space. Any decision finalized by the committee must have data supporting that decision. A form should be completed for students who are eligible as well as those who are not eligible.
11. **EVALUATION TEAM INFORMATION:** All members that participated in the eligibility determination must sign the form and include their title. Any member that disagrees with the final decision must attach a written statement indicating the reason(s) for the disagreement. In the area of SLD, the committee must adhere to the required members.

Autism Spectrum Disorder

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| <ol style="list-style-type: none"> 1. Delay, arrests or inconsistencies in developmental rates and sequences in motor, sensory, social cognitive or communication skills. 2. Difficulties in social interaction and participation. 3. Deficit in the use of verbal/nonverbal language, especially for social communication. 4. Unconventional, unusual or repetitive responses to sensory stimuli. 5. Displays stress over changes and/or engagement in repetitive activities. | <table border="1" style="border-collapse: collapse; width: 40px; height: 100%;"> <tr><td style="width: 100%; height: 20px;"></td></tr> </table> | | | | | |
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Deafblind

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| <ol style="list-style-type: none"> 1. Hearing impairment and 2. Visual impairment that cause severe communication and educational needs that cannot be accommodated in programs solely for children with deafness or blindness | <table border="1" style="border-collapse: collapse; width: 40px; height: 100%;"> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> </table> | | |
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Deaf/Hard of Hearing

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| <ol style="list-style-type: none"> 1. Absence of measurable hearing such that primary sensory input for communication is other than auditory or 2. Absence of enough measurable hearing that the ability to communicate is adversely affected but child usually relies on auditory channel for sensory input for communication. 3. Adverse impact on education documented | <table border="1" style="border-collapse: collapse; width: 40px; height: 100%;"> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> <tr><td style="width: 100%; height: 20px;"></td></tr> </table> | | | |
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Emotional Behavior Disorder

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| <ol style="list-style-type: none"> 1. Duration, frequency and intensity of at least one of the following documented and analyzed: 2. An inability to build or maintain satisfactory interpersonal relationships. 3. An inability to learn that is not explained by intellectual, sensory, or health factors. 4. Consistent or chronic inappropriate behavior or feelings under normal circumstances. 5. Displayed pervasive mood of unhappiness or depression. 6. Displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems | <table border="1" style="border-collapse: collapse; width: 40px; height: 100%;"> <tr><td style="width: 100%; height: 20px;"></td></tr> </table> | | | | | |
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Intellectual Disability

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| <ol style="list-style-type: none"> 1. Intellectual functioning based on multiple sources of information documenting IQ scores below 70. 2. Significant limitations in child's effectiveness in meeting standards of maturation, learning, personal, independence or social responsibility. 3. Adaptive behavior in school and home that is at least two standard deviations below the mean in one of three areas: conceptual, social or practical OR composite score that is two standard deviations below the mean 4. Deficits in intellectual functioning and adaptive behavior existed prior to age 18, | <table border="1" style="border-collapse: collapse; width: 40px; height: 100%;"> <tr><td style="width: 100%; height: 20px;"></td></tr> </table> | | | | |
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Orthopedic Impairment

1. Medical report indicating the diagnosis and prognosis.
2. Deficits in academic functioning, emotional development adaptive behavior, motor or communication skills.

Other Health Impaired

1. Chronic or acute health problems documented with medical report that indicates limits in strength, vitality, or alertness.
2. Deficits in pre-academic or academic functioning, adaptive behavior, social/emotional development, motor or communication skills as a result of the health impairment.

Significant Developmental Delay

1. A child that is 2 standard deviations below the mean in one of the areas: Adaptive development, cognition, communication, motor skills or emotional development.
2. A child that is 1.5 standard deviations below the mean in at least two of the areas: Adaptive development, cognition, communication, motor skills or emotional development.

Specific Learning Disability

1. Primary deficit in basic psychological processes identified.
2. Underachievement in one or more of the following areas: Oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, reading fluency, mathematical calculation, or mathematical problem solving.
3. Progress monitoring over a minimum of 12 weeks that indicates the child is not expected to make progress toward the benchmark.

Speech / Language Impairment

1. An impairment in the areas of articulation, fluency, voice or language that adversely affects educational performance.

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Traumatic Brain Injury

1. Deficits in cognitive, social, or motor skills due to acquired injury that adversely impact educational performance in cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, physical functions, communication and information processing
2. Medical report or other that documents a traumatic brain injury has occurred.

Visual Impairment

1. Even with correction, a vision impairment that adversely affects a child's educational performance.

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