

ELIGIBILITY CRITERIA FOR DISABILITY CATEGORIES

Student Name: _____ Student ID #: _____ DOB: _____
 School: _____ Teacher(s): _____ Grade: _____

THIS FORM MUST BE ATTACHED TO EVERY INITIAL OR REEVALUATION ELIGIBILITY REPORT

<p>The requirements for each disability category are listed. In order to qualify, ALL BOXES for that category must be checked.* If a box remains unchecked, then the student does not qualify for that disability.</p> <p><i>*For Emotionally Disturbed, 4 boxes must be checked. For Preschool Child with a Disability, 3 boxes must be checked.</i></p>	<p><u>Auditorily Impaired (Deaf)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student is unable to hear within normal limits <input type="checkbox"/> An audiological eval was provided by a specialist in audiology <input type="checkbox"/> A speech/language eval was provided by an SLP <input type="checkbox"/> The impairment is so severe that the student can't process linguistic info with or without amplification <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Auditorily Impaired (Hearing Impaired)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student is unable to hear within normal limits <input type="checkbox"/> An audiological eval was provided by a specialist in audiology <input type="checkbox"/> A speech/language eval was provided by an SLP <input type="checkbox"/> The impairment may be permanent or temporary <input type="checkbox"/> Student's educational performance is adversely affected
<p><u>Autistic</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Verbal and nonverbal communication is significantly impacted <input type="checkbox"/> Social interaction is significantly impacted <input type="checkbox"/> A speech/language eval was provided by an SLP <input type="checkbox"/> A neurodevelopmental assessment was provided by a physician <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Intellectual Disability – Mild</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Significantly below average cognitive functioning <input type="checkbox"/> Deficits in adaptive behavior <input type="checkbox"/> Full scale IQ is 55-70 <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Intellectual Disability – Moderate</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Significantly below average cognitive functioning <input type="checkbox"/> Deficits in adaptive behavior <input type="checkbox"/> Full scale IQ is 54 or below <input type="checkbox"/> Student's educational performance is adversely affected
<p><u>Intellectual Disability – Severe</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Significantly below average cognitive functioning <input type="checkbox"/> Deficits in adaptive behavior <input type="checkbox"/> Student's educational performance is adversely affected <input type="checkbox"/> Student is incapable of giving evidence of understanding or following simple directions <input type="checkbox"/> Student cannot express basic wants and needs in any manner 	<p><u>Communication Impaired</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> A speech/language eval was provided by an SLP <input type="checkbox"/> A assessment to establish educational impact was provided <input type="checkbox"/> Student has obtained a standard score of 77.5 below on a comprehensive language* evaluation (the <i>overall, or total test score</i>) <input type="checkbox"/> Student has obtained a standard score of 77.5 or below on another language* evaluation (does not have to be comprehensive) <input type="checkbox"/> Student demonstrated impaired language skills during a functional assessment in a situation other than during formal testing <input type="checkbox"/> Student's educational performance is adversely affected <p><i>*EWOPVT and RWOPVT are not language evaluations</i></p>	<p><u>Emotionally Disturbed</u> (Student demonstrates ONE OR MORE):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inability to learn that cannot be explained by intellectual, sensory, or health factors <input type="checkbox"/> Inability to build or maintain relationships with peers and teachers <input type="checkbox"/> Inappropriate behaviors or feelings under normal circumstances <input type="checkbox"/> General pervasive mood of unhappiness or depression <input type="checkbox"/> Development of physical symptoms or fears associated with school or school problems <p>AND ALL THREE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Characteristics are demonstrated over a long period of time <input type="checkbox"/> Characteristics are demonstrated to a marked degree <input type="checkbox"/> Student's educational performance is adversely affected

<p><u>Multiply Disabled</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has two or more disabling conditions <input type="checkbox"/> The combination of the conditions is so severe that the student cannot be accommodated in a program designed to address one of the impairments <input type="checkbox"/> Speech/language disability is NOT considered one of the conditions <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Deaf/Blind</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Concomitant visual and hearing problems <input type="checkbox"/> The combination of the problems causes severe communication, developmental, or educational problems <input type="checkbox"/> Students cannot be accommodated in a program designed solely for deaf or blind students. <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Orthopedically Impaired</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has a severe orthopedic impairment <input type="checkbox"/> A medical assessment documenting the impairment was provided <input type="checkbox"/> This impairment adversely affects student's educational performance
<p><u>Other Health Impaired</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> The student has a chronic or acute health problem <input type="checkbox"/> A medical assessment documenting the health problem was provided <input type="checkbox"/> The health problem adversely affects the student's educational performance 	<p><u>Preschool Child with a Disability</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student is between the ages of 3 and 5 <input type="checkbox"/> Student's educational performance is adversely affected, <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has a standard score of 67 or below in one of the following areas, or a standard score of 75 or below in two of the following areas: <ul style="list-style-type: none"> <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Communication <input type="checkbox"/> Social <input type="checkbox"/> Adaptive <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has an identified disabling condition that adversely affects learning or development and requires special education services 	<p><u>Social Maladjustment</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student demonstrates a consistent inability to conform to the standards for behavior established by the school <input type="checkbox"/> The behavior is not due to emotional disturbance <input type="checkbox"/> The behavior is seriously disruptive to the education of the student or other students
<p><u>Specific Learning Disability</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student demonstrates a 22 point discrepancy between Full Scale IQ and: <ul style="list-style-type: none"> <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Mathematical calculation <input type="checkbox"/> Mathematical problem solving <input type="checkbox"/> Written Expression <input type="checkbox"/> Reading Fluency <input type="checkbox"/> The student's learning problem is not a result of visual, hearing, or motor difficulties, general cognitive deficits, or environmental, cultural or economic disadvantage <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Traumatic Brain Injury</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has an acquired injury to the brain <input type="checkbox"/> Student has total or partial functional disability or psychosocial impairment, or both <input type="checkbox"/> The student has impairments in one or more of these areas: <ul style="list-style-type: none"> <input type="checkbox"/> Cognition <input type="checkbox"/> Language <input type="checkbox"/> Attention <input type="checkbox"/> Memory <input type="checkbox"/> Reasoning <input type="checkbox"/> Abstract Thinking <input type="checkbox"/> Judgement <input type="checkbox"/> Problem solving <input type="checkbox"/> Sensory, perceptual and motor abilities <input type="checkbox"/> Psychosocial Abilities <input type="checkbox"/> Physical functions <input type="checkbox"/> Information Processing <input type="checkbox"/> Speech <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Visually Impaired</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has an impairment in vision that, even with correction, adversely affects the student's education <input type="checkbox"/> The student may have partial sight or be blind <input type="checkbox"/> An assessment by a visual specialist was provided <input type="checkbox"/> The student has been reported to the Commission for the Blind and Visually Impaired