Education Agency Logo and Information Here

# STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION (COMMUNICATION DISORDER 50)

Student’s Name Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Date of Initial Eligibility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mm/dd/yy

***The team has obtained the following assessments* (attach evaluation report that describes and explains the results of the evaluation conducted):**

1. **The team has reviewed existing information, including information from the parent(s), the student’s cumulative records, and previous individualized education programs or individualized family service plans.** Evaluation documentation includes relevant information from these sources used in the eligibility determination.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Reviewed

1. **A speech and language assessment:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech - Language Pathologist Assessment Date Conducted Date Reviewed

1. **For a student suspected of having a voice disorder, a medical statement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Otolaryngologist Assessment Date Conducted Date Reviewed

1. **A medical or health diagnosis (for other than a voice disorder) when needed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician, Nurse Practitioner, or Physician’s Assistant Date Conducted Date Reviewed

1. **An evaluation of or screening of hearing acuity and, if needed, a measure of middle ear functioning:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examiner Assessment Date Conducted Date Reviewed

1. **An evaluation of the student’s oral mechanism, if needed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examiner Assessment Date Conducted Date Reviewed

1. **For syntax, morphology, semantics, or pragmatics, comprehensive standardized tests or other evaluation data, a language sample or other data:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech - Language Pathologist Assessment Date Conducted Date Reviewed

1. **For a voice disorder, a voice assessment scale:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech - Language Pathologist Assessment Date Conducted Date Reviewed

1. **For a fluency disorder, an observation in at least two settings:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Speech - Language Pathologist Assessments Date Conducted Date Reviewed

1. **Assessments that are necessary to determine the impact of the suspected disability:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Examiner Assessments Date Conducted Date Reviewed

1. **Additional evaluations or assessments that are necessary to identify the student’s educational needs.**

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Examiner Assessments Date Conducted Date Reviewed

***The student meets one or more of the following criteria:***

 ***For a voice disorder:***

The student demonstrates chronic vocal characteristics that deviate in at least one of the areas of pitch,

yes no

yes no

yes no

quality, intensity or resonance; *AND*

The student’s voice disorder impairs communication or intelligibility; *AND*

The student’s voice disorder is rated as moderate to severe on a voice assessment scale.

 ***For a fluency disorder:***

The student demonstrates an interruption in the rhythm or rate of speech which is characterized by

yes no

yes no

yes no

hesitations, repetitions or prolongations of sounds, syllables, words or phrases; *AND*

The student’s fluency disorder interferes with communication and calls attention to itself across two or more settings; *AND*

The student demonstrates moderate to severe vocal dysfluencies or the student evidences associated secondary behaviors such as struggling or avoidance, as measured by a standardized measure.

***For a phonological or articulation disorder:***

The student’s phonology or articulation is rated significantly discrepant as measured by a standardized

yes no

yes no

test; *AND*

The disorder is substantiated by a language sample or other evaluation(s).

***For a syntax, morphology, pragmatic, or semantic disorder:***

The student’s language in the area of syntax, morphology, pragmatics, or semantics is significantly

yes no

yes no

yes No

discrepant as measured by standardized test(s) or other evaluation data; *AND*

The disorder is substantiated by a language sample or other evaluation(s); *AND*

The disorder is not the result of another disability.

***The Team has determined that:***

* 1. The student’s disability has an adverse impact on the student’s educational performance when

yes no

yes no

the student is at the age of eligibility for kindergarten through age 21, or has an adverse impact on the child’s developmental progress when the child is age three through kindergarten; and

* 1. The student needs special education services.
	2. The team has considered the student’s special education eligibility, and determined that the eligibility:

***is is not*** due to a lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading comprehension strategies);

***is is not*** due to a lack of appropriate instruction in math; and

***is is not*** due to limited English proficiency.

***The team agrees that this student does does not qualify for special education.***

**Signatures of Team Members Title Agree Disagree**

A copy of the evaluation report and the eligibility statement has been provided to the parent(s).

**This form is used to:**

* Document whether the student meets the eligibility criteria for communication disorder and the basis for that determination in accordance with 20 USC §1414;
* Meet the requirements of OAR 581-015-2135, OAR 581-015-2120, and 34 CFR 300.8 regarding the need to establish eligibility for special education services;
* Document the date that initial eligibility was established and the date that the eligibility is re-established;
* Provide a place for the team to sign the statement and indicate whether or not each member agrees or disagrees with the eligibility determination;
* Document that the parent was given a copy of evaluation report(s) and eligibility statement.

## Directions:

1. Enter the date the form was completed by the team.
2. Enter the student’s complete legal name; do not use a nickname.
3. Enter the student’s school.
4. Enter the student’s date of birth.
5. Enter the date of initial eligibility.
6. The team must review existing information, including information from the parent(s), the student’s cumulative records, previous IEPs or IFSPs, state assessment information, and other relevant information. Document the date this information is reviewed by the team.
7. List the required evaluation elements. Indicate the name of the test(s) used, the examiner who conducted the test(s) and the testing date(s). *Note: If the team is using existing data, indicate the assessment information used, and the date the team determines this information to be currently valid.* Attach documentation of each evaluation.
8. Indicate if the student meets the eligibility criteria.
9. A child shall not be determined to be a child with a disability if the determinant factor is lack of instruction in reading or math or due to limited English proficiency. Indicate if the student’s special education needs are due to:
	1. A lack of appropriate instruction in reading, including in the essential components of reading (as defined in section 1208(3) of the Elementary and Secondary Education Act of 1965). The “Essential Components of Reading Instruction” means “explicit and systematic instruction in:
		1. Phonemic awareness;
		2. Phonics
		3. Vocabulary development;
		4. Reading fluency, including oral reading skills; and
		5. Reading comprehension strategies
	2. A lack of appropriate instruction in math; or
	3. Limited English proficiency.
10. Have each team member (including the parents) sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
11. Place a copy of this form with all attachments into the student’s file.
12. Give a copy of the evaluation report and eligibility statement to the parent(s).