**CONFIDENTIAL STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION**

**(EMOTIONAL DISTURBANCE 60)**

# Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSID: \_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Eligibility Date: \_\_\_\_\_\_\_\_

***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.

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

Team Review Date

1. An evaluation of the child’s emotional and behavioral status, including (when appropriate) a developmental or social history:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Examiner’s Name/Position | Evaluation | Date Conducted | Date Reviewed |
|  |  |  |  |
| Examiner’s Name/Position | Evaluation | Date Conducted | Date Reviewed |

1. A medical statement, completed by a physician, or a health assessment statement, issued by a nurse practitioner licensed by a State Board of Nursing specially certified as a nurse practitioner or by a physician assistant licensed by a State Board of Medical Examiners. Both a nurse practitioner and a physician assistant must be practicing within his or her area of specialty. (Specify)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Medical Statement |  |  |
| Examiner Name/Title | Evaluation | Date Conducted | Date Reviewed |
|  | Health Assessment Statement |  |  |
| Examiner Name/Title | Evaluation | Date Conducted | Date Reviewed |

1. Two behavior rating scales, at least one of which is a standardized behavior measurement instrument:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Examiner Name/Title | Evaluation | Date Conducted | Date Reviewed |
|  |  |  |  |
| Examiner Name/Title | Evaluation | Date Conducted | Date Reviewed |

1. Two observations by someone other than the student’s regular teacher, one in the classroom and one in another setting:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Classroom Setting** |  |  |
| Examiner’s Name/Position | Evaluation | Date Conducted | Date Reviewed |
|  | Other Setting (Specify) |  |  |
| Examiner’s Name/Position | Evaluation | Date Conducted | Date Reviewed |

1. Other assessment(s) to determine the impact of the disability:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Examiner(s)/Position(s) | Assessments | Date(s) Conducted | Date Reviewed |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Examiner(s) | Assessment(s) | Date(s) Conducted | Date Reviewed |

*The student exhibits one or more of the following over a long period of time and to a marked degree:*

|  |  |  |
| --- | --- | --- |
| yes | no | An inability to learn that cannot be explained by intellectual, sensory, or health factors. |
| yes | no | An inability to establish or maintain satisfactory interpersonal relationships with peers and teachers. |
| yes | no | Inappropriate types of behavior or feelings under normal circumstances. |
| yes | no | A general pervasive mood of unhappiness or depression. |
| yes | no | A tendency to develop physical symptoms or fears associated with personal, or school problems. |

*The term emotional disturbance includes schizophrenia, but does not apply to a child who is socially maladjusted, unless the child also meets* ***one or more of*** *the criteria listed above.*

*The team has determined that:*

|  |  |  |
| --- | --- | --- |
| yes | no | 1. The student meets the eligibility criteria of OAR 581-015-2145 as a child with an emotional disturbance. |
| Yes | No | *For children ages 5 and eligible for kindergarten through age 21*:2. As a result of the disability the student needs special education services because the disability has an adverse impact on the student’s educational performance.*For Early Childhood Special Education (ECSE - children age 3 to age of kindergarten eligibility):*As a result of the disability, the child needs special education services because the disability has an adverse impact on the child’s developmental progress |
|  |  | 3. 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. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatures of Team Members** | **Title** | **Agree** | **Disagree** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

## THIS FORM IS USED TO:

* Document the type of data upon which the eligibility determination is based, the names of the evaluator, the date(s) evaluation items were conducted, and the date the eligibility team, including the parent, reviewed the data.
* Document whether the student meets the eligibility criteria for emotional disturbance and the basis for that determination in accordance with 20 USC §1414;
* Meet the requirements of OAR 581-015-2145, 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 or the date that the eligibility is re-established.
* Document the review of existing data.
* Provide a place for individual team members to sign and indicate their agreement/disagreement with the conclusions of the team.
* Document that the parent was given a copy of the evaluation report(s) and the eligibility statement. These copies must be provided at no cost to the parent.

## 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 SSID.
4. Enter the school district/ECSE program responsible for the student’s evaluation and eligibility determination. *Initial evaluations for ECSE students: Enter the name of the ECSE contractor/subcontractor and the school district responsible for evaluation.*
5. Enter the student’s date of birth.
6. Enter the date of initial eligibility. Use the child’s initial eligibility date for Oregon ECSE services if one exists.
7. 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.
8. List the required evaluation elements Indicate the name of the test(s), procedures, or assessments used, the examiner(s) who conducted the test(s) and the testing date(s). If t is being reviewed only (e.g., for reevaluation), indicate the team review date. *Attach documentation of each evaluation.*
9. Indicate if the student meets the eligibility criteria as a child with the disability of Emotional Disturbance.
10. Indicate if, as a result of the disability, the student needs special education.
11. 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.

*Note*: A chi*l*d 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.

1. 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.
2. Place a copy of this form with all attachments into the student’s file.
3. Give a copy of the evaluation report and a copy of the eligibility statement to the parent(s).