**STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION**

**(DEVELOPMENTAL DELAY 98)**

Child/Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident District: \_\_\_\_\_\_\_\_\_ Date of Initial Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The team has obtained the following assessments (attach documentation on 1-6):***

1. The team has reviewed existing information, including information from the parent(s), previous testing, medical data, 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 |

Developmental History as defined in OAR 581-015-2000(8):

| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |
| Examiner | Date Conducted | Date Reviewed |

1. A norm referenced, standardized test in at least two areas of suspected delay:

| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |
| Tests | Examiner | Date  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tests | Examiner | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tests | Examiner | Date  |

1. At least one additional procedure to confirm the child’s level of functioning in each area of suspected developmental delay:

| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |
| Procedure | Examiner | Date  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Procedure | Examiner | Date |

1. A minimum of one 20-minute observation of the child:

| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| Examiner | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Examiner | Date |

1. Other evaluative data used by the team:

| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| Data | Date Reviewed |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Data | Date Reviewed |

***The team has determined that:***

|  |  |  |
| --- | --- | --- |
| [ ] yes | [ ] no | 1. The child has a developmental delay of 1.5 standard deviations or more below the mean in two or more of the following developmental areas:

***[ ] Communication[ ]  Adaptive[ ] Physical[ ] Social/Emotional[ ] Cognitive*** |
| [ ] yes | [ ] no | 1. The child’s disability has an adverse impact on the child’s developmental progress when the child is age three to kindergarten, or has an adverse impact on the student’s educational performance when the student is at the age of eligibility for kindergarten through age 9; and
 |
| [ ] yes | [ ] no | 1. The child needs special education services; and
 |
|  |  | 1. The Eligibility team has considered the child’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 (see directions);***[ ] is[ ] is not***  due to a lack of instruction in math;***[ ] is[ ] is not***  due to limited English proficiency; and***[ ] is[ ] is not***  due to another disability. |

***The team agrees that this child*** ***[ ] does*** ***[ ] does not qualify for special education.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signatures of Team Members** |  | **Title/Role** | **Agree** | **Disagree** |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |

***[ ]*** A copy of the evaluation report and the eligibility statement is given to the parent(s).

**STATEMENT OF ELIGIBILITY - SPECIAL EDUCATION**

**(DEVELOPMENTAL DELAY 98)**

**This form is used to:**

* **document the child’s eligibility for special education as developmentally delayed;**
* **document the date that eligibility for special education is established; and**
* **provide a place for the team to sign the report and indicate whether they agree or disagree with the eligibility determination.**

**Directions:**

1. Enter the month, day and year the eligibility statement is completed.
2. Enter the child’s full legal name.
3. Enter the child’s birthdate.
4. Enter the name of the agency completing the eligibility statement.
5. Enter the name of the child’s resident school district.
6. Enter the date of the student’s initial eligibility.
7. The team must review relevant existing information, including but not limited to information from the parent(s), the student’s cumulative records, previous testing, previous IEPs or IFSPs, state assessment information, and medical data, as determined by the team. Document the date this information is reviewed by the team and describe or attach tests and/or data reviewed.
8. Complete a Developmental History as defined in OAR 581-015-2000(8). A “Developmental History” means gathering information regarding the following: the child’s prenatal and birth history, including prenatal exposure to alcohol, prescription and non-prescription medications, or other drugs; meeting of developmental milestones; socialization and behavioral patterns; health and physical/medical history; family and environment factors; home and educational performance; trauma or significant stress experienced by the child; and the display of characteristics of any additional learning or behavioral problems.
9. Indicate the name of the norm referenced test(s) used for determining eligibility, the examiner who conducted the test(s), and the testing date. Enter or attach data from the norm referenced test(s).
10. Describe the procedure used to confirm the child’s level of functioning in each area of suspected developmental delay, the examiner who conducted the procedure(s), and the date. Additional procedures vary for individual students and the areas of suspected developmental delay and could include but are not limited to a review of work products, assessing rating scales, incorporation of curriculum based assessments or informal evaluative data.
11. Enter the name of the person who conducted each 20-minute observation and the date(s) of the observation(s). Describe or attach observation data.
12. List any other evaluative data considered by the team in determining eligibility. Describe or attach data.
13. Indicate if the child has a developmental delay of 1.5 standard deviations or more below the mean in two or more of the listed developmental areas. If the child has a developmental delay, indicate in which areas.
14. Indicate if the child’s disability has an adverse impact on their developmental progress for children ages 3-kindergarten or an adverse impact on educational performance for students ages K through age 9.
15. Indicate if the child needs special education.
16. Indicate if the child’s special education needs are due to a lack of instruction, limited English proficiency or another disability.
17. A child shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading, including the essential components of reading. The “essential components of reading instruction” means explicit and systematic instruction in:

• Phonemic awareness;

• Phonics;

• Vocabulary development;

• Reading fluency, including oral reading skills; and

• Reading comprehension strategies.

1. A child shall not be determined to be a child with a disability if the determinant factor is lack of instruction in math.
2. A child shall not be determined to be a child with a disability if the determinant factor is limited English proficiency.
3. A child shall not be determined to be a child with a disability under the category of Developmental Delay if the determinant factor is another disability.
4. Enter the team's decision regarding whether or not the child qualifies for special education.
5. Have each member of the team (including the parents) sign his/her name, the agency they represent and whether they agree or disagree with the team's eligibility decision.
6. Give a copy of the evaluation report and eligibility statement to the parent(s).