

Education Agency Logo and Information Here

STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION

Traumatic Brain Injury (74) (Early Intervention)

Child's Name Click or tap here to enter text. **Birthdate** Click or tap to enter a date. **Date** Click or tap to enter a date.

mm/dd/yyyy

mm/dd/yyyy

Date of EI Eligibility Click or tap to enter a date.

The team has obtained/conducted the following assessments, an evaluation report that describes and explains the results is attached.

1. The team has reviewed existing information, including the child's cumulative records; previous individualized education programs or individualized family services plans; evaluations and information provided by the parent/guardian(s); current classroom-based, local, or state assessments; classroom-based observations; observations by teachers and related services providers; medical, sensory, and health information. Evaluation documentation includes relevant information from these sources used in the eligibility determination.

Click or tap to enter a date.

Date Reviewed

2a. Medical Examination (indicating a traumatic brain injury) or

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Physician, Nurse Practitioner,
Physician Assistant, Naturopathic
Physician

Date Conducted

Date Reviewed

2b. Guided Credible History Interview

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Examiner

Date Conducted

Date Reviewed

3. Psychological Assessment(s)

Psychological Assessment tool used: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

School Psychologist, Psychologist,
Psychologist Associate

Date Conducted

Date Reviewed

4. Developmental History

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Examiner

Date Conducted

Date Reviewed

5. Other assessment(s) including, but not limited to, motor assessments if the child exhibits motor impairments; communication assessments if the child exhibits communication disorders; and psychosocial assessments if the child exhibits changed behavior.

Assessment tool(s) used: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Examiner

Date Conducted

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6. Other information relating to the child's suspected disability, including pre-injury performance and a current measure of adaptive ability.

Measure of adaptive ability used: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Examiner	Date Conducted	Date Reviewed
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7. An observation in the classroom and in at least one other setting.

Observation setting: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Examiner	Date Conducted	Date Reviewed
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Observation setting: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Examiner	Date Conducted	Date Reviewed
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8. Any additional assessment(s) necessary to determine the impact of the suspected disability, if necessary.

Additional assessment tool(s) used: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Examiner	Date Conducted	Date Reviewed
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The child meets the following criteria:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child has an acquired injury to the brain caused by an external physical force. |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child's condition is permanent or expected to last for more than 60 calendar days. |
| | | The child's injury results in an impairment of one or more of the following areas: |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Communication; |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Behavior; |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Cognition, memory, attention, abstract thinking, judgment, problem-solving, reasoning, and/or information processing; and/or |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Sensory, perceptual, motor and/or physical abilities. |

The team has determined that:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child's disability in the area of Traumatic Brain Injury as defined in OAR 581-015-2175 has an adverse impact on the child's development (age birth through 3). |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | As a result of the child's disability, the child needs early intervention services. |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child has been evaluated in all areas of suspected disability. |

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The team agrees that as a result of the child’s disability the child does not qualify for Early Intervention services.

Signature of Team Members	Title	Agree	Disagree
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

A copy of the evaluation report and the eligibility statement was provided to the parent/guardian(s).

Date Click or tap to enter a date.

By Click or tap here to enter text.

The parent/guardian(s) were provided a copy of the Procedural Safeguards Notice: Parent Rights for Special Education (ages birth through 3).

Date Click or tap to enter a date.

By Click or tap here to enter text.

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This form is used to:

- Document whether the student meets the eligibility criteria for traumatic brain injury and the basis for that determination;
- Meet the requirements of OAR 581-015-2175, 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;
- 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 the parent was given a copy of evaluation report(s), eligibility statement, and Procedural Safeguards Notice: Parent Rights for Early Intervention (ages birth through 3).

Directions:

1. Enter date the form was completed by the team.
2. Enter child's complete legal name; do not use a nickname.
3. Enter child's birthdate.
4. Enter the date of the Early Intervention eligibility.
5. Enter date eligibility team considered relevant information from a variety of sources used in this eligibility determination.
6. Medical examination **or** guided credible history interview process- enter examiner, date conducted, and date reviewed.
7. Psychological assessment- enter assessment tool used, examiner, date conducted, and date reviewed.
8. Developmental history- enter examiner, date conducted, and date reviewed.
9. Other assessment(s)- enter assessment tool(s) used, examiner, date conducted, and date reviewed.
10. Other Information relating to the child's suspected disability, including pre-injury performance and current measure of adaptive ability- enter measure of adaptive ability used, examiner, date conducted, and date reviewed.
11. Observations- enter locations of observation, observer, date conducted, and date reviewed.
12. Additional assessment(s) necessary to determine the impact of the suspected disability- enter assessment tools(s) used, examiner, date conducted, and date reviewed.
13. Review each criteria and determine yes or no to each question.
14. Review each special education eligibility statement and determine the appropriate answer for each statement.
15. Review each determination statement and determine the appropriate answer for each statement.
16. Review Early Intervention eligibility (ages birth through 3).
17. Obtain signature from each member of the eligibility team and if they agree or disagree with the eligibility.
18. Document providing parent/guardian(s) a copy of the evaluation report and eligibility statement
19. Document providing parent/guardian(s) a copy of either the Procedural Safe Guard Notice: Parent Rights for Special Education ages birth through 3.

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 evaluation.