Statement of Eligibility for Special Education

ECSE (continues to School-Age)

**(Specific Learning Disability 90)**

Child’s Name Birthdate

School Date of Initial Eligibility

***A. Indicate the primary evaluation model used in determining eligibility for this child*** [Select only one box to indicate the primary model used, however, districts are not precluded from completing other portions of this form if additional elements are used*.*]

The Response to Intervention (RTI) model was the primary model used for this evaluation.

The Patterns of Strengths and Weaknesses (PSW) model was the primary model used for this evaluation.

***B. The team has completed the following evaluation components (attach evaluation report):***

1. Review of existing information from a variety of sources, including the parents, teacher recommendations, the child’s records, IFSPs, teacher collected work samples, and information about the child’s physical condition, background, and adaptive behavior.Evaluation report includes relevant information from these sources used in the eligibility determination.

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Report Date Date Reviewed

1. An assessment of the child’s academic achievement and developmental progress toward age level standards.

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Examiner/Title Assessment Date Conducted Date Reviewed

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Examiner/Title Assessment Date Conducted Date Reviewed

1. An observation of the child’s academic performance and behavior in a regular classroom setting, or in the case of a child less than school age or out of school, an observation in an age-appropriate environment. (Describe relevant behavior noted during observation, and its relationship to academic functioning in evaluation report.)

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Observer /Title Date Conducted Report Date Date Reviewed

1. Progress monitoring data for children currently enrolled in a preschool program, before or as part of the referral/ evaluation process: (described in evaluation report)

Data that demonstrate that before or as part of the referral

process, the child was provided with appropriate

experiences in age-appropriate settings. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Date Date Reviewed

Documentation of curriculum based measures related

to developmental or academic progress. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Date Date Reviewed

1. **If using a response-to intervention (RTI) model**: list scientifically-based interventions attempted (based on the district’s RTI model) and describe the child’s response in the evaluation report. [Add lines as necessary]

Prior to Consent

for evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intervention type Intervention period Report Date Date Reviewed

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Intervention type Intervention period Report Date Date Reviewed

Post Consent

for evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intervention type Intervention period Report Date Date Reviewed

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Intervention type Intervention period Report Date Date Reviewed

1. **If using a model based on child’s strengths and weaknesses**: Evaluation of the child’s strengths and weaknesses in performance, achievement, or both, relative to age, or intellectual development. Results described in evaluation report.

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Examiner/Title Assessment Date Conducted Date Reviewed

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Examiner/Title Assessment Date Conducted Date Reviewed

1. **If deemed necessary by the team:**
2. A developmental history. Relevant history noted in evaluation report, attached.

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Date Conducted Report Date Date Reviewed

1. Other assessment(s) related to cognition, fine motor skills, perceptual motor skills, communication, social/emotional status, perception or memory. Results described in evaluation report, attached.

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Examiner/Title Assessment Date Conducted Date Reviewed

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Examiner/Title Assessment Date Conducted Date Reviewed

1. A medical statement or health assessment statement indicating whether there are any physical factors that may be affecting the child’s educational performance. Relevant medical findings are described in evaluation report, attached.

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Appropriately Licensed Provider Date Conducted Date Reviewed

***C. The Team has determined that:***

1. The child does **not** achieve adequately for the child’s age in one or more of the following areas when provided with learning experiences and instruction appropriate for the child’s age or state-approved grade level standards or the child does not make sufficient progress to meet age level standards based on the child’s response to scientific, research-based intervention:

Basic reading skills  Mathematics calculation  Written expression

Reading fluency skills  Mathematics problem solving  Oral Expression

Reading comprehension  Listening comprehension

*If one or more boxes are checked, continue. If no boxes are checked, the child cannot be found eligible.*

1. The child:

Does not make sufficient progress to meet age or Oregon grade-level standards in one or more of the areas

Yes No listed in 1 when using a process based on the child’s response to scientific, research-based instruction; or

Exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age,

Yes No or intellectual development, that is determined to be relevant to the identification of a Specific Learning

Disability.

If yes, continue. If “no”, the child cannot be found eligible.

1. The child’s lack of achievement is primarily the result of:

a) A visual, hearing, or motor impairment, mental retardation, emotional disturbance, cultural factors,

Yes No or environmental or economic disadvantage.

b) A lack of age appropriate instruction in reading, including the essential components of reading instruction

Yes No (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading

comprehension strategies).

c) A lack of age appropriate instruction in math.

Yes No

d) Limited English proficiency.

Yes No

*If all of the boxes are checked “no”, continue.*

*If “yes” to any of these the child cannot be found eligible*

1. The child has a Specific Learning Disability in one or more of the following areas:

Basic reading skills  Mathematics calculation  Written expression

Reading fluency skills  Mathematics problem solving  Oral expression

Reading comprehension  Listening comprehension

5. The child’s disability has an adverse impact on the child’s developmental progress when the child is age

yes no three through kindergarten.

6. The child needs special education services as a result of this disability.

Yes no

1. The child  does  does not qualify for special education.
2. This statement reflects my conclusions (Note: if the report does not reflect a member’s conclusions, the member must submit a separate statement presenting the differing conclusion):

**Signatures of Team Members Title Agree Disagree**

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1. The following have been provided to the child’s parents:

A copy of the evaluation report and eligibility statement.

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Signature of person completing eligibility form Position Date

**Statement of Eligibility for Special Education**

ECSE (continues to School-Age)

**(Specific Learning Disability 90)**

**This form is used to:**

* Document whether the child meets the eligibility criteria for specific learning disability and the basis for that determination in accordance with 20 USC §1414(b)(6) and 34 CFR 300.307 to 300.311.
* Meet the requirements of OAR 581-015-2170, OAR 581-015-2120, and CFR 300.8 regarding the need to establish eligibility for special education services.
* Apply the Specific Learning Disability evaluation and eligibility criteria to preschool children.
* Document the date that initial eligibility was established and/or the date that 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; and
* 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 child’s complete legal name; do not use a nickname.
3. Enter the child’s preschool name.
4. Enter the child’s date of birth.

5) Enter the date of initial eligibility or the date that eligibility is reestablished. For programs using the RTI process to determine eligibility under the category of Specific Learning Disability, the date of eligibility cannot occur on the same day as consent. Additional interventions (*following* parent consent for evaluation) are a required component of a comprehensive evaluation.

**A. Indicate the primary evaluation model used in determining eligibility for this child.**

Select only one of these two boxes to indicate the primary evaluation model used in the eligibility evaluation for this child. **Please note:** Selecting only one box, as required, does not preclude an evaluator or team from entering information throughout the document or within sections reflecting other evaluation models.

**B. Document the completion and review of the required evaluation elements**. Attach evaluation report(s) summarizing the relevant information from the evaluation components.

1. The team must review existing information, including information from the parent(s), previous IFSPs, teacher collected work samples, EC assessment information, and other relevant information. Document the date of the report summarizing any relevant information from these sources, and the date reviewed by the team.
2. The team must conduct an observation (by a qualified professional who is a member of the evaluation team and someone other than the child’s regular teacher) of the child’s academic performance and behavior in an age-appropriate environment. Include in the evaluation report a description of relevant behavior noted during the observation, and its relationship to the child’s academic functioning.

*Note*: Information from an observation during routine classroom instruction and monitoring of the child’s performance completed before the child was referred may also be used to satisfy this requirement.

1. Progress monitoring data: To ensure that underachievement in a child suspected of having a specific learning disability is not due to a lack of appropriate instruction in reading or math, the group must consider progress monitoring data, as part of the evaluation. In the context of preschool children this provision applies to children who are currently enrolled in a preschool program. This requires:
   1. Data that demonstrate prior to, or as part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel. For children in preschool, this means that the program must have data that the child was provided with appropriate experiences in age-appropriate settings.
   2. Data-based documentation provided to the child’s parents of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of child progress during instruction. For preschool children, this means curriculum based measures based on academic or developmental progress.

Document the evaluation of the child’s strengths and weaknesses in performance, achievement, or both, relative to age, or intellectual development. For each test, list the examiner/title, the name of the assessment, the date conducted, and the date reviewed by the team.

**Please note:** Progress monitoring data must be considered regardless of which of the two models is selected: Response to Intervention (RTI) or a Pattern of Strengths and Weaknesses (PSW).

**Please note:** If using an RTI model, the team must consider and the evaluation report must describe progress monitoring data conducted on a schedule: that allows comparison of the child’s progress to the performance of peers, that is appropriate to the child’s age and grade placement, that is appropriate to the content monitored, and that allows for interpretation of the effectiveness of the intervention.

1. Document completion of one or both types of assessment:
   1. If using a response to intervention (RTI) model, the report must document:

* Date of report
* Type, intensity and duration (starting and ending dates or length of each intervention)

of scientific, research-based instructional interventions/strategies provided;

* Data showing the child’s rate of progress during the instructional intervention;
* Comparison of the child’s rate of progress to expected rates of progress; and
* Data showing intervention (by type, period, and date) used prior to date of consent to evaluate and following a parent’s provision of consent to evaluate.

*Note:* **If using a response to intervention model,** the parents must have been notified of the following prior to initiation: ODE and district policies regarding the amount and nature of child performance data to be collected and the general education services to be provided; strategies for increasing the child’s rate of learning; and the parent’s right to request an evaluation. See end of the form for boxes to check that parents were given this notice.

(5) Document the evaluation of the child’s strengths and weaknesses in performance, achievement, or both, relative to age, Oregon grade-level standards, or intellectual development. For each test, list the examiner/title, the name of the assessment, the date conducted, and the date reviewed by the team.

*Note:* If the team is using existing data, indicate the assessment information used, and the date the team determines this information to be valid. Attach documentation of each evaluation.

(6) The team may conclude that the following additional information is necessary.

(a) Developmental history to determine whether the child has a disability. If so, summarize the relevant developmental history in the evaluation report and document the date the developmental history was conducted or obtained, the report date, and the date this information was reviewed by the team.

* 1. Assessments related to cognition, fine motor skills, perceptual motor skills, communication, social/emotional status, perception, or memory. If so, describe the relevant information from these assessments in the evaluation report and document the name and title of the examiner, the name of the assessment, the date conducted, and the date reviewed by the team.
  2. Medical or health information and/or documentation to rule out or confirm the existence of other physical factors that may be affecting the child’s educational performance. If so, describe the relevant findings from this statement in the evaluation report and document the name and title of the appropriately licensed provider, the date the form was completed, and the date reviewed by the team.

**C. Document the team’s conclusions regarding the eligibility criteria:**

(1) If the child is not achieving adequately for the child’s age when provided with learning experiences and instruction appropriate for the child’s age, check the appropriate boxes in section (1).

*Note:* Achievement that is below a child’s ability but not below the child’s age will not meet this criterion.

*Note:* If no boxes are checked, the child will not be eligible.

(2) If a response to intervention model is used and the child has not made sufficient progress in response to scientific, research-based instructional interventions, check the first box.

If the child exhibits a pattern of strengths and weaknesses in performance, achievements, or both, relative to age, Oregon grade-level standards, or intellectual development, that is determined by the team to be relevant to the identification of a specific learning disability, check the second box.

*Note:* If no boxes are checked, the child cannot be found eligible as having a Specific Learning Disability. More than one box may be checked.

(3) If the team has checked at least one box from section (1) and checked “yes” in section (2), determine whether the child’s lack of achievement is due to any of the factors listed below:

* 1. A child may not be found eligible as a child with a specific learning disability if the primary reason for the child’s lack of achievement is a vision, hearing or motor impairment, mental retardation, emotional disturbance, cultural factors, or environmental or economic disadvantage;
  2. A child may not be determined to be a child with a disability if the determinant factor is lack of age appropriate instruction in reading.
  3. A child may not be determined to be a child with a disability if the determinant factor is lack of age appropriate instruction in math.
  4. A child may not be determined to be a child with a disability if the determinant factor is Limited English proficiency.

*Note:* If any of the boxes in item (3) are checked “yes”, the child will not be eligible as a child with a specific learning disability.

* + - * 1. Indicate whether the child has a specific learning disability in one or more areas by checking the appropriate boxes in section (4) of the eligibility form.
        2. Indicate whether the child’s disability has an adverse impact on the child’s developmental progress (age 3 through kindergarten).

*Note:* If the “no” box is checked, the child will not be eligible as a child with a Specific Learning Disability.

* + - * 1. Indicate whether the child needs special education as a result of the disability.

*Note:* If the “no” box is checked, the child will not be eligible as a child with a Specific Learning Disability.

* + - 1. Determine if there is consensus regarding the eligibility determination. If the consensus is “yes”, check “yes”. If the consensus is “no”, check “no”. If there is not consensus, the program must make a determination regarding the child’s eligibility.

(1) Have each team member (including the parents) sign the form, indicating his/her title, and whether he/she agrees or disagrees with the eligibility determination by checking the appropriate box.

(2) Give a copy of the evaluation report and eligibility statement to the parent(s) and document that you have done so by checking the box. Also indicate if parents were given progress monitoring data for their child collected before or as part of the evaluation process.

*Note:* If using a **response to intervention** **model**, document that parents were given notice of: ODE and district policies regarding the amount and nature of child performance data to be collected and the general education services to be provided, strategies for increasing the child’s rate of learning, and the parent’s right to request an evaluation.