

A Guide For Eligibility Determination

Division for Special Education Services and Supports
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Learning Targets

- I can identify the steps to be taken to determine eligibility for special education services for a student.
- I can identify the requirements of the twelve eligibility categories.
- I can identify the exclusionary factors that must be considered during eligibility determination.

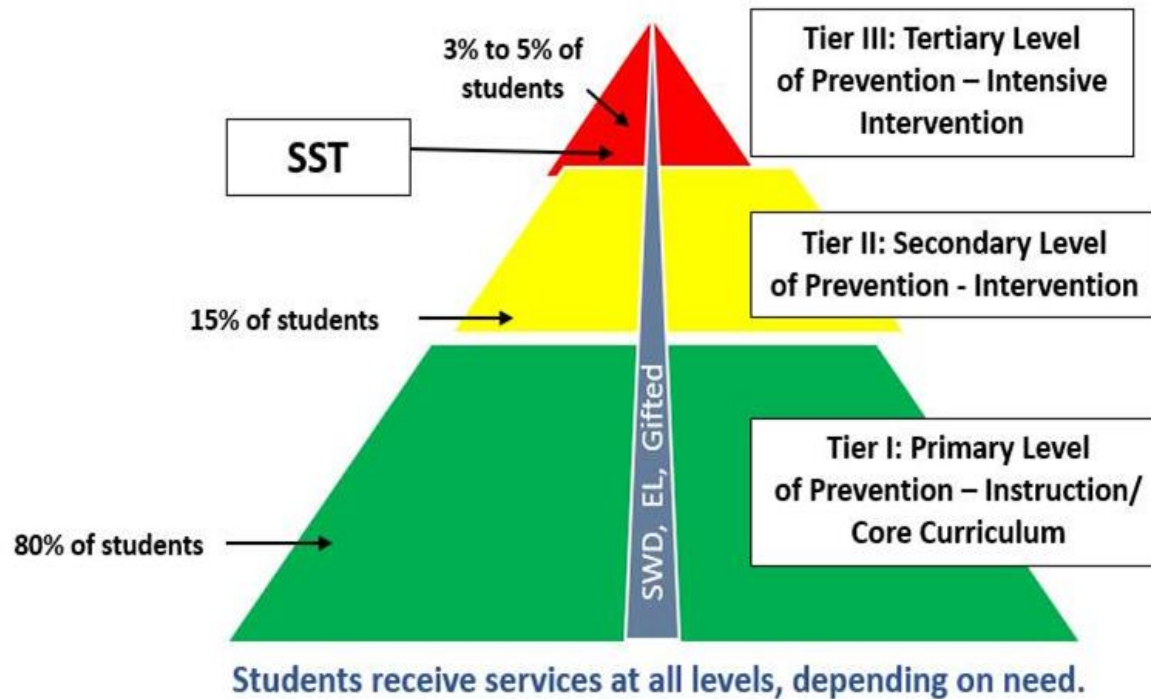


Common Procedural Errors Made in the Eligibility Determination Process

- Failure to implement research-based pre-referral interventions.
- Failure to consider multiple sources of data.
- Failure to consider the exclusionary factors.
- Failure to include appropriate personnel during eligibility determination.
- Failure to consider parent input during eligibility determination.
- Failure to determine eligibility within a reasonable time after the completion of the 60-day initial evaluation time.
- Failure to complete all components of the eligibility report.
- Failure to provide a copy of the eligibility report to parents upon the completion of the eligibility meeting.
- Determining students to be ineligible for special education and related services without a comprehensive evaluation.

Source: Georgia Department of Education, The IRIS Center Peabody College Vanderbilt University

Best Practices to ensure compliant eligibility determination procedures



Autism

- Autism spectrum disorder is a developmental disability, generally evident before age three.
- Autism may adversely affect a child's:
 - educational performance,
 - significantly affects developmental rates and sequences,
 - verbal and non-verbal communication, and
 - social interaction and participation.
- Children with autism may:
 - have unusual responses to sensory experiences.
 - engage in repetitive activities and stereotypical movements.
 - resist environmental change or change in daily routines.

Autism continued

- Children with autism spectrum disorder vary widely in their abilities and behavior.
- The term autism spectrum disorder includes:
 - All subtypes of Pervasive Developmental Disorder (such as Autistic Disorder)
 - Rett's Disorder
 - Childhood Disintegrative Disorder
 - Asperger Syndrome
 - Pervasive Developmental Disorder, Not Otherwise Specified
- Educational performance is adversely affected.
- Autism spectrum disorder may exist concurrently with other areas of disability.

Deafblind

A child who is characterized as Deafblind:

- has concomitant hearing and visual impairments
- has severe communication, developmental and educational needs
- requires specialized instruction and accommodations not available in programs solely for the deaf or in programs solely for the blind

Deaf and Hard of Hearing (DHH)

A child who is characterized as deaf:

- Exhibits a hearing loss that, whether permanent or fluctuating, interferes with the acquisition or maintenance of auditory skills necessary for the normal development of speech, language, and academic achievement and, therefore, adversely affects a child's educational performance.
- Can be characterized by the absence of enough measurable hearing (usually a pure tone average of 66-90+ decibels without amplification)
- Has primary sensory input for communication that may be different than the auditory channel.

Deaf and Hard of Hearing

A child who is characterized as hard of hearing;

- does not have adequate measurable hearing (a pure tone average range of 30-65 decibels) without amplification,
- has communication deficits, and
- typically relies upon the auditory channel as the primary sensory input system for communication.

Emotional and Behavioral Disorder (EBD)

A child with an emotional and behavioral disorder exhibits one or more of the following characteristics:

- An inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers. For preschool-age children, this would include other care providers.
- An inability to learn which cannot be adequately explained by intellectual, sensory or health factors.
- A consistent or chronic inappropriate type of behavior or feelings under normal conditions.
- A displayed pervasive mood of unhappiness or depression.
- A displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems.

Emotional and Behavioral Disorder

- Emotional and behavioral disorders are characterized by the excesses, deficits, or disturbances of behavior.
- A child with an emotional and behavioral disorder exhibits one or more of the emotionally based characteristics of sufficient duration, frequency, and intensity.
- The emotionally-based characteristics interfere significantly with the student's educational performance, requiring the provision of special educational service.
- The child's difficulty is emotionally based and cannot be adequately explained by intellectual, cultural, sensory, general health factors, or other exclusionary factors.

Intellectual Disabilities (ID)

Intellectual disabilities refers to:

- significantly subaverage general intellectual functioning (approximately 70 or below as measured by a qualified psychological examiner on an individually administered evaluation),
- existing concurrently with deficits in adaptive behavior that adversely affects educational performance, and
- originates before age 18.

Intellectual Disabilities (ID)

Intellectual disability does not include conditions primarily due to:

- sensory or physical impairment,
- traumatic brain injury,
- autism spectrum disorders,
- severe multiple impairments,
- cultural influences or
- a history of inconsistent and/or inadequate educational programming.

Orthopedic Impairment (OI)

- Orthopedic impairment refers to a severe orthopedic impairment adversely affecting educational performance to the degree that a child requires special education.
- This term may include: (1) Impairment caused by congenital anomalies, e.g., deformity or absence of some limb. (2) Impairment caused by disease (poliomyelitis, osteogenesis imperfecta, muscular dystrophy, bone tuberculosis, etc.) (3) Impairment from other causes, e.g., cerebral palsy, amputations, and fractures or burns that cause contractures.
- Secondary disabilities may be present, including, but not limited to, visual impairment, hearing impairment, communication impairment and/or intellectual disability. Children served in a program for children with orthopedic impairments should be functioning no lower than criteria outlined for mild intellectual disabilities programs.
- A current medical evaluation from a licensed doctor of medicine is required for initial eligibility.

Other Health Impairment (OHI)

- Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, resulting in difficulties with starting, staying on and completing tasks; making transitions between tasks; interacting with others; following directions; producing work consistently; and organizing multi-step tasks.
- Other Health Impairment can occur due to chronic or acute health problems.
- Initial diagnosis requires a medical evaluation from a licensed doctor of medicine, or in the case of ADD or ADHD an evaluation by a licensed doctor of medicine or licensed clinical psychologist.
- Examples of health conditions include asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette Syndrome.

Significant Developmental Delay (SDD)

- The term significant developmental delay refers to a delay in a child's development in adaptive behavior, cognition, communication, motor development or emotional development to the extent that, if special intervention is not provided, the delay may adversely affect a child's educational performance in age-appropriate activities.
- The term does not apply to children who are experiencing a slight or temporary lag in one or more areas of development, or a delay which is primarily due to environmental, cultural, or economic disadvantage or lack of experience in age appropriate activities.
- The SDD eligibility may be used for children from ages three through nine (the end of the school year in which the child turns nine).

Specific Learning Disability (SLD)

- Specific learning disability is defined as a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language, that may impact the child's ability to listen, think, speak, read, write, spell or do mathematical calculations.
- The term Specific Learning Disabilities includes perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia.
- The term does not apply to children who have learning problems that are primarily the result of visual, hearing or motor disabilities, intellectual disabilities, emotional or behavioral disorders, environmental, cultural or economic disadvantage.

Specific Learning Disability

- A child with a specific learning disability has one or more serious academic deficiencies and does not adequately achieve age-level state-approved grade level standards.
- These achievement deficiencies must be directly related to a pervasive processing deficit and to the child's lack of response to scientific and research-based interventions.
- Documentation of research-based interventions, progress monitoring data, work samples and classroom observations must accompany a student referral.
- A child with specific learning disability requires specialized techniques that are fundamentally different from those provided by general education teachers, basic remedial/tutorial approaches, or other compensatory programs.

Speech and/or Language Impairment

- Speech or language impairment refers to a communication disorder, such as stuttering, impaired articulation, language or voice impairment that adversely affects a child's educational performance.
- A speech or language impairment may be congenital or acquired.
- A child may demonstrate one or any combination of speech or language impairments.
- A speech or language impairment may be a primary disability, or it may be secondary to other disabilities.

Traumatic Brain Injury (TBI)

- Traumatic Brain Injury (TBI) refers to an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects the child's educational performance.
- The term applies to open or closed head injuries resulting in impairments which are immediate or delayed in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, speech and information processing.
- The term does not apply to brain injuries that are congenital or degenerative in nature, brain injuries induced by birth trauma.
- A medical evaluation report from a licensed doctor of medicine or from another appropriate source such as health department or social services reports, or parents' medical bills/records is required for initial eligibility.

Visual Impairment (VI)

- A child with a visual impairment is one whose vision, even with correction, adversely impacts a child's educational performance.
- Examples are children whose visual impairments may result from congenital defects, eye diseases, or injuries to the eye.
- The term includes both visual impairment and blindness as follows: (1) Blind refers to a child whose visual acuity is 20/200 or less in the better eye after correction or who has a limitation in the field of vision that subtends an angle of 20 degrees. Some children who are legally blind have useful vision and may read print.
- (2) Visually impaired refers to a child whose visual acuity falls within the range of 20/70 to 20/200 in the better eye after correction or who have a limitation in the field of vision that adversely impacts educational progress.

Eligibility Report Procedures

- Include data on pre-referral interventions (SLD)
- Address all areas
- Clearly provide standard scores with narrative of what scores mean
- Clearly describe strengths and weaknesses
- Document parent input and concerns
- Link to eligibility criteria for each disability category
- Describe impact on educational performance

Eligibility Determination Procedures

Upon completion of the evaluation, a group of qualified professionals and the parents of the child (Eligibility Team) review information obtained from a variety of sources including:

- Aptitude test
- Achievement tests
- Parent input
- Teacher recommendations
- Child's physical condition
- Social or cultural background and
- Adaptive behavior

Exclusionary Factors

The eligibility team must not determine a child with a disability if the primary factor for that determination is:

- lack of appropriate instruction in reading
- lack of appropriate instruction in mathematics
- lack of appropriate instruction in writing
- limited English proficiency
- cultural factors
- environmental or economic disadvantage
- atypical education history (multiple school attendance, lack of attendance, etc.)
- visual, hearing, or motor impairments

Eligibility Determination

The eligibility team carefully documents and considers all information obtained from a variety of sources to answer the following two questions:

1. Is the child a child with a disability?
2. Does the child's disability adversely impact his/her educational performance thereby requiring specially designed instruction?

Eligibility Determination

If a determination is made that:

- a child has a disability, and
- the disability adversely affects educational performance (academic, functional and/or developmental), and
- therefore needs special education and related services,

An Individualized Education Program (IEP) must be developed. The LEA must provide a copy of the evaluation report, documentation of determination of eligibility, and the IEP at no cost to the parent.

Eligibility Determination

Results of the comprehensive evaluation and eligibility report provide the foundation for the development of an effective, individualized, and meaningful IEP.

CASE SCENARIOS

Answers to case scenarios are suggestions. The eligibility team must ultimately determine eligibility in individual circumstances.

Case Scenario 1

Thomas is a 5th grade student at Main Street Elementary School. At the age of 7 Thomas's parents became concerned about his unusual repetitive movements, strict insistence on routine, awkward prosody, inability to pick up on social cues, and inability to develop and maintain friendships. A private developmental pediatrician diagnosed him with Autism Spectrum Disorder. To date, the school district has not provided any special services. Although socially awkward, Thomas is doing well academically. In fact, Thomas recently scored in the Proficient Learner range on the 4th grade Milestone Assessment in ELA, and in the Distinguished Learner range in Science, his favorite subject and frequent topic of conversation. Thomas has recently become verbally and physically aggressive at school and has been suspended twice for fighting and disorderly conduct. He tells his parents that his classmates are picking on him, but teachers can't recall any specific instances of this. His parents have requested an evaluation for special education.

Case Scenario 1

Case Study

- Because Thomas is passing his classes, how will this become a factor in determining eligibility?
- Does Thomas's behavior have an adverse impact on his educational performance? If so, how does it guide the eligibility decision-making process?

Case Scenario 1

Suggested Responses

- Child find must include students who are suspected of having a disability and who require special education services and supports, even if they are advancing from grade to grade. This includes students with social-emotional issues who are doing well academically.
- If behaviors are not addressed, continued suspensions for fighting and verbal aggression will likely impact academic performance.

Case Scenario 2

- Johnny is a fourth-grade student who has exhibited behaviors in class such as teasing peers, throwing paper and getting out of his seat. His reading impedes his ability to keep up in class. He has difficulty comprehending class assignments and lacks confidence when called upon in class. He is noncompliant with teacher requests either by ignoring or putting his head down. At times Johnny appears very unhappy and depressed. During lunchtime and specials Johnny sits alone and does not interact with his peers. A team consisting of his teachers and counselor met to discuss strategies and interventions for Johnny. These include:
 - Providing positive reinforcement for appropriate behaviors.
 - Presenting content in different formats using manipulatives and concrete examples.
 - Implementing a behavior contract focusing on two most impactful behaviors, supported by data.
 - Using an agenda planner to assist with assignment completion.
 - Initiating STAR Diagnostic and Progress Monitoring in reading and math to determine his baseline, instructional level and progress.

Case Scenario 2 continued

- The team reviewed Johnny's intervention data. The behavior contract was only minimally effective in improving behaviors. The use of the agenda planner was marginally effective, often showed drawings instead of written reminders of assignments. STAR Diagnostic and Progress Monitoring indicated patterns of weakness and strengths. After reviewing the data presented by the team, Johnny's parents requested to have Johnny evaluated for Special Education.

Case Scenario 2

Discussion Questions

What should the LEA do next?

Should additional interventions be implemented prior to eligibility determination?

What should the team use to determine if interventions were evidence-based and if they were implemented with fidelity?

Why are pre-referral interventions so important?

Case Scenario 2

Suggested Responses

- Because the parents requested an evaluation, the LEA should obtain a signed Parent Consent for Evaluation and proceed with the evaluation.
- The LEA should consider a Functional Behavior Assessment to determine the function of the Johnny's behavior.
- The team should check on the Intervention Central or What Works Clearinghouse website to determine if interventions used were evidence-based. The team could review requirements of the intervention to determine fidelity of implementation.
- If pre-referral interventions are appropriate and effective, the student might not be determined a student with a disability.

Case Scenario 3

Ronnie is repeating 2nd grade at Peach Elementary School. He struggles academically in class as evident from his report card grades and low scores on all the benchmark assessments. He requires help with activities such as taking off and putting on his coat, hanging his bookbag in his cubby, transitioning between locations in the school, and placing finished assignments in the proper tray on the teacher's desk. Because tiered interventions did not result in sufficient progress, the team referred Ronnie for special education evaluation. Two cognitive measures yielded scores in the MID range. The teacher Vineland yielded adaptive scores in the below average range in Communication, Daily Living Skills, and Socialization. The parent rating on Vineland yielded similar results. The school psychologist's classroom observation confirmed academic, communication, and adaptive struggles at school.

Case Scenario 3

Discussion Questions

Is there additional information needed before eligibility determination?

What if the scores above remained the same, but parent responses on adaptive behavior scales fell in the average range?

Why is adaptive behavior such an important part of determining eligibility under the intellectual disability category?

Case Scenario 3

Suggested Responses

- No additional information is needed prior to the eligibility determination meeting.
- If there is a discrepancy in adaptive scores, the evaluator may want to meet with parents to discuss their responses and to clarify assessment probes. Differences in adaptive skills at home and at school should be discussed and considered in the eligibility report.
- Adaptive behaviors are a child's effectiveness in meeting age level standards of maturation, learning, personal independence, social responsibility, and school performance. Academic performance is only one component of adaptive behavior. Students who struggle in school might be well adapted in their community, and thus not qualify for Intellectual Disabilities.

Case Scenario 4

- Alice is a 9th grade student who is receiving services in the Gifted program. She is also taking two Advance Placement classes. Although Alice is passing all her classes, she is not making "A"s like she has always made in previous grades. Alice lacks organizational skills and the ability to analyze and complete tasks. She becomes overly anxious, breaks out in hives, and cries when she is faced with any major tests or projects. Alice's parents are requesting an evaluation for Special Education services.

Case Scenario 4

Discussion Questions

- What information is needed for eligibility determination?
- Because Alice is in the gifted program and is passing classes, how will this become a factor in determining eligibility?

Case Scenario 4

Suggested Responses

- The team should use information from a variety of sources, that may include aptitude and achievement tests, parent input, and teacher recommendations as well as the information about the child's physical condition (evaluated by doctor or licensed clinical psychologist/doctor in the case of ADD/ADHD) and the impact of it on the child's overall functioning, social or cultural background, and adaptive behavior.
- Being in the gifted program and passing all classes does not preclude OHI eligibility. Alice's lack of organizational skills and anxiety are chronic health problems that may adversely affect her health and academic performance.

Case Scenario 5

Scott is almost 3 years-old and is transitioning from Babies Can't Wait to preschool services in his local school system. The LEA's preschool team has completed all evaluations on Scott. Two cognitive measures fell below a standard score of 70, as did teacher and parent responses on adaptive behavior scales. Observations support developmental delay in daily living skills.

Case Scenario 5

Discussion Questions

What conversations might the preschool team have around eligibility considerations and placement options?

What if the parents provide a private evaluation that clearly indicates a specific eligibility category?

If Scott had hearing or vision loss, how might that impact in the eligibility determination?

Case Scenario 5

Suggested Responses

Because he is so young, Scott's scores may be impacted by lack of experiences, exposure to language, and or developmental delays and may not be indicative of an organic intellectual disability. The eligibility team would most likely find Scott eligible under Significant Developmental Delay(SDD).

The eligibility team should consider the private evaluation and may include the results as part of their eligibility determination. They are not required to do so.

For students with sensory impairments, the eligibility team might want to consider a categorical eligibility to assure access to targeted supports and services as early as possible.

Case Scenario 6

Annie is in the fourth grade who is not making progress in the general curriculum. She is having significant difficulties with decoding words. She is reading 40 words per minute which is below the 10th percentile for her grade. Annie did not meet expected targets on the 3rd grade Milestone Assessment. Poor reading skills impact classroom performance and performance on state and classroom assessments. Annie has been receiving Tier 2 instruction in reading. Below is data collected for Annie prior to her referral for an evaluation:

- Sight word flash cards, teacher-made data sheet - 6 data points (administered weekly)
- STAR Diagnostic and Progress Monitoring -1 benchmark test and 4 data points
- Small group intervention twice weekly for 15 minutes using a research-based program (manual identifies fidelity as 30 minutes, three times weekly, but there is not enough time in the 4th grade schedule).
- Reading CBM probes administered twice monthly.

Case Scenario 6

Discussion Questions

Why is progress monitoring so important?

What questions should the team ask about progress monitoring?

How can the LEA determine if an intervention is evidenced-based?

What additional information does the team need to determine eligibility?

Case Scenario 6

Suggested Responses

The data obtained from progress monitoring helps to determine if evidence-based instruction and interventions are meeting the needs of the whole child, or if an adjustment is needed to boost student progress. If pre-referral interventions are appropriate and effective, the team might learn that the student's deficits are caused by a lack of instruction and are not the result of a disability.

The team should ask which interventions are being used to monitor progress, how long progress has been monitored, and if interventions were implemented with fidelity.

The team could check on the Intervention Central or Works Clearinghouse websites to determine if interventions used were evidence-based. The team could review requirements of the intervention to determine fidelity of implementation.

The team should review progress monitoring tools, interventions, data points, analyzed work samples, and classroom observation notes.

Case Scenario 7

It is time for Tom's 3-year reevaluation. He has eligibility under Speech/Language Impairment. Tom is passing all classes and has a lot of friends. The SLP obtained written consent for reevaluation and completed formal speech-language assessments. Results indicate that Tom no longer meets eligibility criteria for Speech-Language Impairment. Tom's parents, teachers and SLP met for an IEP meeting. After reviewing the data the team agreed that Tom no longer meets eligibility criteria for Speech/Language services. He was dismissed from Special Education.

Case Scenario 7

Discussion Question

What types of data should have been compiled as part of a comprehensive evaluation?

Case Scenario 7

Suggested Responses

Language disorders can impact achievement across all academic areas. A comprehensive evaluation with input from a multidisciplinary team must be conducted before Tom is released from Special Education services and supports.

RESOURCES

[ELIGIBILITY DETERMINATION AND CATEGORIES](#)

[IMPLEMENTATION MANUAL](#)

[FBA/BIP MODULES](#)

RESOURCES FOR EVALUATING AND SELECTING EVIDENCE-BASED INTERVENTIONS

[INTERVENTION CENTRAL](#)

[WHAT WORKS CLEARINGHOUSE](#)

[THE NATIONAL CENTER ON INTENSIVE INTERVENTIONS](#)

[BEST EVIDENCE ENCYCLOPEDIA](#)

[EVIDENCE FOR ESSA](#)

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