

ELIGIBILITY DOCUMENT

**ADE SPED
REQUIRED FORM
AGES 3-21**

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**AUTISM (6.09.1)
SCHOOL AGE**

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3 that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism **does not apply** if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of 34 CFR 300.8 and at §6.09.3 of these regulations. A child who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the criteria in this part are satisfied.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The student has a developmental disability significantly affecting verbal and nonverbal communication.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The student has a developmental disability affecting social interaction.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. The student’s deficits are not primarily the result of an emotional disturbance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. The student demonstrates the following characteristics: <input type="checkbox"/> Repetitive activities or stereotyped movements <input type="checkbox"/> Resistance to environmental change or change in routine <input type="checkbox"/> Unusual responses to sensory experiences

Items 1-3 must be answered *yes* in order for the student to meet the eligibility criteria for Autism.

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Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**AUTISM
EARLY CHLDHOOD**

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3 that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism **does not apply** if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of 34 CFR 300.8 and at §6.09.3 of these regulations. A chil

d who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the criteria in this part are satisfied.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The student has a developmental disability significantly effecting verbal and nonverbal communication.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The student has a developmental disability effecting social interaction.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. The student’s deficits are not primarily the result of an emotional-behavior disability.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. The student demonstrates the following characteristics: <input type="checkbox"/> Repetitive activities or stereotyped movements <input type="checkbox"/> Resistance to environmental change or change in routine <input type="checkbox"/> Unusual responses to sensory experiences

Items 1-3 must be answered *yes* in order for the student to meet the eligibility criteria for Autism.

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Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**DEAF-BLINDNESS (6.09.2)
SCHOOL AGE**

Deaf-Blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The student has a hearing impairment. (Attach eligibility form.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The student has a visual impairment. (Attach eligibility form.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. The combination of the two impairments: a. cause such severe communication b. developmental and c. educational needs that the student cannot be accommodated in special education programs designed solely for the child with visual or hearing impairments.

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Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**DEAF-BLINDNESS
EARLY CHILDHOOD**

“Deaf-blindness” means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental/educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The student meets eligibility for a child with a hearing impairment. (Attach eligibility form.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The student meets eligibility for a child with a visual impairment. (Attach eligibility form.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. The combination of the two impairments: a. cause such severe communication b. developmental and c. educational needs That the student cannot be accommodated in special education programs designed solely for the child with a hearing impairment or a visual impairment.

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**HEARING IMPAIRMENT (Including Deafness) (6.09.4)
SCHOOL AGE**

"Deafness" means a hearing impairment that adversely affects educational performance and is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification "Hearing impairment" means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this part.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The student has a permanent or fluctuating hearing loss that meets one or more of the criteria below: <ul style="list-style-type: none"> <input type="checkbox"/> a pure-tone hearing loss in the speech range (500-2000 Hz) of 20 dB or greater in the better ear, <input type="checkbox"/> a pure-tone hearing loss in the high-frequency range of 35 dB or greater in the better ear at two or more of the following frequencies-2000, 3000, 4000 and 6000 Hz. <input type="checkbox"/> a permanent unilateral hearing loss of 35 dB or greater in the speech range (500-2000 Hz) <input type="checkbox"/> a diagnosis of auditory neuropathy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The hearing loss results in difficulty in identifying linguistic information through hearing.

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**HEARING IMPAIRMENT (INCLUDING DEAFNESS)
EARLY CHILDHOOD**

“Deafness” means a hearing impairment that adversely affects developmental/educational performance and is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification.

“Hearing impairment” means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s developmental/educational performance but that is not included under the definition of deafness in this part.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The student has a permanent or fluctuating hearing loss that meets one or more of the criteria below: <ul style="list-style-type: none"> <input type="checkbox"/> a pure-tone hearing loss in the speech range (500-2000 Hz) of 20 dB or greater in the better ear, <input type="checkbox"/> a pure-tone hearing loss in the high-frequency range of 35 dB or greater in the better ear at two or more of the following frequencies-2000, 3000, 4000 and 6000 Hz. <input type="checkbox"/> a permanent unilateral hearing loss of 35 dB or greater in the speech range (500-2000 Hz) <input type="checkbox"/> a diagnosis of auditory neuropathy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The hearing loss results in difficulty in identifying linguistic information through hearing.

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**EMOTIONAL DISTURBANCE (6.09.3.1)
SCHOOL AGE**

The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance -

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.
- The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph 6.09.3.1 of this section and 34 CFR 300.8(c)(4).

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1. When provided with interventions to meet instructional and social-emotional needs, the student continues to exhibit one or more of the following, when compared to the child’s peer and cultural reference groups, across settings, over a long period of time and to a marked degree:</p> <ul style="list-style-type: none"> <input type="checkbox"/> An inability to learn that cannot be explained by intellectual, sensory or health factors, <input type="checkbox"/> An inability to build or maintain satisfactory interpersonal relationships with peers or teachers, <input type="checkbox"/> Inappropriate types of behavior or feelings under normal circumstances, <input type="checkbox"/> A general pervasive mood of unhappiness or depression, <input type="checkbox"/> A tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1. The severe deficit in social competence, appropriate behavior, and academic performance is not the result of isolated inappropriate behaviors that are the result of willful, intentional, or wanton actions.</p>

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**INTELLECTUAL DISABILITY (6.09.5)
SCHOOL AGE**

Intellectual Disability means significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The student's intellectual functioning level is below 70-75.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The student has significant deficits in two or more adaptive skill areas (Significance as is defined by the testing manual-generally two standard deviations or more).
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. The disability manifested prior to age 18.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. The student displays a severe deficit in overall academic performance including acquisition, retention, and application of knowledge.

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Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**MULTIPLE DISABILITIES (6.09.6)
SCHOOL AGE**

Multiple disabilities means concomitant impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple Disabilities does not include deaf-blindness.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The student exhibits a combination of two or more conditions of disability. (Attach eligibility form for each area of disability.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The student's disability is not solely a combination of deafness and blindness.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. The combination of the student's conditions of disability causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments.

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Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**MULTIPLE DISABILITIES
EARLY CHILDHOOD**

"Multiple disabilities" means concomitant impairments (combination of cognitive, physical and/or sensory disabilities), the combination of which causes such severe developmental/educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include children with deaf-blindness. Such disabilities may be characterized by the following -

- Limited use of functional communication skills;
- Dependence on others for most or all daily living activities;
- Minimal social interaction skills and possible maladaptive behaviors exhibited;
- Pronounced delays in motor development; and/or
- Fragile medical conditions.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The student meets criteria for a demonstrated concomitant cognitive, physical, and/or sensory impairment which result in severe delays in development. (Attach eligibility form for each area of disability.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The student's sole area of disability is not deaf and blind.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. The combination of the student's conditions of disability causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments.

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**NON-CATEGORICAL (DEVELOPMENTAL DELAY)
EARLY CHILDHOOD**

"Noncategorical" means a condition of developmental delay which impairs a child's functioning and which has a high predictability of impairing normal developmental performance. "Impaired functioning" means that a difference exists between the child's expected level of development and his/her current level of functioning. Areas of developmental delay include: Cognition, Communication, Motor, Social or Emotional Development and Self-Help.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> The child scored two standard deviations (2SD) or more below the mean for chronological age in one of the five domains, as obtained using standardized norm-referenced instruments and procedures; <p style="text-align: center;">or</p> <input type="checkbox"/> The child scored one and one-half standard deviations (1.5) below the mean for chronological age in two or more of the five domains, as obtained using standardized norm-reference instruments and procedures.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The child has a delay in the following area(s): (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Cognition <input type="checkbox"/> Communication <input type="checkbox"/> Motor <input type="checkbox"/> Social Emotional development <input type="checkbox"/> Self-help

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Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**ORTHOPEDIC IMPAIRMENT (6.09.7)
SCHOOL AGE**

Orthopedic impairment means a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The existence of an impairment is caused by a congenital anomaly.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The existence of an impairment is caused by disease.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Statement from physician identifies the type of orthopedic impairment as: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. The existence of an impairment is from “other” causes such as cerebral palsy, amputations, fractures, burns that cause contractions, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. The effect on educational performance is a direct result from the orthopedic impairment and not a result of architectural barriers.

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**ORTHOPEDIC IMPAIRMENT
EARLY CHILDHOOD**

“Orthopedic impairment” means a severe orthopedic impairment that adversely affects a child’s developmental/ educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, spina bifida, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Physical characteristics may include paralysis, unsteady gait, poor muscle control, loss of limb, etc. Many times the impairment is so great as to impede the expressive language of the child. It is important to note that appropriate seating/positioning of a child is of primary consideration for effective screening, evaluation and instruction.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The existence of an impairment is caused by a congenital anomaly.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The existence of an impairment is caused by disease.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. The existence of an impairment is from “other causes” such as cerebral palsy, amputations, fractures, burns that cause contractions, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. The effect on educational performance is a direct result from the orthopedic impairment and not a result of architectural barriers.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. The child demonstrates a documented physical, motoric, or orthopedic impairment, disability or chronic medical condition which interferes with the acquisition of knowledge or skills in areas of development.

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Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**OTHER HEALTH IMPAIRMENT (6.09.8)
SCHOOL AGE**

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, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; that adversely affects a child's educational performance.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Statement from physician includes: <input type="checkbox"/> The type of health impairment is: _____ <input type="checkbox"/> Any school limitations <input type="checkbox"/> The possible need for and effects of medication
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The effect of the impairment on (check all that apply): <input type="checkbox"/> Strength <input type="checkbox"/> Vitality <input type="checkbox"/> Alertness

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**OTHER HEALTH IMPAIRMENT
EARLY CHILDHOOD**

“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, that is due to chronic or acute health problems such as asthma, attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, Tourette’s Syndrome, and sickle cell anemia; and adversely affects a child’s developmental/educational performance.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Statement from physician includes: <input type="checkbox"/> The type of health impairment is: _____ <input type="checkbox"/> Any developmental limitations created by the health impairment <input type="checkbox"/> The possible need for and effects of medication
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The effect of the impairment on (check all that apply): <input type="checkbox"/> Strength <input type="checkbox"/> Vitality <input type="checkbox"/> Alertness
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. A delay of a least 1.5 Standard Deviations is demonstrated in one or more of the five areas of development.

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Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**SPECIFIC LEARNING DISABILITY (6.09.9)
SCHOOL AGE**

The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning Disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of an intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The student is provided with learning experiences and instruction appropriate for the student's age or state-approved grade level standards.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The child does not achieve adequately for the child's age or to meet State approved grade-level standards 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: <input type="checkbox"/> Written Expression <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> Math Problem Solving <input type="checkbox"/> Math Calculation AND the following procedure(s) was used to determine eligibility:(select at least one of A, B, or C below)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	A. The child does not make sufficient progress to meet age or State approved grade-level standards in one or more of the areas identified in paragraph 1 above of this section when using a process based on the child's response to scientific, research-based intervention; AND/OR
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	B. The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability using appropriate assessments, consistent with 34 CFR 300.304 and 300.305; AND/OR
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	C. The student meets criteria for a severe discrepancy between achievement and ability. It is required that discrepancy be determined by regression analysis.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. The deficits identified above are not primarily the result of vision, hearing, or motor impairments; intellectual disability; emotional disturbance, cultural factors, environmental or economic disadvantage, or limited English proficiency.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. The observation(s) has been completed in each area of deficit and complies with state and federal regulations.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are there any medical findings that are educationally relevant? If yes, describe: _____

Signatures of Multidisciplinary Team Members Determining Specific Learning Disability

Name	Signature	Position (Refer to AR Regulation 6.07.1)	Agree	Disagree

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**SPEECH OR LANGUAGE IMPAIRMENT
SCHOOL AGE**

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.

The operational definition under Arkansas regulation, which is designed to be compatible with the Federal definition, is as follows: “Speech or Language Impairment” means a communication disorder such as deviant articulation, fluency, voice, and/or comprehension and/or expression of language, spoken or written, which impedes the child's acquisition of basic cognitive and/or affective skills, as reflected in the Arkansas Department of Education curriculum standards.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Communication disorder in one or more of the following: <input type="checkbox"/> Language <input type="checkbox"/> Articulation <input type="checkbox"/> Voice <input type="checkbox"/> Fluency <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	LANGUAGE DISORDER Impaired comprehension and/or use of spoken, written, and/or other symbol systems. This disorder may involve the form of language (phonology, morphology, syntax), the content and meaning of language (semantics, prosody), and/or the function of language (pragmatics) in communication. Such disorders may involve one, all, or a combination of the following components of language.
<input type="checkbox"/> Yes <input type="checkbox"/> No	ARTICULATION An articulation disorder is the production and combination of speech sounds. An articulation disorder may manifest as an individual sound deficiency (traditional articulation disorder), incomplete or deviant use of the phonological system (phonological disorder), or poor coordination of oral-motor mechanism for purposes of speech production (apraxia/dysarthria).
<input type="checkbox"/> Yes <input type="checkbox"/> No	VOICE The feature of speech production that impacts tonal quality, pitch, loudness and resonance of speech.
<input type="checkbox"/> Yes <input type="checkbox"/> No	FLUENCY The feature of speech production that impacts the rate and rhythm of conversational speech. Slight to severe physical behaviors may also accompany the disorder.

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**SPEECH/LANGUAGE IMPAIRMENT
EARLY CHILDHOOD**

“Speech or language impairment” means a communication disorder, such as stuttering, impaired articulation, a language impairment (comprehension and/or expression), or a voice impairment, that adversely effects a child’s developmental/educational performance (e.g., impedes the child’s acquisition of basic cognitive and affective performance skills).

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Communication disorder in one or more of the following: <input type="checkbox"/> Language <input type="checkbox"/> Articulation <input type="checkbox"/> Voice <input type="checkbox"/> Fluency <input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	ARTICULATION A. The child received a moderate or severe rating on a standardized articulation test that yields a severity rating; <p style="text-align: center;">AND/OR</p> B. A two (2.0) standard deviation delay in speech production as measured by a standardized articulation test or a percentile rank of 2.
<input type="checkbox"/> Yes <input type="checkbox"/> No	LANGUAGE A. The child received of score of two (2) standardized receptive and expressive language test or a percentile rank of 2; <p style="text-align: center;">AND</p> B. Assessment in the areas of morphology, syntax, semantics and pragmatic through - a. Analysis and documentation of a “standardized” language sample; or b. Observation and informal assessment in these areas when standardized instruments are not available
<input type="checkbox"/> Yes <input type="checkbox"/> No	FLUENCY The child should exhibit interruptions or dysfluencies (such as repetitions, prolongations, blockage in flow of speech, struggle or avoidance behaviors) which interfere with communication or are inconsistent with age or development in more than one speaking situation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	VOICE The child demonstrates a deviation in voice quality, pitch or loudness when interferes with communication or is inconsistent with age or development and there has been a referral and medical clearance completed.

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**TRAUMATIC BRAIN INJURY (6.09.11)
SCHOOL AGE**

Traumatic brain injury means 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 a child’s educational performance. Traumatic Brain Injury applies to open or closed head injuries resulting in impairments 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; information processing; and speech. Traumatic Brain Injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1. The student has a documented open or closed head injury that results in an impairment in one or more of the following areas (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cognition <input type="checkbox"/> Language <input type="checkbox"/> Memory <input type="checkbox"/> Attention <input type="checkbox"/> Reasoning <input type="checkbox"/> Abstract Thinking <input type="checkbox"/> Judgment <input type="checkbox"/> Problem Solving <input type="checkbox"/> Sensory, perceptual, motor abilities <input type="checkbox"/> Psycho-social behavior <input type="checkbox"/> Physical functions <input type="checkbox"/> Information processing <input type="checkbox"/> Speech
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>2. The brain injury is not congenital or degenerative or induced by birth trauma.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>3. A written statement from a physician to include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diagnosis of traumatic brain injury consistent with the Federal Definition <input type="checkbox"/> Physical and school limitations <input type="checkbox"/> Medication needs <input type="checkbox"/> Seizure management (if applicable)

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**TRAUMATIC BRAIN INJURY
EARLY CHILDHOOD**

“Traumatic brain injury” means 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 a child’s developmental/ educational performance. The term applies to open or closed head injuries resulting in impairments 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; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1. The student has a documented open or closed head injury that results in an impairment in one or more of the following areas (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cognition <input type="checkbox"/> Language <input type="checkbox"/> Memory <input type="checkbox"/> Attention <input type="checkbox"/> Reasoning <input type="checkbox"/> Abstract Thinking <input type="checkbox"/> Judgment <input type="checkbox"/> Problem Solving <input type="checkbox"/> Sensory, perceptual, motor abilities <input type="checkbox"/> Psycho-social behavior <input type="checkbox"/> Physical functions <input type="checkbox"/> Information processing <input type="checkbox"/> Speech
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>2. The brain injury is not congenital or degenerative or induced by birth trauma.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>3. A written statement from a physician to include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diagnosis of traumatic brain injury consistent with federal definition <input type="checkbox"/> Physical and preschool limitation <input type="checkbox"/> Medication need <input type="checkbox"/> Seizure management (If applicable)

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Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**VISUAL IMPAIRMENT (6.09.12)
SCHOOL AGE**

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. Students with partial sight are those whose vision, although impaired, is still the primary channel of learning and, with adjustments, are able to perform the visual tasks required in the usual school situation. Generally, their visual acuity with correction is 20/70 or less. Students with blindness are those with no vision or with little potential for developing vision as a primary channel for learning and, therefore, must rely upon tactile and auditory sense to obtain information.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The child has any of the following conditions: <input type="checkbox"/> Field restriction of less than 20 degrees at its widest point <input type="checkbox"/> Cortically visually impaired and functioning at the definition of legal blindness <input type="checkbox"/> Visual acuity, even with prescribed lenses, is 20/70 or worse in the better eye.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The student requires specialized materials and instruction in orientation and mobility, Braille, visual efficiency, or tactile exploration.

Student Name: _____ **DOB:** _____ **Enrolled Grade:** _____ **Date:** _____

**VISUAL IMPAIRMENT
EARLY CHILDHOOD**

"Visual Impairment including blindness" means an impairment in vision that, even with correction, adversely affects a child's developmental/educational performance. This term includes both partial sight and blindness. This impairment refers to abnormality of the eyes, the optic nerves or the visual center for the brain resulting in decreased visual acuity.

Students with visual impairments are identified as those with a corrected visual acuity of 20/70 or less in the better eye or field restriction of less than 20 degrees at its widest point or identified as cortically visually impaired and functioning at the definition of legal blindness.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The child has any of the following conditions: <input type="checkbox"/> Field restriction of less than 20 degrees at its widest point <input type="checkbox"/> Cortically visually impaired and functioning at the definition of legal blindness <input type="checkbox"/> Visual acuity, even with prescribed lenses, is 20/70 or worse in the better eye.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The student requires specialized materials and instruction in orientation and mobility, Braille, visual efficiency, or tactile exploration.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. A child demonstrates a documented limitation in visual functioning which interferes with the acquisition of new knowledge or skills in defined developmental areas.