

D

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR LANGUAGE OR SPEECH IMPAIRMENT

Student: _____ DOB: _____ C.A.: _____
 School: _____ Grade: _____ Date: _____

A language or speech impairment is characterized by one (1) or more of the following disorders that adversely affect educational performance. Please check which of the impairments the student displays:

Language Impairment in the comprehension or expression of spoken or written language resulting from organic or non-organic causes that are non-maturational in nature:

- ☐ Assessment of the following:
- Progress in general education curriculum
 - Current academic achievement
- ☐ Social-Developmental History
- ☐ Observation of student
- ☐ Available medical information that is educationally relevant

☐ Language disorders that are impairments in the comprehension or expression of spoken or written language including impairments in one (1) or more components of a language system such as:

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Word retrieval | <input type="checkbox"/> Morphology | <input type="checkbox"/> Semantics |
| <input type="checkbox"/> Phonology | <input type="checkbox"/> Syntax | <input type="checkbox"/> Pragmatics |

Speech Impairment includes one or more of the following impairments in the student's speaking behavior in more than one speaking task that are non-maturational in nature, including impairments that are the result of a deficiency of structure and function of the oral peripheral mechanism.

- ☐ Assessment of the student's skills in:
- Articulation
 - Fluency
 - Voice
- ☐ Social-Developmental History
- ☐ Observation of student (by speech-language pathologist)
- ☐ Statement from physician if organic cause is suspected
- ☐ Available medical information that is educationally relevant
- ☐ Fluency disorders that are disruptions:
- ☐ in the rate or rhythm of speech
 - ☐ that occur frequently
 - ☐ that are markedly noticeable to the student or the listener
- ☐ Articulation disorders that are incorrect productions of speech sounds including:
- ☐ omissions
 - ☐ distortions
 - ☐ substitutions
 - ☐ additions

☐ Voice disorders that are abnormal productions of:

- ☐ pitch
☐ intensity
☐ resonance
☐ quality

☐ A severe Language or speech impairment may require the use of an augmentative communication system such as gestures, signed language, communication books or boards, electronic devices, or any other systems, as determined by the student's case conference committee.

☐ NOT APPLICABLE: The student does not display any of the above five (5) disorders.

A student shall not be determined to be a student with a Language or Speech Impairment solely because the student's native language is not English. The student who is multi-lingual or bilingual must exhibit the language or speech impairment in all languages spoken by the student.

The multidisciplinary evaluation team members who have signed below believe that the student:

- ☐ has a Language Impairment and is eligible for Language services
☐ has a Speech Impairment and is eligible for Speech services
☐ does not have a Language or Speech Impairment

	Agree	Disagree
Parent _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrator _____	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Student _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR DEAF-BLIND

Student: _____ DOB: _____ C.A.: _____
 School: _____ Grade: _____ Date: _____

Deaf-Blind means an impairment that:

- a. Is a concomitant hearing and vision impairment
- b. Causes significant communication and adaptive behavior deficits
- c. Adversely affects the student's educational performance
- d. Cannot be accommodated by programs or services for students who are solely deaf or hard of hearing or who are solely blind or low vision

Identification as a student who is deaf-blind and eligibility for special education shall be determined by the case conference committee based on the following:

- ☐ An assessment of current academic achievement
- ☐ An assessment of communication that evaluates the student's receptive and expressive language skills conducted in the language or system utilized for the student's instruction/preferred mode of communication
- ☐ An assessment of motor skills, including travel skills
- ☐ A systematic observation of the student in the educational setting or other setting appropriate to the student
- ☐ A social and developmental history
- ☐ A functional skills or adaptive behavior evaluation across various environments
- ☐ A written report containing the appropriate information from:
 - a. An optometrist or an ophthalmologist
 - b. An educational or clinical audiologist, otologist, or otolaryngologist

Students who are deaf-blind represent a heterogeneous group that includes the following:

- ☐ Students who are both deaf and blind with acuities measured or estimated with consideration of intellectual and adaptive functioning and supported by a description of pathology
- ☐ Students with hearing and visual impairments of a mild to severe degree with additional learning or language disabilities that adversely affect educational performance and who may have been diagnosed as having a degenerative pathology or a disease that will affect visual or hearing acuity
- ☐ Students with generalized central nervous system dysfunction who:
 - a. Exhibit auditory and visual impairments or deficits in auditory-visual functioning
 - b. May demonstrate inconclusive responses during hearing and vision evaluations or inconsistent responses to auditory and visual stimuli in the environment

- ☐ **Student does meet Indiana Article 7 criteria for Deaf-Blind**
- ☐ **Student does not meet Indiana Article 7 criteria for Deaf-Blind**

Section D

Agree Disagree

Parent _____
Administrator _____
Psychologist _____
Teacher _____
Teacher _____
Student _____
Other _____
Other _____
Other _____

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR MULTIPLE DISABILITIES

Student: _____ DOB: _____ C.A.: _____

School: _____ Grade: _____ Date: _____

"Multiple disabilities" means coexisting disabilities, one of which must be a significant cognitive disability. The coexisting disabilities are lifelong and interfere with independent functioning, and it is difficult to determine which disability most adversely affects educational performance. The term does not include deaf-blind. Identification as a student with multiple disabilities is based on, but not limited to, the following information:

- ☐ An assessment of cognitive ability
- ☐ An assessment of current academic achievement
- ☐ A functional skills or adaptive behavior evaluation across various environments from multiple sources
- ☐ A social and developmental history
- ☐ A systematic observation of the student across various environments
- ☐ Medical information that is educationally relevant

☐
☐
Student does meet Indiana Article 7 criteria for Multiple Disabilities**Student does not meet Indiana Article 7 criteria for Multiple Disabilities**

	Agree	Disagree
Parent _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrator _____	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Student _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR COGNITIVE DISABILITY

Student: _____ DOB: _____ C.A.: _____
 School: _____ Grade: _____ Date: _____

A cognitive disability is manifested during the developmental period, characterized by significant limitations in cognitive functioning, is demonstrated through limitations in adaptive behavior and adversely affects educational performance.

Identification as a student with a mental disability and eligibility for special education shall be determined by the case conference committee based on, but not limited to, the following:

- ☐ Assessment of Cognitive Ability
- ☐ A functional skills or adaptive behavior evaluation from multiple sources
- ☐ An assessment of current academic achievement
- ☐ A social and developmental history

FUNCTIONING AREA	LIST TESTS USED	AVERAGE (SS=85 & above)	BELOW AVERAGE (SS = 70-84)	MILD COGNITIVE DISABILITY (SS = 55-69)	MODERATE COGNITIVE DISABILITY (SS = 40-54)	SEVERE COGNITIVE DISABILITY (SS = Below 40)
Ability						
Adaptive Behavior						
Academic Achievement						
Other						

- ☐ The student exhibits eligibility for a **Mild Cognitive Disability**
 (Cognitive functioning is two (2) or more standard deviations below the mean or average of the testing instrument used and an adaptive behavior profile consistent with the cognitive disability).

(continued)

☐ The student exhibits eligibility for a **Moderate Cognitive Disability**
(Cognitive functioning is three (3) or more standard deviations below the mean or average of the testing instrument used and an adaptive behavior profile consistent with the cognitive disability.)

☐ The student exhibits eligibility for a **Severe Cognitive Disability**
(Cognitive functioning is four (4) or more standard deviations below the mean or average of the testing instrument used and an adaptive behavior profile consistent with the cognitive disability.)

☐ **Student does meet Indiana Article 7 criteria for Cognitive Disability**
☐ **Student does not meet Indiana Article 7 criteria for Cognitive Disability**

	Agree	Disagree
Parent _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrator _____	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Student _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR AUTISM SPECTRUM DISORDER

Student: _____ DOB: _____ C.A.: _____
 School: _____ Grade: _____ Date: _____

Autism Spectrum Disorder is a lifelong developmental disability that includes Autism, Aspergers Syndrome and other pervasive developmental disorders. This disability is generally evident before three years of age and significantly affects verbal and nonverbal communication, pragmatic communication and social interaction and results in an adverse effect on the student's educational performance. Other characteristics often associated include the following:

- a. Engagement in repetitive activities and stereotyped movements
- b. Resistance to environmental change or change in daily routines
- c. Unusual responses to sensory experiences

This does not apply if a student's educational

☐
☐

Student does meet Indiana Article 7 criteria for Autism Spectrum Disorder

Student does not meet Indiana Article 7 criteria for Autism Spectrum Disorder

Agree Disagree

Parent _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrator _____	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Student _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

	Agree	Disagree
Parent _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrator _____	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Student _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR DEAF OR HARD OR HEARING

Student: _____ DOB: _____ C.A.: _____
 School: _____ Grade: _____ Date: _____

Deaf or hard of hearing is the level of ability to use hearing for developing language and learning. It is impairment that:

1. With or without amplification adversely affects educational performance and developmental progress
2. May be permanent or fluctuating
3. May be mild to profound in nature
4. May be unilateral or bilateral

Identification as a student who is deaf or hard of hearing and initial eligibility for special education shall be determined by the case conference committee based on, but not limited to, the following information:

- ☐ An assessment of current academic achievement
- ☐ A communication evaluation conducted in the language utilized for student's instruction or the student's preferred mode of communication that assesses receptive and expressive skills
- ☐ A functional skills or adaptive behavior evaluation across various environments
- ☐ A written report from an audiologist, otologist or otolaryngologist regarding the etiology of the hearing loss and the student's potential requirement for amplification
- ☐ A social and developmental history

☐ **Student does meet Indiana Article 7 criteria for Deaf or Hard of Hearing**
☐ **Student does not meet Indiana Article 7 criteria for Deaf or Hard of Hearing**

Agree Disagree

Parent _____
 Administrator _____
 Psychologist _____
 Teacher _____
 Teacher _____
 Student _____
 Other _____
 Other _____
 Other _____

<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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If the student is found eligible, please complete the following factors when considering programming:

1. Age of onset of hearing loss:
2. Nature and degree of hearing loss:
3. Potential use of residual hearing:
4. Academic level/learning style:
5. Communication and linguistic needs:
6. Social/emotional needs:
7. Related service needs:

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

**ELIGIBILITY CRITERIA FOR PERVASIVE DEVELOPMENTAL DISORDER
(not otherwise specified)**

Student: _____ DOB: _____ C.A.: _____
School: _____ Grade: _____ Date: _____

Definition: This identification is used when the student has pervasive impairment in reciprocal social interaction or verbal/nonverbal communication skills, or when stereotyped behavior, interests and activities are present, but the criteria are not met for a specific Autism Spectrum Disorder.

Eligibility Considerations:

- ☐ Does not meet criteria for Autism, Asperger's Disorder, Rett's Syndrome or Childhood Disintegrative Disorder
- ☐ Demonstrates significant impairments in:
- ☐ Reciprocal social interactions
 - ☐ Communication delays and impairments
 - ☐ Stereotyped behaviors, interests and activities
- ☐ The student's educational performance is significantly impacted

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR ORTHOPEDIC IMPAIRMENT

Student: _____ DOB: _____ C.A.: _____
 School: _____ Grade: _____ Date: _____

An orthopedic impairment is a severe physically disabling condition that adversely affects educational performance. The term may include impairments caused by congenital anomaly, disease, or other causes such as cerebral palsy, amputations, and fractures or burns that cause contractures.

Identification as a student with an orthopedic impairment and eligibility for special education shall be determined by the case conference committee based on, but not limited to, the following information:

- ☐ An assessment of current academic achievement
- ☐ A social and developmental history
- ☐ Available medical information that is educationally relevant
- ☐ A functional skills or adaptive behavior evaluation across various environments by multiple sources

☐
☐

Student does meet Indiana Article 7 criteria for Orthopedic Impairment

Student does not meet Indiana Article 7 criteria for Orthopedic Impairment

	Agree	Disagree
Parent _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrator _____	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Student _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

EMOTIONAL/SOCIAL/BEHAVIORAL EVALUATION

Student: _____ DOB: _____ C.A.: _____
School: _____ Grade: _____ Date: _____

Behavior Consultant:

Evidence of Behavior Patterns:

Exclusionary Behavior Patterns:

Indiana Article 7 emotional condition is not evidenced due to the following symptomology:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | disruptive |
| <input type="checkbox"/> | anti-social |
| <input type="checkbox"/> | anti-authoritative |
| <input type="checkbox"/> | socially inappropriate |
| <input type="checkbox"/> | at variance with acceptable standards of behavior |

At-Risk Behavior Patterns:

Indiana Article 7 emotional condition is evidenced by the following symptomology:

- | | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | excessive anxiety |
| <input type="checkbox"/> | paranoia |
| <input type="checkbox"/> | psychosis |
| <input type="checkbox"/> | distorted thinking |
| <input type="checkbox"/> | phobias |
| <input type="checkbox"/> | mood disorder |
| <input type="checkbox"/> | other personal/social dysfunction |
| <input type="checkbox"/> | schizophrenia |

After considering both Exclusionary and At-Risk behavior patterns, then evidence of a serious emotional condition may be made.

☐ Indiana Article 7 emotional condition is not evidenced due to the Exclusionary Behavior Patterns.

☐ Indiana Article 7 emotional condition is evidenced by the At-Risk Behavior Patterns.

(Behavior Consultant)

(Date)

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR OTHER HEALTH IMPAIRMENT

Student: _____ DOB: _____ C.A.: _____
 School: _____ Grade: _____ Date: _____

Indiana's Article 7 defines other health impairment as one which adversely affects a student's educational performance and is manifested by limited strength, vitality, or alertness 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, or Tourette syndrome. It may also be manifested by heightened alertness to environmental stimuli that results in limited alertness with respect to educational performance.

- ☐ An assessment of current academic achievement
- ☐ A social and developmental history
- ☐ Available medical information that is educationally relevant
- ☐ A functional skills or adaptive behavior evaluation across various environments by multiple sources
- ☐ Systematic observation across various environments

☐
☐

Student does meet Indiana Article 7 criteria for Other Health Impairment

Student does not meet Indiana Article 7 criteria for Other Health Impairment

	Agree	Disagree
Parent _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrator _____	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Student _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR EMOTIONAL DISABILITY

Student: _____ DOB: _____ C.A.: _____
 School: _____ Grade: _____ Date: _____

Indiana's Article 7 states that an Emotional Disability means an inability to learn or progress that cannot be explained by cognitive, sensory, or health factors. The student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance. An emotional disability may include, but is not limited to, one or more of the following:

- ☐ A tendency to develop physical symptoms or fears associated with personal or school problems
- ☐ A general pervasive mood of unhappiness or depression
- ☐ An inability to build or maintain satisfactory interpersonal relationships
- ☐ Inappropriate behaviors or feelings under normal circumstances
- ☐ Episodes of psychosis

1. Is this over a long period of time? ☐ Yes ☐ No
 2. Is it to a marked degree? ☐ Yes ☐ No
 3. Is it adversely affecting educational performance? ☐ Yes ☐ No
 4. Is it consistently interfering with the learning process? ☐ Yes ☐ No
- Is he/she unable to benefit from the learning process? ☐ Yes ☐ No

What is his/her work production?

Does he/she consistently fail in light of modifications? ☐ Yes ☐ No

- ☐ Documentation of supportive general education interventions and results. Include dates and types of interventions. Please attach.
- ☐ Documentation of support services, e.g., school counseling, Behavior Resource Consultant, court interventions, private counseling. Please attach.
- ☐ Copy of Functional Behavior Assessment and Positive Behavior Intervention Plan, implementation date and results. Please attach.
- ☐ Copy of observations of the student in the general education classrooms or other appropriate setting that records the nature and incidence of behaviors leading to the referral for evaluation. Please attach.

The basis for a determination of special education as a student with an emotional disability includes the following:

- ☐ An assessment of current academic achievement
- ☐ A social and developmental history
- ☐ Available medical and mental health information that is educationally relevant
- ☐ Emotional and behavioral functioning

Student does meet Indiana Article 7 criteria for an Emotional Disability

Student does not meet Indiana Article 7 criteria for an Emotional Disability

Agree Disagree

Parent _____

Administrator _____

Psychologist _____

Teacher _____

Teacher _____

Student _____

Other _____

Other _____

Other _____

Blind or low vision is a vision loss that, even with best correction, affects the student's ability to use vision for learning which adversely affects the student's educational performance. The term includes the following:

- Identification as a student with a visual impairment and eligibility for special education shall be determined by the case conference committee based on, but not limited to, the following information:

- | | |
|--|--|
| | Student does meet Indiana Article 7 criteria for Blind or Low Vision |
| | Student does not meet Indiana Article 7 criteria for Blind or Low Vision |

Parent _____

Administrator _____

Psychologist _____

Teacher _____

Teacher _____

Student _____

Other _____

Other _____

Other _____

[illegible]

If the student is found eligible, please complete the following factors when considering programming:

1. Age and onset of the vision loss:
2. The nature and degree of the vision loss:
3. The potential loss of residual vision:
4. Academic functioning/learning styles:
5. Large print or Braille needs:
6. Social / emotional needs:
7. Ability to function in the educational setting with appropriate related services:
8. Other:

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

WORKSHEET FOR OTHER HEALTH INPAIRMENT

Heightened Alertness to Environmental Stimuli

Documentation of educational issues (grades, ISTEP scores, attendance, interventions, modifications, work samples, percent of completion rate, etc.):

Rating scales from multiple sources across various environments:

Instrument:	<input type="checkbox"/> Home	<input type="checkbox"/> School	<input type="checkbox"/> Other
-------------	-------------------------------	---------------------------------	--------------------------------

Instrument:	<input type="checkbox"/> Home	<input type="checkbox"/> School	<input type="checkbox"/> Other
-------------	-------------------------------	---------------------------------	--------------------------------

Instrument:	<input type="checkbox"/> Home	<input type="checkbox"/> School	<input type="checkbox"/> Other
-------------	-------------------------------	---------------------------------	--------------------------------

Systematic Observation: (style of observation used)

Other Notes:

Medical information regarding diagnosis and/or medication:

Learning problems **ARE NOT** attributable to any of the following:

- a. Blind or Low Vision
- b. Deaf or Hard of Hearing
- c. Cognitive Disability
- d. Emotional Disability
- e. Specific Learning Disability
- f. Traumatic Brain Injury
- g. Environmental, cultural, or economic disadvantages

Criteria **is** met for ADD or ADHD? ☐ Yes ☐ No

Is the severity such that it results in a need for specialized instruction and/or modified curriculum? ☐ Yes ☐ No

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR SPECIFIC LEARNING DISABILITY

Student: _____ DOB: _____ C.A.: _____
 School: _____ Grade: _____ Date: _____

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or using language (spoken or written) that adversely affect the student's educational performance. It manifests itself when the student does not achieve adequately for the student's age or to meet state approved grade level standards when that student has been provided with learning experiences and instruction appropriate for the student's age or state approved grade level standards. This pattern of difficulty may appear in one or more of the following areas, which are neurological in origin and have a continuum of severity.

- ☐ An assessment of current academic achievement as defined at 511 IAC 7-32-2
- ☐ An observation of the student in the student's learning environment
- ☐ Available medical information that is educationally relevant
- ☐ A social and developmental history
- ☐ An assessment of progress in the general education curriculum that includes an analysis of any interventions used to address the academic concerns leading to the referral for educational evaluation

Specific Learning Disability Criteria: Pattern of Strengths and Weaknesses

Evidence to Support?		Criteria
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student displays a normal ability profile.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student displays an area of cognitive weakness (below SS 85) in one or more areas. Please list: _____ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student displays an area of academic weakness (below SS 85) in one or more areas. Please list: _____ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do the areas of cognitive weakness align with the areas of academic weakness? Please list: _____ _____ _____

If No is answered to any of these questions, the student does not meet the criteria for a Specific Learning Disability.

Evidence to Support?

A specific learning disability does not include learning problems that are primarily due to any of the following:

☐ Yes

☐ No

The above criterion adversely affects the student's educational progress (defined as having consistent and significant negative impact on the student's academic achievement, or functional performance, or both).

If No is answered to this question, the student does not meet the criteria for a Specific Learning Disability.

Evidence to Support?

A specific learning disability does not include learning problems that are primarily due to any of the following:

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

Exclusionary Factor 1: A visual, hearing, or motor disability ruled out as primary cause

Exclusionary Factor 2: Cognitive disability ruled out as primary cause

Exclusionary Factor 3: Emotional disability ruled out as primary cause

Exclusionary Factor 4: Cultural factors ruled out as primary cause

Exclusionary Factor 6: Limited English Proficiency ruled out as primary cause

Exclusionary Factor 7: Lack of appropriate instruction in reading or math

a. Evidenced by data demonstrating that the student was provided appropriate instruction in general education settings, delivered by qualified personnel ruled out as primary cause

b. Evidenced by data based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents) ruled out as primary cause

If No is answered to this question, the student does not meet the criteria for a Specific Learning Disability.

☐
☐

Student does meet Indiana Article 7 criteria for Learning Disability

Student does not meet Indiana Article 7 criteria for Learning Disability

Agree Disagree

Parent _____

☐
☐

Administrator _____

☐
☐

Psychologist _____

☐
☐

Teacher _____

☐
☐

Teacher _____

☐
☐

Student _____

☐
☐

Other _____

☐
☐

Other _____

☐
☐

Other _____

☐
☐

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

DIAGNOSTIC CRITERIA FOR AUTISM DISORDER

Student: _____ DOB: _____ C.A.: _____
 School: _____ Grade: _____ Date: _____

1. Qualitative impairment in social interaction, as manifested by at least two of the following:
 - ☐ marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - ☐ failure to develop peer relationships appropriate to developmental level
 - ☐ a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
 - ☐ lack of social or emotional reciprocity
2. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
 - ☐ encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - ☐ apparently inflexible adherence to specific, nonfunctional routines or rituals
 - ☐ stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - ☐ persistent preoccupation with parts of objects
3. Qualitative impairments in communications, as manifested by at least one of the following:
 - ☐ delay in, or total lack of, the development of spoken language
 - ☐ in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - ☐ stereotyped and repetitive use of language or idiosyncratic language
 - ☐ lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
4. At least six of the above characteristics must be present: ☐ Yes ☐ No
5. Delays or abnormal functioning in at least one of the following areas with onset prior to age 3 years:
 - ☐ social interaction
 - ☐ language as used in social communication
 - ☐ symbolic or imaginative play
6. The disturbance is not better accounted for by Rett's Disorder or childhood Disintegrative Disorder:
 - ☐ Yes ☐ No

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

ELIGIBILITY CRITERIA FOR DEVELOPMENTAL DELAY

Student: _____ DOB: _____ C.A.: _____
School: _____ Grade: _____ Date: _____

This criteria is for students who are at least three (3) years old and not more than five (5) years old and not eligible to be enrolled in kindergarten. Developmental Delay means a delay that adversely affects daily life or educational performance of either two (2) standard deviations below the mean in one (1) of the following developmental areas or 1.5 standard deviations below the mean in any two (2) of the following developmental areas:

- | | |
|--|--|
| | Gross or fine motor development |
| | Cognitive development |
| | Social or emotional development |
| | Receptive or expressive language development |
| | Self-help or other adaptive development |

Identification as a student with a developmental delay and eligibility for special education shall be determined by the case conference committee based on, but not limited to, the following information:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A social and developmental history |
| <input type="checkbox"/> | A systematic observation of the child across various environments |
| <input type="checkbox"/> | Available medical information that is developmentally relevant |
| <input type="checkbox"/> | A vision and hearing screening |
| <input type="checkbox"/> | An individually administered norm-referenced assessment. If adequate information cannot be obtained via a norm-referenced measure, a criterion referenced assessment designed to use for developmental delays may be used. |

The evaluation team and case conference committee may use the disability category of developmental delay or any other disability categories described in Article 7.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Student does meet Indiana Article 7 criteria for Developmental Delay |
| <input type="checkbox"/> | Student does not meet Indiana Article 7 criteria for Developmental Delay |

Agree Disagree

Parent _____
Administrator _____
Psychologist _____
Teacher _____
Teacher _____
Student _____
Other _____
Other _____
Other _____

[illegible]