

# New Eligibility Documents Webinar

November 8, 2016

2-4pm CT

# Eligibility Documents

<http://doe.sd.gov/oess/sped-IEP.aspx>

Referral/Eligibility	
Referral for Special Education	Directions for Completing Main Eligibility
Determination of Eligibility (long form)	Main Determination of Eligibility (NEW)
Determination of eligibility – SPANISH (long form)	Autism Spectrum Disorder (560)
	Cognitive Disability (510)
	Deafness (545)
	Deaf Blindness (500)
	Developmental Delay (570)
	Emotional Disturbance (505)
	Hearing Loss (515)
	Orthopedic Impairment (535)
	Other Health Impaired (555)
	Specific Learning Disability (525)
	Speech Language (550)
	Traumatic Brain Injury (565)
	Vision Loss (540)

# Previous Documents

Referral/Eligibility
Referral for Special Education
Determination of Eligibility (long form)
Determination of eligibility – SPANISH (long form)

- Still the same
- Can choose which style to use

# New Documents

Directions for Completing Main Eligibility
Main Determination of Eligibility (NEW)
Autism Spectrum Disorder (560)
Cognitive Disability (510)
Deafness (545)
Deaf Blindness (500)
Developmental Delay (570)
Emotional Disturbance (505)
Hearing Loss (515)
Orthopedic Impairment (535)
Other Health Impaired (555)
Specific Learning Disability (525)
Speech Language (550)
Traumatic Brain Injury (565)
Vision Loss (540)

- The top document is the direction page.
  - It will walk you through the four sections of the Eligibility Document.
- The second document will be the main eligibility document.
- The rest will be the documents to insert for the suspected disability.

# New Documents

- Main Determination of Eligibility Document
  - Page 1 – Similar appearance to the previous document
  - Page 2 – Suspected disability category documents included here
  - Page 3
    - Other Factors considered
    - Eligibility Determination
    - Team determination
    - Multiple Disability (if applicable)
  - Page 4 – Related Services and Transition (if applicable)



# Eligibility Document Pg. 2

- These are all the categories that students can qualify for special education in.
- Decide which categories the student might have qualifying scores in
- The website contains the link for these forms.

Insert  
Suspected  
Disability Category Sheets  
Here

Below is a list of the disability categories.  
They can be found at <http://doe.sd.gov/oess/sped-IEP.aspx> in the Referral/Eligibility table.

500-Deaf Blindness

505-Emotional Disturbance

510-Cognitive Disability

515-Hearing Loss

525-Specific Learning Disability

535-Orthopedic Impairment

540-Vision Loss

545-Deafness

550-Speech/Language Impairment

555-Other Health Impaired

560-Austim Spectrum Disorder

565-Tramatic Brain Injury

570-Developmental Delay

# Eligibility Document Pg. 3

- Other Factors considered
- Eligibility Determination
- Team determination
- Multiple Disability (if applicable)-new placement in eligibility document

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
AR SD 24:05:24:01 & 24:05:25

**Other Factors Considered:**

Is the underachievement of the student due to the lack of instruction in Reading or Math, or limited English proficiency?

- Yes  No – Reading  
 Yes  No – Math  
 Yes  No – Limited English Proficiency

**Eligibility Determination:**

- a)  Yes  No - has a diagnosed disability;  
b)  Yes  No - the disability adversely affects the student's educational performance; and

List the adverse effects of the disability on student's educational performance:

[Click here to enter text.](#)

- c)  Yes  No - the student requires specially designed instruction to receive a free appropriate public education.

The team determined this student meets eligibility criteria under the following category: (check the category that will be reported on student count)

- |   |   |
|---|---|
| <input type="checkbox"/> Deaf-Blindness - 500               | <input type="checkbox"/> Vision Loss - 540              |
| <input type="checkbox"/> Emotional Disturbance - 505        | <input type="checkbox"/> Deafness – 545                 |
| <input type="checkbox"/> Cognitive Disability - 510         | <input type="checkbox"/> Speech/Language- 550           |
| <input type="checkbox"/> Hearing Loss - 515                 | <input type="checkbox"/> Other Health Impairment – 555  |
| <input type="checkbox"/> Specific Learning Disability – 525 | <input type="checkbox"/> Autism Spectrum Disorder - 560 |
| <input type="checkbox"/> Multiple Disabilities – 530        | <input type="checkbox"/> Traumatic Brain Injury – 565   |
| <input type="checkbox"/> Orthopedic Impairment – 535        | <input type="checkbox"/> Developmental Delay - 570      |

**Multiple Disabilities–530**

AR SD: 24:05:24.01:12

The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:

Concomitant impairments (such as a cognitive disability-blindness or a cognitive disability-orthopedic impairment), 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.

List Categories for Multiple Disabilities:

Category 1: [Click here to enter text.](#)

Category 2: [Click here to enter text.](#)

Category 3: [Click here to enter text.](#)



# Eligibility Document Pg. 4

- Related Services
  - Occupational Services
  - Physical Therapy Services
  - Speech – Language Pathology
- Transition Services

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
ARSD 24:05:24:01 & 24:05:25

**Related Service(s): Student therapy needs to be determined during IEP program development**  
ARSD 24:05:27:22, 24:05:27:23, 24:05:27:24, 24:05:27:25, and 24:05:27:16

**Criteria for Occupational Therapy Services**

1. The student has a disability and requires special education;  
 No – Stop Here  Yes – Proceed to the next question:
2. The student must demonstrate performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean in one or more of the following areas: fine motor skills, sensory integration, or visual; and  
 No – Stop Here  Yes – Proceed to the IEP team meeting and team will determine the following:
3. The student needs occupational therapy to benefit from special education.

**Criteria for Physical Therapy Services**

1. The student has a disability and requires special education;  
 No – Stop Here  Yes – Proceed to the next question:
2. The student must demonstrate performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean on a standardized motor assessment instrument; and  
 No – Stop Here  Yes – Proceed to the IEP team meeting and team will determine the following:
3. The student needs physical therapy to benefit from special education.

**Speech – Language Pathology**

1. The student has a disability and requires special education;  
 No – Stop Here  Yes – Proceed to the IEP team meeting and team will determine the following:
2. To be provided as a related service, the IEP team must determine that the related service is required in order for the student to benefit from the special education program

**Transition: For student that are eligible for special education services, transition must be in effect no later than age 16.**  
ARSD 24:05:27:13.02 and 24:05:27:01.03

**Transition**

1. The student has a disability and requires special education;  
 No – Stop Here  
 Yes – Proceed to the IEP team meeting and determine if transition services are required.

# DISABILITY CATEGORY DOCUMENTS

# Included on each Disability Category Document

- Items that are the same on each disability category form
  - Student Identifying Information
  - ARSD related to the disability
  - Team decision on eligibility (on the bottom of each disability form)
  - Bolded worded or phrases(highlighted on the Power Point) that provide important eligibility information
  - If a number isn't listed on the left, then it is information that is provided in the box.

# Autism Spectrum Disorder

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
ARSD 24:05:24:01 & 24:05:25

(AUTISM SPECTRUM DISORDER – 560)

STUDENT NAME:		SIMS:
SCHOOL DISTRICT:	SCHOOL:	MEETING DATE:

Autism Spectrum Disorder – 560 ARSD: 24:05:24.01:03, 24:05:24.01:04, 24:05:24.01:04.01, 24:05:24.01:05

The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:

Autism spectrum disorder is a developmental disability that significantly affects verbal and nonverbal communication and social interaction and results in adverse effects, generally evident before age three, on the child's educational performance.

Other characteristics often associated with autism spectrum disorder are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

The term does not apply if the student's educational performance is adversely affected primarily because the student has an emotional disturbance defined under § 24:05:24.01:16.

**(Must meet all 3 criteria)**

An autism spectrum disorder is present if a student expresses:

Persistent deficits in **social communication and social interaction** across multiple contexts, as manifested by **all three the following, currently or by history:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Deficits in social-emotional reciprocity
<input type="checkbox"/> Yes <input type="checkbox"/> No	Deficits in non-verbal communicative behaviors used for social interaction and
<input type="checkbox"/> Yes <input type="checkbox"/> No	Deficits in developing, maintaining, and understanding relationships

**Social Communication Severity:**

<input type="checkbox"/> Level 3 "Requiring very substantial support"	<input type="checkbox"/> Level 2 "Requiring substantial support"	<input type="checkbox"/> Level 1 "Requiring support"
Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others.	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others.	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unusual responses to social overtures of others. May appear to have decreased interest in social interactions.

1

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
ARSD 24:05:24:01 & 24:05:25

(AUTISM SPECTRUM DISORDER – 560)

**Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Stereotyped or repetitive motor movements, use of objects, or speech
<input type="checkbox"/> Yes <input type="checkbox"/> No	Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
<input type="checkbox"/> Yes <input type="checkbox"/> No	Highly restricted, fixated interests that are abnormal in intensity or focus
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hyper- or hypoactivity to sensory input or unusual interest in sensory aspects of the environment

2

**Restricted, Repetitive Behavior Severity:**

<input type="checkbox"/> Level 3 "Requiring very substantial support"	<input type="checkbox"/> Level 2 "Requiring substantial support"	<input type="checkbox"/> Level 1 "Requiring support"
Intflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.	Intflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appears frequently enough to be obvious to the casual observer, and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.	Intflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

**And all of the characteristics below:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Symptoms must be present in the early developmental period but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life; and
<input type="checkbox"/> Yes <input type="checkbox"/> No	Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning; and
<input type="checkbox"/> Yes <input type="checkbox"/> No	Symptoms are not primarily caused by a cognitive disability or developmental delay, and in order to make dual diagnoses of autism spectrum disorder and cognitive disability, social communication must be below that expected for the general developmental level.

3

The evaluation report and documentation of eligibility for autism spectrum disorder must:

- Be provided to the parent at no cost;
- Address each of the criteria referenced in section 24:05:24.01:04; and
- For criteria in section 24:05:24.01:04(1) and (2), address the severity level of social communication impairments and restricted, repetitive patterns of behavior

**Reference:** Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013), American Psychiatric Association, section two, page fifty-two, table 2. The materials are available for viewing at the South Dakota Department of Education, 800 Governors Drive, Pierre, South Dakota. Copies of portions of the manual referenced in §§ 24:05:24.01:03 to 24:05:24.01:05, inclusive, can be obtained at <http://www.autismspeaks.org/what-autism/diagnosis/dsm-5-diagnostic-criteria>

The Eligibility team determined that:

Yes  No - The student meets criteria under the category of **Autism Spectrum Disorder**

# Cognitive Disability

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
ARSD 24:05:24:01 & 24:05:25  
(COGNITIVE DISABILITY - 510)

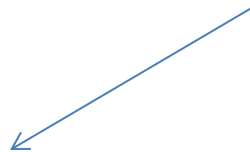
STUDENT NAME: _____		SIMS: _____
SCHOOL DISTRICT: _____	SCHOOL: _____	MEETING DATE: _____

Cognitive Disability - 510	ARSD: 24:05:24.01:11
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The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:	
1	Cognitive disability is significantly below-average general intellectual functioning that exists concurrently with deficits in adaptive behavior skills, that is generally manifested before age eighteen, and that adversely affects a student's educational performance. The required evaluative components for identifying a student with a cognitive disability are as follows: <b>(Must meet both criteria)</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No General intellectual functioning 2 standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement.
	<input type="checkbox"/> Yes <input type="checkbox"/> No Exhibits deficits in adaptive behavior and academic or pre-academic skills as determined by an individual evaluation and manifested before age 18.

The Eligibility team determined that:
<input type="checkbox"/> Yes <input type="checkbox"/> No - The student meets criteria under the category of <b>Cognitive Disability</b>

- Identifying student information at the top.
- ARSD for legal guidance.
- Each disability document will have this box at the bottom. You may check yes on more than one disability, but during the eligibility meeting the team will decide which disability best serves the student.



# Deafness

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
ARSD 24:05:24:01 & 24:05:25

(DEAFNESS – 545)

STUDENT NAME: <input type="text"/>			SIMS: <input type="text"/>		
SCHOOL DISTRICT: <input type="text"/>		SCHOOL: <input type="text"/>		MEETING DATE: <input type="text"/>	

Deafness – 545 ARSD: 24:05:24.01:08

The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:

<b>1</b>	Deafness is a hearing loss that is so severe that the student is impaired in processing linguistic information through hearing, even with amplification, and that adversely affects a student's educational performance. The student may be identified as deaf if:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	An unaided hearing loss is in excess of 70 decibels and precludes understanding of speech through the auditory mechanism, even with amplification, and demonstrates an inability in processing linguistic information through hearing, even with amplification.

The Eligibility team determined that:

Yes  No - The student meets criteria under the category of **Deafness**

# Deaf Blindness

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY

ARSD 24:05:24:01 & 24:05:25

(DEAF BLINDNESS – 500)

STUDENT NAME: _____		SIMS: _____
SCHOOL DISTRICT: _____	SCHOOL: _____	MEETING DATE: _____

Deaf Blindness – 500

ARSD: 24:05:24.01:07

The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:

<b>1</b>	Both a vision and hearing impairment exists which: <b>(Must meet both criteria)</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Causes such severe communication <b>and</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

The Eligibility team determined that:

Yes  No - The student meets criteria under the category of **Deaf Blindness**

# Developmental Delay

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
ARSD 24:05:24:01 & 24:05:25

(DEVELOPMENTAL DELAY – 570)

STUDENT NAME: _____		SIMS: _____
SCHOOL DISTRICT: _____	SCHOOL: _____	MEETING DATE: _____

Developmental Delay – 570 ARSD: 24:05:24.01:09

The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:

A student three, four, or five years old may be identified as a student with a disability if the student has one of the major disabilities listed in § 24:05:24.01:01 or if the student experiences a severe delay in development and needs special education and related services.

A student with a severe delay in development functions at a developmental level:

- two or more standard deviations below the mean in any one area of development specified in this section or
- 1.5 standard deviations below the mean in two or more areas of development.

<b>1</b>	Check the areas of development:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Adaptive Functioning Skills</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cognitive Development</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Communication Development</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Receptive Language <input type="checkbox"/> Expressive Language
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Social and Emotional Development</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Physical Development</b>	
	<input type="checkbox"/> Gross Motor <input type="checkbox"/> Fine Motor	

A district is not required to adopt and use the term developmental delay for any students within its jurisdiction. If a district uses the term developmental delay, the district must conform to both the department's definition of the term and to the age range that has been adopted by the department.

A district shall ensure that all of the student's special education and related services needs that have been identified through the evaluation procedures described under chapter 24:05:25 are appropriately addressed.

The Eligibility team determined that:

Yes  No - The student meets criteria under the category of **Developmental Delay**



# Emotional Disturbance

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
AR SD 24:05:24:01 & 24:05:25

(EMOTIONAL DISTURBANCE – 505)

STUDENT NAME: _____		SIMS: _____
SCHOOL DISTRICT: _____	SCHOOL: _____	MEETING DATE: _____

Emotional Disturbance – 505	AR SD 24:05:24.01:16, 24:05:24.01:17
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The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation: **(Must meet criteria 1 & 2)**

<b>1</b>	Emotional disturbance is a condition that exhibits one or more of the following characteristics to a marked degree over a long period of time:	
	Check those that apply: (student must exhibit <b>one or more characteristics</b> to meet criteria):	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	An inability to learn which cannot be explained by intellectual, sensory or health factors.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate types of behavior or feelings under normal circumstances.
<input type="checkbox"/> Yes <input type="checkbox"/> No	A general pervasive mood of unhappiness or depression.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	A tendency to develop physical symptoms or fears associated with personal or school problems.	
Emotional disturbance does not include social maladjustment, unless the student also has an emotional disturbance. Emotional disturbance includes schizophrenia.		
<b>2</b>	A student may be identified as emotionally disturbed if the following requirements are met: <b>(Must meet all criteria)</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	The student characteristics are exhibited serious behavior problems over a long period of time (not less than 6 months).
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation from the school and one or more sources of the frequency & severity of the targeted behaviors.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student's performance falls 2 standard deviations or more below the mean in emotional functions, as measured in school and home or community on nationally-normed technically adequate measures.
Adverse effects in educational performance must be verified through the full and individual evaluation procedures as provided in § 24:05:25:04.		

# Hearing Loss

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY

ARSD 24:05:24:01 & 24:05:25

(HEARING LOSS – 515)

STUDENT NAME: _____			SIMS: _____		
SCHOOL DISTRICT: _____		SCHOOL: _____		MEETING DATE: _____	

Hearing Loss– 515

ARSD: 24:05:24.01:10

The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:

1	A student may be identified as having a hearing loss if:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	An unaided hearing loss of 35 to 69 decibels is present that makes the acquisition of receptive and expressive language skills difficult with or without the help of amplification.

The Eligibility team determined that:

Yes    No - The student meets criteria under the category of **Hearing Loss**

# Orthopedic Impairment

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
ARSD 24:05:24:01 & 24:05:25

(ORTHOPEDIC IMPAIRMENT – 535)

STUDENT NAME: _____		SIMS: _____	
SCHOOL DISTRICT: _____		SCHOOL: _____	
		MEETING DATE: _____	
Orthopedic Impairment – 535		ARSD 24:05:24.01:13	
The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:			
Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a 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).			
1	There must be evidence of the following: <b>(Must meet all criteria)</b>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severely impaired motor functioning that adversely affects educational performance; <b>and</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deficits in muscular or neuromuscular functioning that significantly limits the student's ability to move about, sit, or manipulate materials required for learning; <b>and</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student's bone, joint, or muscle problems affect ambulation, posture, or gross and fine motor skills; <b>and</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical data by a qualified medical evaluator describes and confirms an orthopedic impairment.	
The Eligibility team determined that:			
<input type="checkbox"/> Yes <input type="checkbox"/> No - The student meets criteria under the category of <b>Orthopedic Impairment</b>			

# Other Health Impaired

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
 ARSD 24:05:24:01 & 24:05:25

(OTHER HEALTH IMPAIRED – 555)

STUDENT NAME: _____			SIMS: _____		
SCHOOL DISTRICT: _____		SCHOOL: _____		MEETING DATE: _____	

Other Health Impaired – 555	ARSD 24:05:24.01:14
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The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:	
1	Other health impaired 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:
	<input type="checkbox"/> Yes <input type="checkbox"/> No is due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, attention deficit disorder or attention deficit hyperactivity disorder, sickle cell anemia, hemophilia, epilepsy, lead poisoning leukemia, Tourette syndrome, or diabetes
Adverse effects in educational performance must be verified through the full and individual evaluation procedures as provided in § 24:05:25:04. <b>(This is addressed on page 3 of the Main Eligibility Document)</b>	

The Eligibility team determined that:  <input type="checkbox"/> Yes <input type="checkbox"/> No - The student meets criteria under the category of <b>Other Health Impaired</b>
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# Specific Learning Disability

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
AR SD 24:05:24:01 & 24:05:25

(SPECIFIC LEARNING DISABILITY – 525)

STUDENT NAME: _____		SIM S: _____
SCHOOL DISTRICT: _____	SCHOOL: _____	MEETING DATE: _____

Specific Learning Disability – 525  
AR SD: 24:05:24:01:18, 24:05:24:01:19,  
24:05:25:07, 24:05:25:08, 24:05:25:11,  
24:05:25:12, 24:05:25:13, 24:05:25:13:01

The team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:

1	Does the student achieve adequately for the student's age or to meet state-approved grade-level standards in one of more of the following areas, when provided with learning experiences and instruction appropriate for the student's age or state-approved grade-level standards																			
	<table border="0"> <tr> <td>Does</td> <td>Does not</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Does	Does not	<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"/>
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2	Please indicate which method the team will be using to determine SLD eligibility:	
	<input type="checkbox"/> (Method A Discrepancy) The student 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 team to be relevant to the identification of a specific learning disability in one or more of the areas identified above when using appropriate assessments.	<input type="checkbox"/> (Method B Response to Intervention) Based upon the data gathered, the evaluation team determines the student has not made sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified above when using a process based on the student's response to scientific, research-based interventions. (Send RtI plan to SD DOE for approval)

The Following Sections (3-8) Required only for Initial Eligibility Determination

3	Document data that demonstrates that prior to, or as part of, the referral process, the student was provided appropriate instruction in regular education settings by qualified personnel:
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DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
AR SD 24:05:24:01 & 24:05:25

(SPECIFIC LEARNING DISABILITY – 525)

4	(Method A Discrepancy) Nothing needed	(Method B Response to Intervention) Qualified Personnel: Teacher: _____ Highly Qualified: Yes <input type="checkbox"/> No <input type="checkbox"/> For Tier: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Teacher: _____ Highly Qualified: Yes <input type="checkbox"/> No <input type="checkbox"/> For Tier: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Teacher: _____ Highly Qualified: Yes <input type="checkbox"/> No <input type="checkbox"/> For Tier: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Teacher: _____ Highly Qualified: Yes <input type="checkbox"/> No <input type="checkbox"/> For Tier: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	5	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:
6	(Method A Discrepancy) Nothing needed	(Method B Response to Intervention) Week 1: Date: _____ Score: _____ Week 2: Date: _____ Score: _____ Week 3: Date: _____ Score: _____ Week 4: Date: _____ Score: _____ Week 5: Date: _____ Score: _____ Week 6: Date: _____ Score: _____ Week 7: Date: _____ Score: _____ Week 8: Date: _____ Score: _____ Week 9: Date: _____ Score: _____ Week 10: Date: _____ Score: _____ Week 11: Date: _____ Score: _____ Week 12: Date: _____ Score: _____ *Add additional data lines if needed
	7	Attendance Record: School Year: _____ Total days of school: _____ Total days in attendance: _____ Total days absent: Quarter 1: _____ Quarter 2: _____ Quarter 3: _____ Quarter 4: _____ School Year: _____ Total days of school: _____ Total days in attendance: _____ Total days absent: Quarter 1: _____ Quarter 2: _____ Quarter 3: _____ Quarter 4: _____
8	A student may not be determined to be a student with a disability if the determinant factor is a lack of appropriate instruction. Is the underachievement of the student due to the lack of instruction in: <input type="checkbox"/> Yes <input type="checkbox"/> No – Reading <input type="checkbox"/> Yes <input type="checkbox"/> No – Math	

# Specific Learning Disability

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
AR SD 24:05:24:01 & 24:05:25

(SPECIFIC LEARNING DISABILITY – 525)

*The Following Sections Required for all Eligibility Determination*

<b>9</b>	<p><b>(Method A Discrepancy)</b></p> <input type="checkbox"/> Observation of the student's performance in the regular classroom was done after the student has been referred for an evaluation.	<p><b>(Method B Response to Intervention)</b></p> <input type="checkbox"/> Information from an observation in routine classroom instruction and monitoring of the student's performance was done before the student was referred for an evaluation.
	<p><b>Observation:</b> Relevant behaviors, if any, noted during the observation of the student and relationship of those behaviors to academic functioning. The observation must occur in the student's learning environment (including regular classroom setting) to document the student's academic performance and behavior in the <b>areas of difficulty</b>.</p> <p>In the case of a student of less than school age or out of school, a group member must observe the student in an environment appropriate for a student of that age.</p> <p>Observer: _____ Date of Observation: _____</p> <p>Observation Comments: _____</p>	
<b>10</b>	<p>Document educationally relevant medical findings: _____</p>	
<b>11</b>	<p>The evaluation team determines that the student's achievement level problem is/is not primarily the result of:</p> <p><input type="checkbox"/> Is <input type="checkbox"/> Is Not - Visual, hearing or motor disabilities;</p> <p><input type="checkbox"/> Is <input type="checkbox"/> Is Not - Cognitive disability;</p> <p><input type="checkbox"/> Is <input type="checkbox"/> Is Not - Emotional disturbance;</p> <p><input type="checkbox"/> Is <input type="checkbox"/> Is Not - Cultural factors;</p> <p><input type="checkbox"/> Is <input type="checkbox"/> Is Not - Environmental or economic disadvantage;</p> <p><input type="checkbox"/> Is <input type="checkbox"/> Is Not - Limited English proficiency.</p>	

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
AR SD 24:05:24:01 & 24:05:25

(SPECIFIC LEARNING DISABILITY – 525)

*This Section should only be completed if using a state-approved response to intervention model AND RtI criteria will be used to determine eligibility*

<b>12</b>	<p><b>(Method B Response to Intervention)</b></p> <p><i>If the student has participated in a process that assesses the student's response to scientific, research-based intervention document the following:</i></p> <p>The instructional strategies used in the RtI process that assesses the student's response to scientific, research-based intervention:</p> <p>The student has participated in _____ weeks of Tier 3 interventions. (At least two phases of Tier 3 interventions to consider eligibility)</p> <p>Tier 3 supports include _____ minutes of core reading instruction (to include flexible reading small group time) and _____ minutes of intensive, individualized intervention. The frequency of the interventions is _____ times per week.</p> <p>Researched-based Intervention strategies (please list by type, not name).</p> <table border="0"> <tr> <td style="border: none;">Name of Research-based Intervention strategy:</td> <td style="border: none;">Duration of the intervention:</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table> <p>Universal Screening scores: Fall: _____ Winter: _____ Spring: _____</p> <p>Actual rate of progress compared to benchmark standard: _____</p> <p>Grade level benchmark standard for end of school year: _____</p> <p>Desired Rate of Progress: _____ Predicted Rate of Progress: _____</p> <p>Is the Predicted Rate of Progress significantly below grade level expectations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Name of Research-based Intervention strategy:	Duration of the intervention:	_____	_____	_____	_____	_____	_____	_____	_____														
Name of Research-based Intervention strategy:	Duration of the intervention:																								
_____	_____																								
_____	_____																								
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<p>The Eligibility team determined that:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - The student meets criteria under the category of <b>Specific Learning Disability</b></p>																									
<p>This report reflects the Eligibility team's conclusions. If not, person(s) in disagreement will indicate such and must submit a separate statement.</p>																									
<p><b>Name Team Members</b></p> <table border="0"> <tr> <td style="border: none;">_____</td> <td style="border: none;">Parent(s)</td> <td style="border: none;"><input type="checkbox"/> Agree</td> <td style="border: none;"><input type="checkbox"/> Disagree</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">General Education Teacher</td> <td style="border: none;"><input type="checkbox"/> Agree</td> <td style="border: none;"><input type="checkbox"/> Disagree</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">Person qualified to interpret results</td> <td style="border: none;"><input type="checkbox"/> Agree</td> <td style="border: none;"><input type="checkbox"/> Disagree</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;"><input type="checkbox"/> Agree</td> <td style="border: none;"><input type="checkbox"/> Disagree</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;"><input type="checkbox"/> Agree</td> <td style="border: none;"><input type="checkbox"/> Disagree</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;"><input type="checkbox"/> Agree</td> <td style="border: none;"><input type="checkbox"/> Disagree</td> </tr> </table>		_____	Parent(s)	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____	General Education Teacher	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____	Person qualified to interpret results	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
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# Speech/Language Impairment

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
ARSD 24:05:24:01 & 24:05:25

(SPEECH/LANGUAGE IMPAIRMENT – 550)

STUDENT NAME:		SIM S:
SCHOOL DISTRICT:	SCHOOL:	MEETING DATE:

Speech/Language Impairments – 550	ARSD: 24:05:24.01:20,24:05:24.01:21,24:05:24.01:22,24:05:24.01:23,24:05:24.01:24,24:05:24.01:25,24:05:24.01:26,24:05:24.01:27,24:05:24.01:28
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The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:

Speech or language impairment is a communication disorder such as stuttering, impaired articulation, a language disorder, or a voice disorder that adversely affects a child's educational performance. **(Must meet criteria in one of the areas)**

**1** Articulation disorders include all non-maturational speech deviations based primarily on incorrect production of speech sounds. Articulation disorders include omissions, substitutions, additions, or distortions of phonemes within words. Articulation patterns that can be attributed to cultural or ethnic background are not disabilities.

A student may be identified as having an articulation disorder if **one of the following criteria** exist:

- Yes  No Performance on a standardized articulation test falls two standard deviations below the mean and intelligibility is affected in conversation;
- Yes  No Test performance is less than two standard deviations below the mean but the student is judged unintelligible by the speech and language clinician and one other adult;
- Yes  No Performance on a phonological assessment falls in the profound or severe range and intelligibility is affected in conversation;
- Yes  No Performance on a phonological assessment falls in the moderate range, intelligibility is affected in conversation, and during a tracking period of between three and six months there was a lack of improvement in the number and type of errors; or
- Yes  No An error persists six months to one year beyond the chronological age when 90 percent of students have typically acquired the sound based on developmental articulation norms.

**2** A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

A student may be identified as having a fluency disorder if:

- Yes  No The student consistently exhibits one or more of the following symptomatic behaviors of dysfluency:
  - Sound, syllable, or word repetition;
  - Prolongations of sounds, syllables, or words;
  - Blockages; or
  - Hesitations.
- Yes  No **Or**
  - There is a significant discrepancy from the norm as measured by speech sampling in a variety of contexts. A significant discrepancy from the norm is five dysfluencies a minute;
  - The disruption occurs to the degree that the individual or persons who listen to the individual react to the manner of speech and the disruptions in a way that impedes communication.

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
ARSD 24:05:24:01 & 24:05:25

(SPEECH/LANGUAGE IMPAIRMENT – 550)

A voice disorder is characterized by the abnormal production or absence of vocal quality, pitch, loudness, resonance, duration which is inappropriate for an individual's age or gender, or both.	
A student may be identified as having a voice disorder if: <b>(Must meet all the criteria)</b>	
<b>3</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Consistent deviations exist in one or more of the parameters of voice: pitch, quality, or volume; <b>and</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No The voice is discrepant from the norm for age, gender, or culture and is distracting to the listener; <b>and</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No The disorder is not the result of a temporary problem, such as normal voice changes, allergies, colds, or similar conditions.
A language disorder is a reduced ability, whether developmental or acquired, to comprehend or express ideas through spoken, written, or gestural language.	
The language disorder may be characterized by limited vocabulary, an inability to function through the use of words (pragmatics) and their meanings (semantics), faulty grammatical patterns (syntax and morphology), or the faulty reproduction of speech sounds (phonology).	
A language disorder may have a direct or indirect affect on a student's cognitive, social, emotional, or educational development or performance and deviates from accepted norms. The term language disorder does not include students whose communication problems result solely from a native language other than English or from their dialectal differences.	
<b>4</b>	A student may be identified as having a language disorder as a primary disability if: <b>(Must meet both criteria)</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No Through age eight, performance falls 1.5 standard deviations below the mean on standardized evaluation instruments;
	<input type="checkbox"/> Yes <input type="checkbox"/> No beginning at age nine, a difference is present of 1.5 standard deviations between performance on an individually administered standardized language assessment instrument and measured expected potential as measured by an individually administered intelligence test; <b>and</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No The student's pragmatic skills, as measured by checklists, language samples, or observation, adversely affect the student's academic and social interactions.	

The Eligibility team determined that:

Yes  No - The student meets criteria under the category of Speech/Language Impairment

# Traumatic Brain Injury

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
ARSD 24:05:24:01 & 24:05:25

(TRAMATIC BRAIN INJURY – 565)

STUDENT NAME: _____			SIMS: _____		
SCHOOL DISTRICT: _____		SCHOOL: _____		METTING DATE: _____	

Traumatic Brain Injury – 565	ARSD 24:05:24.01:29
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The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:		
	An acquired injury to the brain caused by an external physical force, resulting in a total or partial functional disability or psychosocial impairment, or both. The term applies to open or closed head injuries resulting in impairments in one or more areas:	
<b>1</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	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.
Adverse effects in educational performance must be verified through the full and individual evaluation procedures as provided in § 24:05:25:04. <b>(This is addressed on page 3 of the Main Eligibility Document)</b>		

The Eligibility team determined that:
<input type="checkbox"/> Yes <input type="checkbox"/> No - The student meets criteria under the category of <b>Traumatic Brain Injury</b>



# Vision Loss

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY  
 ARSD 24:05:24:01 & 24:05:25

(VISION LOSS – 540)

STUDENT NAME: _____		SIMS: _____
SCHOOL DISTRICT: _____	SCHOOL: _____	MEETING DATE: _____

Vision Loss – 540	ARSD 24:05:24.01:30
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The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:	
Vision loss including blindness is an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.	
A student with a vision loss has a deficiency in visual acuity that, even with the use of lenses or corrective devices, requires special education or special education and related services. <b>(Must meet criteria 1 or 2)</b>	
<b>1</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Partial sight is <b>one or more</b> deficiencies in visual acuity, as follows:
	<input type="checkbox"/> Visual acuity of not better than 20/70 in the better eye after correction
	<input type="checkbox"/> Restricted visual field
	<input type="checkbox"/> Limited ability to move about safely in the environment due to a visual disability
<b>2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Blindness – Visual acuity of 20/200 or less in the better eye with correcting lenses or a limited field of vision such that the widest diameter subtends an angular distance of no greater than 20 degrees or has a medically indicated expectation of visual deterioration.

The Eligibility team determined that: <input type="checkbox"/> Yes <input type="checkbox"/> No - The student meets criteria under the category of <b>Vision Loss</b>
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# QUESTIONS

Please contact Jamie Morris at  
[jamie.morris@state.sd.us](mailto:jamie.morris@state.sd.us) or 773-2594