Eligibility Deliberation Form

This form is to be used to consider eligibility for all disability categories except Specific Learning Disability and Deaf-Blindness.

Date of Meeting:       Child’s Name:

Date of Birth:       Grade:

Parent/Guardian Name:

Parent/Guardian Address:

Supervisory Union/School District:

School:

School Phone:

School Address:

School Contact:

Reason for Use of This Form:

[ ]  Initial Eligibility [ ]  Continuing Eligibility/Dismissal

# Adverse Effect

Adverse effect due to disability in one or more of the basic skill areas is determined by using a range of diagnostic and performance data appropriate to the student. Adverse effect on educational performance cannot be based solely on discrepancies in age or grade level performance in academic subject areas. Teams must consider adverse effect on all aspects of the child’s functioning, academic and non-academic.

A determination of adverse effect does not require substantial, significant, or marked adverse effect on educational performance; any negative impact, regardless of degree can qualify as adverse effect on educational performance in academic and non-academic areas, so long as the impact is more than minor or transient.

Items included in the Eligibility Deliberation Form serve as a guide on data and information sources which may support Evaluation and Planning Team (EPT) Team decision-making in determining adverse effect. EPT Teams are not required to complete every category if not appropriate given a student’s unique circumstance. This Form is not an exhaustive list and EPT Teams populate the Other category with descriptions of additional information that was collected and reviewed as part of the eligibility determination process.

# I.A.

The EPT has reviewed the following assessment(s) or data source(s) to determine adverse effect resulting from the child’s disability [check one of the boxes in each category and provide verification by describing the data that supports the determination as to whether adverse effect is demonstrated. NA = Not Available]:

| **Assessment(s) or Data Source(s)** | **Yes** | **No** | **NA** |
| --- | --- | --- | --- |
| 1. Do standard or percentile scores on nationally-normed, individually- administered achievement test(s), or for children ages 3 to 5, appropriate multi-domain nationally-normed test(s) or rating scale(s), demonstrate adverse effect?

Verification:       | [ ]  | [ ]  | [ ]  |
| 1. Do standard or percentile scores on nationally-normed, group-administered achievement test(s), including nationally-normed, curriculum-based measures, demonstrate adverse effect?

Verification:       | [ ]  | [ ]  | [ ]  |
| 1. Do any reports prepared by the SU/SD or presented by the parent/guardian reflect adverse effect in any of the basic skill areas?

Verification:       | [ ]  | [ ]  | [ ]  |
| 1. Does the child’s performance on comprehensive assessments based on a system of learning results, or the Common Core as of 2014, or measurements of indicators within the Early Childhood Learning Guidelines, demonstrate adverse effect?

Verification:       | [ ]  | [ ]  | [ ]  |
| 1. Do criterion-referenced assessments demonstrate adverse effect in any of the basic skill areas?

Verification:       | [ ]  | [ ]  | [ ]  |
| 1. Do child’s work products, language samples, or portfolios demonstrate adverse effect?

Verification:       | [ ]  | [ ]  | [ ]  |
| 1. Does disciplinary evidence, or rating scales based on systemic observations in more than one setting (whenever possible) by professionals or parents/guardians, demonstrate adverse effect in any of the basic skill areas?

Verification:       | [ ]  | [ ]  | [ ]  |
| 1. Do the child’s attendance patterns demonstrate adverse effect?

Verification:       | [ ]  | [ ]  | [ ]  |
| 1. Do the child’s social, behavioral, or emotional deficits (if any), as observed by professionals or parents/guardians in multiple settings (whenever possible), on clinical rating scales or in clinical interviews, demonstrate adverse effect in any of the basic skill areas?

Verification:       | [ ]  | [ ]  | [ ]  |
| 1. Other (add any other data sources)

Verification:       | [ ]  | [ ]  | [ ]  |

# I.B.

| **Assessment(s) or Data Source(s)** | **Yes** | **No** |
| --- | --- | --- |
| Was only one assessment/data source considered?If the answer to the question is “Yes”, state the EPT Team’s rationale for the determination that the single assessment/data source is adequate for the determination of adverse effect on educational performance:       | [ ]  | [ ]  |

# II.

| **Assessment(s) or Data Source(s)** | **Yes** | **No** |
| --- | --- | --- |
| Has the EPT Team determined that there is an adverse effect on educational performance in one or more of the basic skill areas resulting from the child’s disability? | [ ]  | [ ]  |

# III.

The adverse effect that results from the child’s disability is, (check one):

[ ]  of such a degree or kind that the child requires special education to benefit from his/her education program.

[ ]  correctible through accommodations in the child’s regular education program.

Summarize the basis for the determination as to whether the child requires special education to benefit from his/her education program OR the adverse effect is correctible through accommodations in the child’s regular education program.

If the first box was checked, the child qualifies as a child with a disability under the Vermont

Special Education Regulations and is entitled to an Individualized Education Program.

If the second box was checked, the child does not qualify as a child with a disability under Vermont Special Education Regulations and is not entitled to an Individualized Education Program.

**Reminder:**

Students found to have a disability, but not an adverse effect nor a need for special education services, must be referred, in a reasonable amount of time, to the building principal and a Section 504 Team meeting convened to discuss the possible need for a Section 504 Plan.

[ ]