

Student's Name _____

EMOTIONAL DISTURBANCE

VI. ELIGIBILITY CRITERIA AND EVALUATION

	<i>JSD Requirements</i>	NA	Non-Compliance	Compliance	Staff Sign-off
JSD1	Intellectual Assessment				
1a	Protocol Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
1b	Psychological Report in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD2	Academic Assessment				
2a	Protocol(s) Complete <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD3	Social/Adaptive/Behavior Assessment				
3a	School Assessment Complete-Protocols in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
3b	Home Assessment Complete-Protocols in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
3c	Statistically Significant Results Found <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD4	Language/Communication Assessment				
4a	Multisource Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comment:		Correctable		
4b	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comment:		Correctable		
EMOTIONAL DISTURBANCE: Eligibility Criteria					
ED.A4	Behaviors not due to other factors: Team determines that the inappropriate behaviors are not due to an intellectual disability, vision or hearing impairments, or other medical conditions. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
EMOTIONAL DISTURBANCE: Evaluation Criteria					
ED.B1	Multiple Measures used: Multiple measures (formal and informal) must be used to assess behavioral, social, and academic areas. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
ED.B3 a	3 observations conducted: Educational observations of the student include at least three (3) 15-minute observations on referring behavior pinpoint (required only for initial evaluation for classification, not for reevaluation, unless determined to be needed by the IEP team). <input type="checkbox"/> Yes, documentation is in file <input type="checkbox"/> No, fewer than three (3) observations <input type="checkbox"/> Comment:		Correctable		
The student's records contain complete documentation (assessments and other data) in each of the following areas:					
ED.B4 a	Academic performance data: Academic performance as evidenced by achievement test, classroom academic screenings and tests, report cards, cumulative records, statewide assessments. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
ED.B4 b	Social/behavior/adaptive assessments: Social/behavior/adaptive assessments and other data, which provide information regarding the student's past and present patterns of interactions with peers, family, teachers, adults, and others. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
32h	Student Eligible for Special Education Services: Is this student eligible for special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		

COMMENTS:
