| **Student Name** | **DOB** | **SSID** |
| --- | --- | --- |
|  |  |  |
| **School District** | **School** | **Grade** |
|  |  |  |

**Comprehensive Evaluation**

If a student is suspected of having an emotional behavior disability, a comprehensive evaluation must be conducted for early childhood or school age special education services, including the following (attach evaluation report that describes and explains the results of the evaluation conducted):

1. The team has reviewed existing information, including information from the parent(s), previous testing, medical data, the student’s cumulative records, and previous individualized education programs or individualized family service plans. Evaluation documentation includes relevant information from these sources used in the eligibility determination.

| **Date Reviewed** |
| --- |
|  |

2. An evaluation of the student’s emotional and behavioral status, including (when appropriate) adevelopmental history as defined in OAR 581-015-2000 or a social history**.**

| **Examiner** | **Evaluation** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

3. Two behavior rating scales, at least one of which is a standardized behavior measurement instrument.

| **Examiner** | **Evaluation** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

4. Two observations by someone other than the student’s regular teacher, one in the classroom and one in another setting.

| **Examiner**  **(classroom observation)** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |
| **Examiner**  **(observation in another setting)** | **Date Conducted** | **Date Reviewed** |
|  |  |  |

5. Other assessment(s) to determine the impact of the suspected disability on the student’s developmental progress for a student age 3-5 or on the student’s educational performance for a student age 5-21.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
|  |  |  |  |

6. Any additional evaluations or assessments necessary to identify the student’s educational needs.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

7. [OPTIONAL] If medical information is needed, documentation of a medical examination as defined in OAR 581-015-2000 indicating whether there are any physical factors that may be affecting the student’s educational performance.

| **Physician, Naturopathic Physician, Physician Assistant, or Nurse Practitioner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

**Eligibility Criteria**

To be eligible as a student with an emotional behavior disability for early childhood or school age special education services, the student must exhibit one or more of the following characteristics over a long period of time and to a marked degree: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. The term Emotional Behavior Disability includes schizophrenia but does not apply to students who are socially maladjusted, unless it is determined that they have an emotional behavior disability.

The team has determined that the student has exhibited one or more of the following characteristics over a long period of time and to a marked degree:

| * Yes | * No | An inability to learn that cannot be explained by intellectual, sensory, or health factors. |
| --- | --- | --- |
| * Yes | * No | An inability to establish or maintain satisfactory interpersonal relationships with peers and teachers. |
| * Yes | * No | Inappropriate types of behavior or feelings under normal circumstances. |
| * Yes | * No | A general pervasive mood of unhappiness or depression. |
| * Yes | * No | A tendency to develop physical symptoms or fears associated with personal, or school problems. |

| **Eligibility Determinations** | | |
| --- | --- | --- |
| The disability has an adverse impact on the child’s developmental progress when the child is age 3-5 or has an adverse impact on the child’s educational performance when the child is age 5-21. | * Yes | * No |
| The student has an emotional behavior disability as defined in this rule; | * Yes | * No |
| By reason thereof, the student requires early childhood special education (OAR 581-015-2795) or school age special education (OAR 581-015-2120) services. | * Yes | * No |
| The team has considered the student’s special education eligibility, and determined that the eligibility is due to: | | |
| a lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading comprehension strategies); | * Yes | * No |
| a lack of appropriate instruction in math; | * Yes | * No |
| limited English proficiency, | * Yes | * No |

The team agrees that this student:

* Does qualify for Early Childhood Special Education services with an eligibility of Emotional Behavior Disability.
* Does not qualify for Early Childhood Special Education services with an eligibility of Emotional Behavior Disability.
* This section does not apply to this student.

The team determined that this student:

* Does qualify for special education services with an eligibility of Emotional Behavior Disability.
* Does not qualify for special education services with an eligibility of Emotional Behavior Disability.
* This section does not apply to this student.

| **Signature** | **Title** | **Agree** | **Disagree** |
| --- | --- | --- | --- |
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A copy of the evaluation report and the eligibility statement has been provided to the parent(s).

This form is used to:

Document whether the student meets the eligibility criteria for Emotional Behavior Disability and the basis for that determination in accordance with OAR 581-015-2145 and 34 CFR §300.8.

Meet the following requirements, regarding the need to establish eligibility for special education and related services:

OAR 581-015-2100 (Responsibility for Evaluation and Eligibility Determination);

OAR 581-015-2105 (Evaluation and Reevaluation Requirements);

OAR 581-015-2110 (General Evaluation and Reevaluation Procedures);

OAR 581-015-2115 (Evaluation Planning);

OAR 581-015-2120 (Determination of Eligibility);

OAR 581-015-2125 (Interpretation of Evaluation Data);

Document the date of the eligibility determination.

Provide a place for the team to sign the statement and indicate whether or not each member agrees or disagrees with the eligibility determination; and

Document that the parent was given a copy of evaluation report(s) and eligibility statement.

Directions:

Enter the date the form was completed by the team (meeting date).

Enter the student’s name.

Enter the student’s date of birth.

Enter the student’s SSID.

Enter School District and School information.

Enter student’s grade level at the time of meeting.

List the required evaluation elements. Indicate the name of the test(s) used, the examiner who conducted the test(s) and the testing date(s). If data is being reviewed only (e.g., for reevaluation), indicate the review date. Attach documentation of each evaluation.

The team must determine that the student has exhibited one or more of the following characteristics over a long period of time and to a marked degree: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to establish or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression. a tendency to develop physical symptoms or fears associated with personal, or school problems.

The team must also determine the following:

The student’s disability has an adverse impact on the student’s educational performance when the student is age 5-21, or has an adverse impact on the child’s developmental progress when the child is age 3-5.

The student has an emotional behavior disability as defined in this rule;

The student requires early childhood special education (OAR 581-015-2795) or school age special education (OAR 581-015-2120) services.

The team must document that they considered the student’s special education eligibility, and determined that the eligibility:

Is not due to a lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading comprehension strategies);

Is not due to due a lack of appropriate instruction in math; or

Is not due to limited English proficiency.

Indicate if the student does or does not qualify for Early Childhood Special Education or School Age Special Education services with an Emotional Behavior Disability eligibility.

Have each team member (including the parent/guardian) sign the form, indicating their title and whether they agree or disagree with the eligibility determination.

Place a copy of this form with all attachments into the student’s file.

Give a copy of the evaluation report and eligibility statement to the parent/guardian(s).