

**STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION
(TRAUMATIC BRAIN INJURY 74)**

This form is used to:

- Document whether the student meets the eligibility criteria for traumatic brain injury and the basis for that determination in accordance with 20 USC §1414;
- Meet the requirements of OAR 581-015-2155, OAR 581-015-2120, and 34 CFR 300.8 regarding the need to establish eligibility for special education services;
- Document the date that initial eligibility was established and the date that the eligibility is re-established;
- Provide a place for the team to sign the statement and indicate whether or not each member agrees or disagrees with the eligibility determination;
- Document that the parent was given a copy of evaluation report(s) and eligibility statement.

Directions:

1. Enter the date the form was completed by the team.
2. Enter the student's complete legal name; do not use a nickname.
3. Enter the student's school.
4. Enter the student's date of birth.
5. Enter the date of initial eligibility.
6. The team must review existing information, including information from the parent(s), the student's cumulative records, previous IEPs or IFSPs, state assessment information, and other relevant information. Document the date this information is reviewed by the team.
7. 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.*
8. Indicate if the student meets the eligibility criteria.
9. Indicate if the student needs special education.
10. A child shall not be determined to be a child with a disability if the determinant factor is lack of instruction in reading or math or due to limited English proficiency. Indicate if the student's special education needs are due to:
 - a. A lack of appropriate instruction in reading, including in the essential components of reading (as defined in section 1208(3) of the Elementary and Secondary Education Act of 1965). The "Essential Components of Reading Instruction" means "explicit and systematic instruction in:
 - (1) Phonemic awareness;
 - (2) Phonics
 - (3) Vocabulary development;
 - (4) Reading fluency, including oral reading skills; and
 - (5) Reading comprehension strategies
 - b. A lack of appropriate instruction in math; or
 - c. Limited English proficiency.
11. Have each team member (including the parents) sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
12. Place a copy of this form with all attachments into the student's file.
13. Give a copy of the evaluation report and eligibility statement to the parent(s).

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Student's Name _____ Birthdate _____ Date _____

School _____ Date of Initial Eligibility _____

mm/dd/yy

The team has obtained the following assessments (attach evaluation report that describes and explains the results of the evaluation conducted):

- The team has reviewed existing information, including information from the parent(s), 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

- A medical statement or a health assessment statement indicating that an event may have resulted in a traumatic brain injury:**

Physician, Nurse Practitioner, or Physician's Assistant _____ Date Conducted _____ Date Reviewed

- A comprehensive psychological assessment using a battery of instruments intended to identify deficits associated with traumatic brain injury:**

Examiner _____ Assessment _____ Date Conducted _____ Date Reviewed

- Other assessments including, but not limited to, motor, communication, and psychosocial assessments as indicated by the student's functioning in those areas:**

Examiner _____ Assessments _____ Date Conducted _____ Date Reviewed

- Other information relating to the student's suspected disability, including pre-injury performance and a current measure of adaptive ability:**

Examiner _____ Date Conducted _____ Date Reviewed

- An observation in the classroom and at least one other setting:**

Examiner _____ Date Conducted _____ Date Reviewed

- Assessments to determine the impact of the disability:**

Examiner _____ Assessments _____ Date Conducted _____ Date Reviewed

- Additional assessments necessary to identify the student's educational needs:**

Examiner _____ Assessments _____ Date Conducted _____ Date Reviewed

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The student meets all the following criteria:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The student has an acquired injury to the brain caused by an external physical force |
| yes | no | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The student's condition is permanent or expected to last for more than 60 calendar days |
| yes | no | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The student's injury results in an impairment of one or more of the following areas: |
| yes | no | |
- Communication;
 - Behavior;
 - Cognition, memory, attention, abstract thinking, judgment, problem solving, reasoning, and/or information processing;
 - Sensory, perceptual, motor and/or physical abilities.

The Team has determined that:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The student's disability has an adverse impact on the student's educational performance when the student is at the age of eligibility for kindergarten through age 21, or has an adverse impact on the child's developmental progress when the child is age three through kindergarten; <i>and</i> , |
| yes | no | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The student needs special education services. |
| yes | no | |
| | | 3. The team has considered the student's special education eligibility, and determined that the eligibility: |
| | | <input type="checkbox"/> <i>is</i> <input type="checkbox"/> <i>is not</i> 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); |
| | | <input type="checkbox"/> <i>is</i> <input type="checkbox"/> <i>is not</i> due to a lack of appropriate instruction in math; and |
| | | <input type="checkbox"/> <i>is</i> <input type="checkbox"/> <i>is not</i> due to limited English proficiency. |

The Team agrees that this student does does not qualify for special education.

| Signatures of Team Members | Title | Agree | Disagree |
|-----------------------------------|--------------|--------------------------|--------------------------|
| _____ | _____ | <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"/> |

A copy of the evaluation report and the eligibility statement has been provided to the parent(s).