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| --- | --- | --- | --- |
| Student Name: |  | School & Grade: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Lack of Instruction in Reading, Writing, or Math (Explain any “NO” Response in Comments)** | | | | | | | | | **YES** | | **NO** |
| * The student has attended school regularly (absent < 23% of instructional time). | | | | | | | | |  | |  |
| * The student has received tiered instruction and intervention in a specific area of deficit. | | | | | | | | |  | |  |
| Comments: | | | | | | | | | | | |
| **2. Limited English Proficiency** **(Explain any “YES” Response in Comments)** | | | | | | | | | **YES** | | **NO** |
| * The student is or may be classified as an English Language Learner. | | | | | | | | |  | |  |
| * A language other than English is spoken in the student’s home. | | | | | | | | |  | |  |
| * Specific dialectical or cultural may affect the student’s ability to speak or understand English. | | | | | | | | |  | |  |
| Comments: | | | | | | | | | | | |
| **3. Intellectual Disability (Explain any “NO” Response in Comments)** | | | | | | | | | **YES** | | **NO** |
| * The student’s performance is equally depressed in all areas. | | | | | | | | |  | |  |
| * The student’s adaptive/self-help skills seem age appropriate. | | | | | | | | |  | |  |
| Comments: | | | | | | | | | | | |
| **4. Emotional Disturbance** **(Explain any “YES” Response in Comments; include FBA if applicable)** | | | | | | | | | **YES** | | **NO** |
| * The student exhibits behavioral or emotional challenges that interfere with learning. | | | | | | | | |  | |  |
| * The student’s medical or school history indicates the presence of emotional challenges. | | | | | | | | |  | |  |
| * An ecologically valid Functional Behavior Assessment (FBA) has been completed. | | | | | | | | |  | |  |
| Comments: | | | | | | | | | | | |
| **5. Environment or Cultural Factors (Explain any “YES” Response in Comments)** | | | | | | | | | **YES** | | **NO** |
| * The student exhibits limited experiential background in a majority based culture. | | | | | | | | |  | |  |
| * The student experienced transiency in elementary school years (NLT two moves in single SY). | | | | | | | | |  | |  |
| * The student’s home responsibilities interfere with learning activities. | | | | | | | | |  | |  |
| * The student resides in a depressed economic area. | | | | | | | | |  | |  |
| * Family or household income falls at or below the subsistence level. | | | | | | | | |  | |  |
| * The student/family demonstrates limited involvement in organizations and activities of any culture | | | | | | | | |  | |  |
| * The student demonstrates geographic isolation. | | | | | | | | |  | |  |
| Comments: | | | | | | | | | | | |
| **6. Motivational Factors (Explain any “NO” Response in Comments)** | | | | | | | | | **YES** | | **NO** |
| * The student consistently attempts to engage or complete classwork/homework assignments. | | | | | | | | |  | |  |
| * Group and/or standardized achievement scores are consistent with classwork grades. | | | | | | | | |  | |  |
| Comments: | | | | | | | | | | | |
| **7. Situational Trauma (Explain any “YES” Response in Comments)** | | | | | | | | | **YES** | | **NO** |
| * The student’s academic performance has fallen dramatically in the last 6-12 months. | | | | | | | | |  | |  |
| * Family situations have contributed to a drop in academic performance (death, divorce, etc.) | | | | | | | | |  | |  |
| Comments: | | | | | | | | | | | |
| **8. Visual Impairment, Hearing Impairment/Deafness, or Orthopedic Impairment (Explain any “YES”)** | | | | | | | | | **YES** | | **NO** |
| * The student has a history of significantly delayed motor development. | | | | | | | | |  | |  |
| * A medical diagnosis for motor impairment affects the student’s ability to learn or access instruction. | | | | | | | | |  | |  |
| * School staff has observed or assessed a physical or motor impairment. | | | | | | | | |  | |  |
| * Vision has been screened and found to be within normal limits. | | | | | | | | |  | |  |
| **Right Eye (Near):** |  | | **Right Eye (Far):** |  | | **Left Eye (Near):** |  | **Left Eye (Far):** | |  | |
| * Hearing has been screened and found to be within normal limits. | | | | | | | | |  | |  |
| **Right Ear, Pass or Fail:** | |  | | | **Left Ear, Pass or Fail:** | |  | |  | | |
| Comments: | | | | | | | | | | | |