

Student:	Student UID#	DOB:
School:	Grade:	Age:

## ELIGIBILITY WORKSHEET – DEVELOPMENTAL DELAY (Ages 3-7)

The required screenings and formal evaluations required to determine eligibility are as follows:

Date	Evaluation/Screening	Summary of Evaluations/Screening
	Hearing	Pass FaildBHz
		Comment:
	Vision	Pass Fail Fai: R 20/ L 20/ Near: R 20/ L 20/
		Near: R 20/ L 20/
		Comment:
	Motor	
	Health	
	Speech-Language	
	Observations of	
	Academic/Functional Skills	
	across settings	
	Parent Conference(s)	



Eligibility Worksheet - Developmental Delay

	Bevelopmental Belay
Social/Developmental	
History	
Thistory	
Educational	
Educational	
Adaptive Behavior	
Psychological	
r cychological	
Othory	
Other:	

As a result of the required screenings, evaluations and review of existing information, what do we now know about the student?

#### Strengths

#### Needs



**ECATS** To be determined eligible in the disability category of Developmental Delay, a child must be:

be:	Characteristic	Documentation/Summary
Delay	yed or Atypical Development in	beedmontation/ediminary
	or more of the following five	
areas	•	
0	Physical	
0		
0		
0	Social/Emotional	
0	Adaptive	
	<u>les 3-7,</u> the criteria for determining d development are: A 30% delay using assessment	
	procedures that yield scores in months or test performance of 2 SD below the mean in one area of development; OR	
•	A 25% delay using assessment procedures that yield scores in months, or test performance of 1.5 SD below the mean in two areas of	
	development.	
evide more	yed or Atypical Behavior as enced by behavior that occurs in than one setting over an inded period of time.	
For ac must t o	<ul> <li><u>tes 3-5</u>, one or more of the following be documented:</li> <li>Delayed or abnormalities in achieving milestones and/or difficulties with issues, such as: <ul> <li>attachment and/or interaction with other adults, peers, materials and objects;</li> <li>ability to communicate emotional needs;</li> <li>ability to tolerate frustration and control behavior; or</li> <li>ability to inhibit aggression.</li> </ul> </li> <li>Fearfulness, withdrawal, or other distress that does not respond to comforting or interventions; Indiscriminate sociability; or Self-injurious or other aggressive behavior.</li> </ul>	
	<u>tes 6-7</u> , two or more of the following be documented: The inability to interact appropriately with adults and peers;	



Eligibility Worksheet - Developmental Delay

	<u> </u>
<ul> <li>The inability to cope with normal environmental or situational demands;</li> </ul>	
<ul> <li>The use of aggression or self- injurious behavior; or</li> </ul>	
<ul> <li>The inability to make educational progress due to social/emotional deficits.</li> </ul>	
Identified based on informed educational clinical opinion and appropriate assessment measures.	

## What is the adverse effect on educational performance?

#### What evidence exists that the student requires specially designed instruction?

# After completing the Eligibility Worksheet, the IEP Team must determine eligibility. (Complete the Eligibility Report)

C: EC File, Parent/Guardian

Student UID#: \_\_\_\_\_