

**SUMMARY OF EVALUATION/ELIGIBILITY WORKSHEET-SERIOUS EMOTIONAL DISABILITY****Student:** Student Name**DOB:** 00 / 00 / 2000**School:** School Name**Grade:** Grade

<b>Date</b>	<b>Instrument</b>	<b>Summary of Required Screenings and Evaluations</b>
00 / 00 / 2000	Hearing Screening:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail _____ dB (Intensity Level) _____ Hz (Frequencies)
00 / 00 / 2000	Vision Screening:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>Far</b> R 20/____ L 20/____ <b>Near</b> R 20/____ L 20/____
00 / 00 / 2000	Two research-based interventions to address behavior/emotional skill deficiencies and documentation of the results of the interventions:	
00 / 00 / 2000	Summary of conference with parent(s) or documentation of attempts to conference:	
00 / 00 / 2000	Communication Evaluation:	
00 / 00 / 2000	Review of Existing Data:	
00 / 00 / 2000	Social/Developmental History:	
00 / 00 / 2000	Academic, Functional and Behavioral Observation across settings:	
00 / 00 / 2000	Educational Evaluation:	
00 / 00 / 2000	Psychological Evaluation (to include an intellectual evaluation):	
00 / 00 / 2000	Behavioral/Emotional Evaluation (which may include a behavioral/emotional skill rating):	
00 / 00 / 2000	Other:	

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

Strengths:

Needs:

**Documentation of impairment in one the following areas:**

- A. An inability to make educational progress that cannot be explained by intellectual, sensory, or health factors.
- B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers:
- C. Inappropriate types of behaviors or feelings under normal circumstances:
- D. A general pervasive mood of unhappiness or depression:
- E. A tendency to develop physical symptoms or fears associated with personal or school problems:
- F. A diagnosis of schizophrenia:

**Documentation that the above condition(s) have been exhibited over a long period of time and to a marked degree:**

**What is the adverse effect on educational performance?**

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

**AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.**

(See Eligibility Determination Form)