

## Initial / 3<sup>rd</sup> year Eligibility Checklist

	10	20	40	43	50	60	70	74	80	82	90
	Intellectual Disability	Hearing Impaired	Vision Impaired	Deaf Blind	Communication	Emotionally Disturbed	Orthopedically Impaired	Traumatic Brain Injury	Other Health Impaired	Autism	Specific Learning Disability
<b>Assessments and or reports</b>											
Intellectual	X / 2				✓ by age 8	✓		✓			X
Academic	◇	✓	✓			◇	✓		◇	◇	◇
Adaptive	◇						X				
Medical Statement / Health Assessment	X	X	X / MS	MS X For Vision	MS X For Voice	X	X	◇	◇	X	✓
Case History	X					X or Social History		X		X	✓
Communication					◇			✓		◇	
Hearing		◇		◇	◇						X
Observations					X= Fluency 2 Observations	2 ◇		2 X		3-20 min. X	20 min. X
Vision			◇	◇							X
Motor							◇	✓			
Psych. Report	✓					◇		◇		X	
Records Review	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇
Discrepancy Analysis					Language		X				X RTI / PSW

X = Required for Initial

✓ = If determined appropriate

◇ = Required Initial / Required

2 = Required if two are not in

in file for renewal / remove eligibility

the file for 3<sup>rd</sup> year