

Eligibility Criteria: Emotional Disability

Student: _____

Date: ____/____/____

School: _____

I. Emotional Disability refers to a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, that adversely affects a child's educational performance:

Characteristic #1	Yes	No
Inability to learn, not explained by intellectual, sensory or health factors.....	<input type="checkbox"/>	<input type="checkbox"/>
(Support characteristic #1 by indicating which example(s) best describe(s) referred child.)		
A. Persistent failure to comply.....	<input type="checkbox"/>	<input type="checkbox"/>
B. An extended, significant, and pervasive drop in performance.....	<input type="checkbox"/>	<input type="checkbox"/>
C. Standardized test performance dropped significantly.....	<input type="checkbox"/>	<input type="checkbox"/>
D. Difficulties handling basic school day routines without substantial assistance.....	<input type="checkbox"/>	<input type="checkbox"/>
E. A sudden drop in attendance.....	<input type="checkbox"/>	<input type="checkbox"/>
Characteristic #2	Yes	No
Inability to build or maintain satisfactory relationships with peers and teachers.....	<input type="checkbox"/>	<input type="checkbox"/>
(Support characteristic #2 by indicating which example(s) best describe(s) referred child.)		
A. Has no friends.....	<input type="checkbox"/>	<input type="checkbox"/>
B. Expresses concern about being lonely or comments that no one likes him/her.....	<input type="checkbox"/>	<input type="checkbox"/>
C. Appears extremely uncomfortable in interactions.....	<input type="checkbox"/>	<input type="checkbox"/>
D. Does not participate in group activities.....	<input type="checkbox"/>	<input type="checkbox"/>
E. Avoids calling extreme attention to himself/herself.....	<input type="checkbox"/>	<input type="checkbox"/>
F. Is shunned by others.....	<input type="checkbox"/>	<input type="checkbox"/>
Characteristic #3	Yes	No
Inappropriate types of behaviors or feelings under <u>normal</u> circumstances.....	<input type="checkbox"/>	<input type="checkbox"/>
(Support characteristic #3 by indicating which example(s) best describe(s) referred child.)		
A. Displays feelings which are excessive or markedly inappropriate.....	<input type="checkbox"/>	<input type="checkbox"/>
B. Exhibits behaviors (such as aggression, withdrawal, odd or bizarre actions) which are excessive or inappropriate.....	<input type="checkbox"/>	<input type="checkbox"/>
C. Acting in an unusually fearful manner, or displaying sudden, excessive anxiety.....	<input type="checkbox"/>	<input type="checkbox"/>
D. Displays markedly immature or regressive behaviors inappropriate for age and intellectual status.....	<input type="checkbox"/>	<input type="checkbox"/>
E. Exhibits severe over-reaction to failure or poor performance.....	<input type="checkbox"/>	<input type="checkbox"/>
F. Reacts excessively to change.....	<input type="checkbox"/>	<input type="checkbox"/>
G. Exhibits severe mood swings.....	<input type="checkbox"/>	<input type="checkbox"/>
Characteristic #4	Yes	No
General pervasive mood of unhappiness, depression or inhibition.....	<input type="checkbox"/>	<input type="checkbox"/>
(Support characteristic #4 by indicating which example(s) best describe(s) referred child.)		
A. Loss of appetite or overeating.....	<input type="checkbox"/>	<input type="checkbox"/>
B. Sleep disturbance.....	<input type="checkbox"/>	<input type="checkbox"/>
C. Lack of energy.....	<input type="checkbox"/>	<input type="checkbox"/>
D. Inability to concentrate on tasks.....	<input type="checkbox"/>	<input type="checkbox"/>
E. Suicidal tendencies.....	<input type="checkbox"/>	<input type="checkbox"/>
F. Self-mutilation.....	<input type="checkbox"/>	<input type="checkbox"/>
G. Self-hatred.....	<input type="checkbox"/>	<input type="checkbox"/>
H. Flat or excessively labile affect.....	<input type="checkbox"/>	<input type="checkbox"/>
I. Marked or diminished interest in school activities.....	<input type="checkbox"/>	<input type="checkbox"/>
J. Expresses feelings of hopelessness or worthlessness.....	<input type="checkbox"/>	<input type="checkbox"/>
Characteristic #5	Yes	No
Tendency to develop physical symptoms or fears associated with personal or school problems.....	<input type="checkbox"/>	<input type="checkbox"/>
(Support characteristic #5 by indicating which example(s) best describe(s) referred child.)		
A. Headaches, stomach pains, ailments, etc. that have no physical basis as determined by a physician.....	<input type="checkbox"/>	<input type="checkbox"/>
B. Overwhelming or incapacitating fear of person or school that significantly interferes with the student's ability to function educationally.....	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Criteria: Emotionally Disabled

II. Exclusionary Criteria

If any 1 of the following is present, identification for ED is **precluded**.

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| A. Are behaviors the primary result of substance abuse..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are behaviors the result of intellectual, sensory, or health factors..... | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are behaviors due to a specific environmental stress or catastrophic event..... | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are behaviors a function of social maladjustment (without evidence of an emotional disability)?..... | <input type="checkbox"/> | <input type="checkbox"/> |

III. These conditions are necessary for eligibility.....

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|---|--------------------------|--------------------------|
| | Yes | No |
| A. Noted long period of time (6 months or more)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Noted to a marked degree (obvious to multiple observers across multiple settings)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 1.5 standard deviation discrepancy between sampled aptitude/achievement..... | <input type="checkbox"/> | <input type="checkbox"/> |
| and/or | | |
| D. Adverse impact on educational performance: | | |
| 1. Not able to achieve academically, socially or vocationally..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Consistently/dramatically disruptive or inhibited..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Significantly poor attendance (other than result of disciplinary action)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Contrasting Behaviors	
Emotionally Disabled Behaviors	Socially Maladjusted, Disordered Behaviors
Early onset of problems; delayed developmental milestones	Lack of early onset; normal developmental milestones
Referrals to mental health agencies prior to involvement with school personnel	Sudden onset of behavior problems; no prior contact with mental health agencies
Pervasive social problem at home and at school	Social problems often confined to home or school or community, but rarely to all three
Over-reliance on adults; lack of independence	Disregard of adult authority; extreme independence; lack of guilt; violates rights of others; rebels against school routines
Inability to form peer relationships (maintaining interactive behavior); inability to give or receive affection	Capacity to form relationships with those who have the same social values
Severely inadequate self-concept; blames self for inadequacies; hallucinations; illogical thinking	Relatively adequate self-concept; quick ability to rationalize and project the blame for socially disapproved behavior
Reduced productivity across all areas; not able to achieve academically, socially, or vocationally	Productivity is inconsistent; may have areas of high output when motivated
Delusional thinking (feelings of being controlled, thought broadcasting grandiosity, persecutory ideas)	Inability to project the consequence of a behavior into the future

For identification as a student with a disability and subsequently eligible for special education and related services all answers to the following questions must be “yes”.

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|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Does the student have a qualifying disability as defined by the Regulations Governing Special Education Programs for Children with Disabilities in Virginia (July 2009) and as defined by this criteria checklist? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the student is defined as disabled by application of this criteria, is it also the conclusion of the eligibility committee that the disability has an adverse effect on the student’s educational performance? (Please note, this is not just performance on standardized assessments.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In addition, is it the conclusion of the eligibility committee that, given evidence of a qualifying disability and of an adverse effect on educational performance, the student’s condition requires specially designed instruction (special education) to address identified concerns? | <input type="checkbox"/> | <input type="checkbox"/> |