

**Kearsarge Regional School District
114 Cougar Court
New London, NH 03257**

INTELLECTUAL DISABILITY ELIGIBILITY CHECKLIST

Student's Name:	Grade:
Date of Meeting:	DOB:

Intellectual Disability (34 CFR 300.8(c)(6)): significant subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

ELIGIBILITY QUESTIONS - Answer ALL questions. Do not stop until ALL are answered.

<p>1. The student presents with significant, subaverage general intellectual functioning.</p> <p>This is often demonstrated by significant deficits in areas such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning from experience, and confirmed by both clinical assessment and individualized, standardized intelligence testing*.</p> <p><i>* scores approximately 2 standard deviations or more, below the population mean - including a margin for measurement error (generally +/- 5 points)</i></p>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 1 must be **yes**. Proceed to the next question.*

<p>2. The student presents with deficits in adaptive functioning.</p> <p>At least one domain of adaptive functioning must be sufficiently impaired so that ongoing support is needed in order for the student to perform adequately in one or more life setting.</p>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	Conceptual: communication, self-direction, functional pre-academic/academics			
<input type="checkbox"/>	Social: leisure, social			
<input type="checkbox"/>	Practical: self-care, health & safety, home living, school living, community use, work			

*To be eligible, the answer to Question 2 must be **yes**. Proceed to the next question.*

<p>3. Do the deficits noted in #1 and #2 above exist concurrently?</p>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 3 must be **yes**. Proceed to the next question.*

4. The onset of the student's intellectual and adaptive deficits occurred during the developmental period (age birth to 18 months).		YES		NO
Age of onset (if known):				

*To be eligible, the answer to Question 4 must be **yes**. Proceed to the next question.*

5. Is there documentation of an adverse effect on educational performance, due to the documented characteristics of an intellectual disability?		YES		NO
Describe the adverse effect:				

*To be eligible, the answer to Question 5 must be **yes**. Proceed to the next question.*

6. Evaluation confirms that limited English proficiency was NOT a determinant factor in the eligibility decision?		YES		NO

*To be eligible, the answer to Question 6 must be **yes**. Proceed to the next question.*

7. Evaluation confirms that lack of appropriate instruction in reading and/or math was NOT a determinant factor in the eligibility decision?		YES		NO

*To be eligible, the answers to Question 7 must be **yes**. Proceed to the next question.*

8. If there is an intellectual disability, does the child require specially designed instruction because of that disability?		YES		NO

*To be eligible, the answers to Question 8 must be **yes**. Proceed to Determination.*

DETERMINATION: The Team used the above evaluation data to determine:

The student has been determined to have an intellectual disability, and is eligible for special education services.		YES		NO
The student has been determined to have an intellectual disability, but is <u>not</u> eligible for special education services at this time.		YES		NO
The student <u>does not</u> meet requirements to be identified with an intellectual disability, and is <u>not</u> eligible for special education services.		YES		NO

I am in agreement with the above conclusions:

Name	Title

I am NOT in agreement with the above conclusions. (*Dissenting team members shall submit a separate, written statement*).

Name	Title