

Bath County School District

(District Name)

Speech or Language Impairment (SLI) Eligibility Determination Form

Attachment to Admissions and Release Committee (ARC) Conference Summary/Action Form

☐ Initial Determination of Eligibility for this Category of Disability ☐ Re-Determination of Eligibility for this Category of Disability

Student's Full Name:		SSID:	
Date of Birth:		Date of Eligibility Determination:	
School:			

The **ARC** determines a student to have a **Speech or Language Impairment** and is eligible for specially designed instruction and related services when:

Complete During ARC	The ARC compared and analyzed evaluation data and documents the following interpretation.	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Insufficient	1.	Communication disorder in one or more of the following: <input type="checkbox"/> Speech Sound Production and Use <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Insufficient	2.	Evaluation information confirms there is an adverse effect on educational performance (must be present for eligibility).
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Insufficient	3.	Evaluation information confirms that lack of instruction in reading and/or math was not a determinant factor in the eligibility decision.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Insufficient	4.	Evaluation information confirms that limited English proficiency was not a determinant factor in the eligibility decision.

On the following page provide Supporting Documentation that demonstrates the **ARC**:

- Used multiple data sources that substantiate the existence of the disability (triangulation of data);
- Confirmed the progress of the child is impeded by the disability to the extent that the child's educational performance is significantly and consistently below the level of similar age peers.

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Student's Full Name:		SSID:	
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Supporting Evidence:

*Note: The guidelines in the "Kentucky Eligibility Guidelines - Revised for Students with Speech Language Impairment, 2007" may be used as supporting evidence to verify speech language impairment.

The **ARC** used the above interpretation of the evaluation data to determine:

- ☐ The student has a speech or language impairment that adversely impacts his/her education and is eligible for specially designed instruction and related services.
- ☐ The student does not have a speech or language impairment and is not eligible for specially designed instruction and related services.
- ☐ The student has a speech or language impairment, but it does not adversely impact his/her education; therefore, the student is not eligible for specially designed instruction and related services.
- ☐ Evaluation data was insufficient to determine eligibility. Additional assessments and/or data in will be obtained/collected the area(s) of:

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The **ARC** will reconvene by _____ to review and determine eligibility.