

<b>Eligibility Criteria Form</b>		
<b>Developmental Delay</b>		
<b>Chapter 7, Section 4(d)(iv)</b>		
<b>Name of Student</b>	<b>Date of Birth</b>	<b>Date of Eligibility Determination</b>

**Developmental Delay** means a child with a disability ages three (3) through nine (9) who is determined through appropriate diagnostic instruments and procedures to be experiencing developmental delays in the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development and who by reason thereof needs special education and related services. Developmental Delay is a category available to children ages three (3) through nine (9) **who do not qualify in other categories** but meet the Developmental Delay criteria.

<b>Part I: Exclusionary Factors for Developmental Delay</b>
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<b>All statements must be checked Yes.</b>
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**Yes**     **No** The team has determined that the child does not meet eligibility criteria in any other disability category. Check "Yes" to verify that eligibility in all other disability categories has been ruled out:

- |                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Autism Spectrum Disorder is ruled out.      |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Cognitive Disability is ruled out.          |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Deaf-Blindness is ruled out.                |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Emotional Disability is ruled out.          |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Hearing Impairment is ruled out.            |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Multiple Disabilities is ruled out.         |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Orthopedic Impairment is ruled out.         |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Other Health Impairment is ruled out.       |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Specific Learning Disability is ruled out.  |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Speech or Language Impairment is ruled out. |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Traumatic Brain Injury is ruled out.        |
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | Eligibility for Visual Impairment is ruled out.             |

**AND**

<b>Part 2: Initial Eligibility Criteria for Developmental Delay</b>
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<b>One statement must be checked Yes.</b>
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**Yes**     **No** Documentation that the child's performance is significantly below the mean performance 1.75 standard deviations expected of children of comparable chronological age in one area (physical, cognitive, social/emotional, communication or adaptive functioning).

Identify area: \_\_\_\_\_

**OR**

**Yes**     **No** Documentation that the child's performance is significantly below the mean performance 1.5 standard deviations expected of children of comparable chronological age in two or more of the areas (physical, cognitive, social/emotional, communication or adaptive functioning).

Identify areas: \_\_\_\_\_