



Miami-Dade County Public Schools

Programs for Emotional/Behavioral Disabilities

Criteria for Eligibility Checklist

Student Name: _____ ID: _____ Date: _____

In accordance with Rule 6A-6.03016(4), FAC., a student with an emotional/behavioral disability has an inability to maintain adequate educational performance that cannot be explained by physical, sensory, socio-cultural, developmental, medical, or health (with the exception of mental health) factors; and **must demonstrate one or more of the following characteristics in A or B below:**

A. Internal factors characterized by: (check all that apply) Refer to page 1 of FM-7307, Observable Indicators Checklist for Internal Factors, for further information.

- Feelings of sadness or frequent crying or restlessness or loss of interest in friends and/or school work, or mood swings or erratic behavior
- The presence of symptoms, such as fears, phobias or excessive worrying and anxiety, regarding personal or school problems
- Behaviors that result from thoughts and feelings that are inconsistent with actual events or circumstances, or difficulty maintaining normal thought processes or excessive levels of withdrawal from persons or events

Please specify: _____

B. External factors characterized by: (check all that apply) Refer to page 2 of FM-7307, Observable Indicators Checklist for External Factors, for further information.

- An inability to build or maintain satisfactory interpersonal relationships with peers, teachers, and other adults in the school setting
- Behaviors that are chronic and disruptive, such as noncompliance, verbal and/or physical aggression, and/or poorly developed social skills, and are manifestations of feelings, symptoms or behaviors as specified above in section A

Please specify: _____

C. Review of the evaluation findings must be supported by Evidence of current or existing data from **All** of the following sources and made available at time of meeting:

- A psychological evaluation
- A social/developmental history
- Two systematic observations in two different environments including a school related setting
- Interviews with parent, student, and teacher
- Medical evaluation (if needed)
- Completed Functional Assessment of Behavior (FAB) and Behavior Intervention Plan (BIP) documenting the student's response to implemented interventions

The evaluation may include data from vocational skills measures; personality measures; self-report scales; adaptive behavior rating scales; communication measures; diagnostic assessment and mental health evaluation reviews; environmental, socio-cultural, and ethnic information reviews; gross and fine motor and sensory motor measures; or chemical health assessments.

**Miami-Dade County Public Schools
 Programs for Emotional/Behavioral Disabilities
 Criteria for Eligibility Checklist**

Student Name: _____ ID: _____ Date: _____

A student **must exhibit all** of the following elements to be considered eligible for emotional/behavioral disability (E/BD).
 Check all that apply.

Yes No Symptoms must adversely affect the student's educational performance or environment and cannot be explained by physical, sensory, socio-cultural, developmental, medical, or health factors

Yes No Does not respond to well-delivered, evidence based interventions

Yes No Demonstrates one or more internal or external emotional and/or behavioral factors. External factor must have an internalizing component or etiology

Yes No Internal/external factors: Symptoms must be exhibited for a minimum of six (6) months in duration except if when immediate intervention is required to address acute onset of an internal emotional/behavioral characteristic (e.g., suicidal or homicidal ideation, attempt, mental disorder)

Yes No Symptoms must not be attributed to age, culture, gender, or ethnicity

Yes No Must be exhibited in multiple settings (Minimum of two) with one setting being school related

Yes No Student did not respond to neither Tier 1 nor Tier 2 behavioral interventions

Yes No Needs special education and related services

D. Extraordinary Circumstances:

In extraordinary circumstances, activities prior to referral for evaluation and as described above (6 months and in two or more settings) may be waived when immediate intervention is required to address **an acute onset** of an internal emotional/behavioral characteristic as listed above. **District approval will be necessary to obtain a waiver.**

Source of Referral: SEDNET Referral Psychiatric Hospital Referral/Recommendation Parent Request

Documentation to support waiver consideration: (Check all that apply)

Psychological Report Psychological Summary Discharge Recommendation

Mental Health Agency Documentation Consent Form for Mutual Exchange of Information (FM# 2128)

Other (Specify) _____

Approved Not Approved

 Name/Title of District Representative Signature Date

 Print Name/Title of Person Completing Checklist* Signature Date
 *Must have personal knowledge of student

 Print Name of School Psychologist Signature Date