

**EBD: Exclusionary Factors Worksheet**

This worksheet is provided as a tool to determine whether each factor can be ruled out as the primary cause of a student's lack of progress within general education instruction and/or tiered intervention.

<b>1. Lack of Instruction in Reading, Writing, and Math</b>	
Student has attended school regularly (absent less than 23% of the time)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student has received tiered instruction and intervention in specific area of deficit	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Limited English Proficiency</b>	
Is there a language other than English spoken by this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a language other than English spoken in the student's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there specific dialectical or cultural influences that would affect the student's ability to speak or understand English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Intellectual Disability</b>	
Student's performance is equally depressed in all academic areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student's adaptive/self-help skills appear age appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Emotional Disturbance</b>	
Does the student exhibit behavioral/emotional difficulties that interfere with learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a medical history and/or school history of emotional difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to either question above is "yes", has an ecologically valid Functional Behavioral Assessment (FBA) been conducted? Results of FBA: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Visual Impairment, Hearing Impairment/Deafness or Orthopedic Impairment</b>	
Vision has been screened and found to be within normal limits <b>Results:</b> Left eye: near ____ far ____ Right eye: near ____ far ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing has been screened and found to be within normal limits <b>Results:</b> Left ear: pass ____ fail ____ Right ear: pass ____ fail ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a history of significantly delayed motor development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a medical diagnosis for a motor impairment that would affect the student's ability to learn or access general classroom instruction/intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any physical or motor impairments been observed or assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Environmental or Cultural Factors</b>	
Limited experiential background in majority based culture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transiency in elementary school years (at least two moves in a single school year)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home responsibilities interfering with learning activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence in a depressed economic area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Low family income at subsistence level	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limited involvement in organizations and activities of any culture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Geographic isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Motivational Factors</b>	
Does the student attempt classroom assignments and/or homework?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are group and/or standardized achievement scores consistent with student's grades?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>8. Situational Trauma</b>	
Has the student's academic performance fallen dramatically within the last 6-12 mos.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there knowledge of any situations within the student's family that would contribute to a drop in academic performance (e.g., death of family member, divorce of parent, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No