

## Exclusionary Factors Checklist-Revised

Exclusionary Factor	Questions to Consider	Y/N	Primary Cause of Academic Difficulty?
<b>VISION</b>	<ul style="list-style-type: none"> <li>• Has the student had a history of difficulties with vision?</li> <li>• Does the student wear glasses?</li> <li>• If yes, does the student routinely wear glasses during instruction?</li> <li>• Has the student complained about not being able to see?</li> <li>• Did school nurse conduct a Near-Vision Screener (within 1 year)?</li> <li>• Did school nurse conduct a Far-Vision Screener (within 1-year)?</li> <li>• If yes, findings: _____</li> <li>• Did an ophthalmologist/optometrist conduct a formal vision test?</li> <li>• If yes, findings: _____</li> </ul>	Y/N Y/N Y/N  Y/N Y/N Y/N  Y/N	YES or NO?
<b>HEARING</b>	<ul style="list-style-type: none"> <li>• Has the student had a history of difficulties with hearing (including chronic ear infections)?</li> <li>• Does the student wear hearing aides/devices?</li> <li>• If yes, does the student routinely wear hearing device during instruction?</li> <li>• Has the student complained about not being able to hear?</li> <li>• Did school nurse conduct a hearing screener (within 1-year)?</li> <li>• If yes, findings: _____</li> <li>• Did an audiologist conduct a formal hearing test?</li> <li>• If yes, findings: _____</li> <li>• Has there been a determination between Auditory Discrimination and Hearing Difficulty?</li> </ul>	Y/N  Y/N Y/N  Y/N Y/N  Y/N	YES or NO?
<b>MOTOR</b>	<ul style="list-style-type: none"> <li>• Has the student had a history of motor difficulties?</li> <li>• Does the student exhibit fine motor difficulties?</li> <li>• If yes, please note difficulties: _____</li> <li>• Does the student exhibit gross motor difficulties?</li> <li>• If yes, please note difficulties: _____</li> <li>• Has the student been assessed by OT and/or PT?</li> <li>• If yes, findings: _____</li> <li>• Does student utilize motoric assistive devices?</li> <li>• If yes, please list: _____</li> </ul>	Y/N Y/N  Y/N  Y/N Y/N  Y/N	YES or NO?

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<b>INTELLECTUAL DISABILITY</b>	<ul style="list-style-type: none"> <li>• Does student exhibit sub-average intelligence (70 or below)?</li> <li>• IQ Score: _____ Date of testing _____</li> <li>• Does student exhibit severe deficits in 2 or more adaptive behavior skills (communication, social, self-care)?</li> <li>• If yes, please list: _____</li> <li>• Updated assessment of adaptive behavior? Date? _____</li> <li>• Does student exhibit severe deficits in academic achievement? (70 or below?) Which areas? _____</li> <li>• Manifestation during developmental period?</li> </ul>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>	<p>YES or NO?</p>
<b>EMOTIONAL DISTURBANCE</b>	<ul style="list-style-type: none"> <li>• Does the student have a documented history of behavioral difficulties?</li> <li>• Are the student's learning problems primarily the result of his/her behavior?</li> <li>• Have behavioral interventions been tried and progress monitoring data collected?</li> <li>• If yes, have they been successful?</li> <li>• List interventions attempted: _____</li> <li>• Updated psychological assessment?</li> <li>• Date of assessment? _____</li> <li>• Observations of behaviors in multiple settings?</li> <li>• Findings? _____</li> <li>• Is there a history of a lack of motivation?</li> <li>• Emotional stress: Loss of parent/family member, loss of home, placement in foster care system, or other traumatic life event?</li> </ul>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>	<p>YES or NO?</p>

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<b>ENVIRONMENTAL or ECONOMICALLY DISADVANTAGED</b>	<ul style="list-style-type: none"> <li>• Do parents work multiple jobs and have limited time for involvement?</li> <li>• How much access has the student had to educational resources and materials at home? <b>Minimal, Moderate or Extensive</b> (circle one)</li> <li>• Does student have adequate access to health care and nutrition?</li> <li>• Does student have appropriate monitoring and supervision at home (to include routine times for school work, academic learning, and bedtime)?</li> <li>• Is the child exposed to a large number of at-risk factors (e.g., violence, crime, pollution, excessive number of people in the home, etc.)?</li> <li>• Does student have adequate opportunities to participate in extracurricular activities (e.g., boy scouts, girl scouts, team sports, etc.)?</li> <li>• Has student had adequate opportunity for educational experiences (trips to the museum, library, zoo, etc.)?</li> <li>• Is there a history or current status of homelessness with student or family?</li> </ul>	Y/N  Y/N  Y/N  Y/N  Y/N  Y/N	YES or NO?
<b>CULTURAL FACTORS</b>	<ul style="list-style-type: none"> <li>• Are there conflicting educational and behavioral expectations for the student between school and family?</li> <li>• Is the student new to the United States? If so, how long has he/she been in the United States? _____</li> <li>• How long has student been exposed to the school system in the United States? _____</li> <li>• Has there been miscommunication between parents and school due to cultural and/or ethnic differences?</li> <li>• Are parents less involved due to cultural and/or language barriers?</li> <li>• Were previously administered standardized assessments validated taking into consideration the student's culture?</li> </ul>	Y/N  Y/N  Y/N  Y/N	YES or NO?

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<b>LIMITED ENGLISH PROFICIENCY</b>	<ul style="list-style-type: none"> <li>• Dominant language spoken at home per Home Language Survey: _____</li> <li>• <b>Has someone validated the results of the Home Language Survey</b> (e.g., interview with parents, home visit)?</li> <li>• Oral Proficiency Score in native language _____ and English _____</li> <li>• Is student currently in a bilingual program?</li> <li>• If so, describe: _____</li> <li>• Has the student received bilingual instruction in the past?</li> <li>• If so, how long? _____</li> <li>• Number of years exposed to English Instruction: _____</li> <li>• Basic Interpersonal Communication Skills (BICS): _____</li> <li>• Cognitive Academic Language Proficiency (CALP): _____</li> </ul>	 Y/N  Y/N  Y/N	 YES or NO?      
<b>ADEQUATE INSTRUCTION IN READING AND MATH</b>	<ul style="list-style-type: none"> <li>• Does the student have a documented history of excessive absences (to include tardies and school suspension)?</li> <li>• Is there documented history of frequent mobility? (e.g., migrant workers, military families, etc.)?</li> <li>• Is there documented history that the student has received instruction from highly qualified teachers?</li> <li>• Has the child received homeschool instruction?</li> <li>• If so, for how long? _____</li> <li>• Has the school documented the use of research-based instructional strategies with student?</li> <li>• Has students' response to instruction been documented through the collection of progress monitoring data?</li> <li>• Has documentation been provided to show a strong match between grade level curricula and the student's skill level?</li> </ul>	 Y/N  Y/N  Y/N Y/N  Y/N  Y/N	    YES or NO?      

Stephens & Moon, 2014

COMMENTS:

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