

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.

1. Lack of Instruction in Reading, Writing, and Math		
	Student has attended school regularly (absent less than 10% of the time) and/or has not had excessive tardies (including late arrivals and early dismissals)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Student has received consistent and adequate core instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Student has received consistent and adequate tiered intervention(s) in the specific area of deficit (Enclose a list of interventions, implementation dates, and outcomes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Limited English Proficiency		
	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
	What is the student's primary/dominant language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How many years has the student been exposed to the English language?	<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
	Has a language proficiency assessment been completed? If so: Date _____ Score _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the student currently receiving LEP services or has the student exit from the program? Beginning Services Date: _____ Ending Services Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Intellectual Disability		
	Student's performance is significantly below average 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
4. Emotional Disturbance		
	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 Behavior Assessment (FBA) been conducted? Results of FBA: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have behavior interventions been implemented with fidelity? (Enclose a list of interventions, implementation dates, and outcomes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Visual Impairment, Hearing Impairment/Deafness or Orthopedic Impairment		
	Has vision been screened and found to be within normal limits? Results: Right eye (near) _____ Right eye (far) _____ Left eye (near) _____ Left eye (far) _____ Pass _____ Fail _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the student have glasses? If so, does the student wear the prescribed glasses consistently at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Has hearing been screened and found to be within normal limits? Results: dB Intensity Level _____ Frequency _____ 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
6. Environmental or Cultural Factors		
	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 or work responsibilities interfering with learning activities	<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
	Is the student homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the student reside in a foster home or group home placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the Department of Social Services ever been involved with the student and/or family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Motivational Factors		
	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
8. Situational Trauma		
	Has the student's academic performance fallen dramatically within the last 6 to 12 months?	<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 (i.e., death of family member, divorce of parent, drug use, teen parent, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the Department of Juvenile Justice or the legal system ever been involved with the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any of relevant factors that were not addressed in the above sections:

Please explain how any indicated factors have been ruled out as the determinant factors for this student's lack of progress within general education instruction and/or tiered intervention:
