# CRITERIA FOR DISABILITY CATEGORY

## EMOTIONAL BEHAVIORAL DISABILITY

### Form ER-1-EBD (Rev. 05/2022)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Initial Evaluation (*Must complete all sections)* [ ]  Reevaluation (*Must complete all sections)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Emotional behavioral disability, pursuant to s. 115.76 (5) (a) 5., Stats., means a condition in which a child demonstrates frequent and intense observable behaviors, either over a long period of time or of sudden onset due to an emerging mental health condition which includes a diagnosis by a licensed mental health professional, which adversely affects the child’s educational performance. The behaviors shall occur in an academic setting in school, in a non-academic setting in school and in the child’s home or community. [PI 11.36 (7)(a) Wis. Admin. Code.](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36/7/a)

**The IEP team for a child being evaluated for emotional behavioral disability may include the LEA staff member, identified by the child when possible, as having a positive or the most positive relationship with the child.**

Criteria for the disability category of Emotional Behavioral Disability can be documented as follows (***all must be checked Yes***):

## SECTION I. EMOTIONAL BEHAVIORAL FUNCTIONING

*All three yes/no questions must be checked yes.*

[ ]  Yes [ ]  No The student exhibits at least one of the following *(check all that apply)*:

[ ]  Behaviors that interfere with the development and maintenance of age and grade appropriate interpersonal relationships. *Explain or reference data or evidence:*

[ ]  Observable affective or behavioral responses during routine daily activities inconsistent with the norms of the student or the student’s community. *Explain or reference data or evidence:*

[ ]  Pervasive unhappiness, depression, or anxiety. *Explain or reference data or evidence:*

[ ]  Physical symptoms or fears associated with personal or school problems. *Explain or reference data or evidence:*

[ ]  Insufficient progress toward meeting age or grade level academic standards that cannot be explained by intellectual, sensory, or health factors. *Explain or reference data or evidence:*

[ ]  Isolation from peers or avoidance of social interactions impacting the student’s access and engagement in instructional activities. *Explain or reference data or evidence:*

[ ]  Patterns of behaviors across settings and individuals presenting risks to the physical safety of the student or others. *Explain or reference data or evidence:*

[ ]  Yes [ ]  No The behaviors occur in an academic setting in school, in a non-academic setting in school **and** in the student’s home or community.(*all must be checked:*)

[ ]  Academic setting in school. *Explain or reference data or evidence:*

[ ]  Non-academic setting in school. *Explain or reference data or evidence:*

[ ]  Home or Community. *Explain or reference data or evidence:*

[ ]  Yes [ ]  No The student demonstrates frequent and intense observable behaviors which adversely affect  the student’s educational performance, either:

[ ]  Over a long period of time; or

[ ]  Of sudden onset due to an emerging mental health condition which includes a diagnosis by a licensed mental health professional.

*Explain or reference data or evidence:*

## SECTION II. REQUIREMENTS

[ ]  Yes [ ]  No The IEP team conducted a comprehensive evaluation and considered current data from the following (*all must be checked,*:

[ ]  The results of **evidence-based positive behavioral interventions** implemented within general education settings. (*Document evidence-based positive behavioral interventions under previous interventions and their effects on the evaluation report, ER-1.*)

[ ]  Systematic observations of the student in both academic and non-academic settings documenting intensity, frequency, rate or duration of observable target behaviors, as well as other ecological factors that may be impacting the student’s behavior.

[ ]  Interviews of the student and parent or family that include gathering information regarding the student and family’s norms and values, as well as other ecological factors that may impact the student’s behavior.

[ ]  Interviews of the student’s teachers that include gathering information regarding the student’s strengths and ecological factors that may impact the student’s behavior.

[ ]  Interview of an LEA staff member, identified by the student when possible, as having the most positive or a positive relationship with the student, that includes gathering information regarding the student’s strengths and ecological factors that may impact the student’s behavior. The LEA staff member may have been interviewed as one of the interviews of the student’s teachers and may be a member of the IEP team.

[ ]  Review of educational information maintained by the LEA, including health, academic and disciplinary records.

[ ]  Results of standardized behavior rating scales, which are normed using nationally representative samples:

[ ]  From a minimum of two sources from school OR documented why the team was unable to gather valid rating scale results from two sources on the ER-1.

[ ]  From at least one source from the home or community.

[ ]  The IEP team confirmed that normative data reflects the child’s background OR documented that it did not in the ER-1.

*If needed, explain or reference data or evidence not already provided under Section I:*

## SECTION III. ADDITIONAL REQUIREMENTS

*Both must be checked*

[ ]  The IEP team considered the effects of any known history of trauma or mental health disorder on the student’s functioning and did not identify or refuse to identify emotional behavioral disability based solely on a known history of trauma or mental health disorder. *Summarize discussion:*

[ ]  The IEP team discussed and determined, based on information and data collected, whether behaviors are a result of a difference between the norms of the child’s family and community or an emotional behavioral disability. The IEP team did not identify a student as a student with an emotional behavioral disability when there is evidence that the difference is the primary causal factor of the behaviors. *Summarize discussion:*

## SECTION IV. DISABILITY CATEGORY CRITERIA DETERMINATION

[ ]  Yes [ ]  No The documentation of the criteria above demonstrates a condition in which the student demonstrates frequent and intense observable behaviors, either over a long period of time or of sudden onset due to an emerging mental health condition which adversely affects the student’s educational performance. The student meets the disability category criteria under Emotional Behavioral Disability. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).