

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 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
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
	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
3. Intellectual Disability		
	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
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
5. Visual Impairment, Hearing Impairment/Deafness or Orthopedic Impairment		
	Vision has been screened and found to be within normal limits Results: Right eye (near) _____ Right eye (far) _____ Left eye (near) _____ Left eye (far) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hearing has been screened and found to be within normal limits Results: Right ear ____pass ____fail Left 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
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 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

