**Exclusionary Factors Worksheet (EFW) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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.

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| **1. Lack of Instruction in Reading, Writing, and Math** |
|  | Student has attended school regularly (absent less than 23% of the time) | □ Yes □ No |
|  | Student has received tiered instruction and intervention in specific area of deficit | □ Yes □ No |
| **2. Limited English Proficiency** |
|  | Is there a language other than English spoken by this student? | □ Yes □ No |
|  | Is there a language other than English spoken in the student’s home? | □ Yes □ No |
|  | Are there specific dialectical or cultural influences that would affect the student’s ability to speak or understand English? | □ Yes □ No |
| **3. Intellectual Disability** |
|  | Student’s performance is equally depressed in all academic areas | □ Yes □ No |
|  | Student’s adaptive/self-help skills appear age appropriate | □ Yes □ No |
| **4. Emotional Disturbance** |
|  | Does the student exhibit behavioral/emotional difficulties that interfere with learning? | □ Yes □ No |
|  | Does the student have a medical history and/or school history of emotional difficulties? | □ Yes □ No |
|  | If the answer to either question above is “yes”, has an ecologically valid Functional Behavior Assessment (FBA) been conducted? Results of FBA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Yes □ 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) \_\_\_\_\_\_\_\_\_\_ | □ Yes □ No |
|  | Hearing has been screened and found to be within normal limits**Results**: Right ear \_\_\_\_\_pass \_\_\_\_\_\_fail Left ear \_\_\_\_pass \_\_\_\_\_fail | □ Yes □ No |
|  | Does the student have a history of significantly delayed motor development? | □ Yes □ 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? | □ Yes □ No |
|  | Have any physical or motor impairments been observed or assessed? | □ Yes □ No |
| **6. Environmental or Cultural Factors** |
|  | Limited experiential background in majority based culture | □ Yes □ No |
|  | Transiency in elementary school years (at least two moves in a single school year) | □ Yes □ No |
|  | Home responsibilities interfering with learning activities | □ Yes □ No |
|  | Residence in a depressed economic area | □ Yes □ No |
|  | Low family income at subsistence level | □ Yes □ No |
|  | Limited involvement in organizations and activities of any culture | □ Yes □ No |
|  | Geographic isolation | □ Yes □ No |
| **7. Motivational Factors** |
|  | Does the student attempt classroom assignments and/or homework? | □ Yes □ No |
|  | Are group and/or standardized achievement scores consistent with student’s grades? | □ Yes □ No |
| **8. Situational Trauma** |
|  | Has the student’s academic performance fallen drastically within the last 6-12 months? | □ Yes □ 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) | □ Yes □ No |

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. Use back of form if needed.

Signature of person completing form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_