

Eligibility Determination Date: / /

1. STUDENT INFORMATION

Student's Name:	
School District: School: Grade:	
Primary Language:	
Birth Date: GTID:	/ /

2. CASE HISTORY

Reason the child was referred for special education evaluation:	
Has the child attended (or is the child attending) a preschool or Head Start program? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please name the program or school:
Is this child age appropriate for grade level? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please check all of the following that apply: <ul style="list-style-type: none"> • Retained: <input type="checkbox"/> (Specify Grade): _____ • Started School Late: <input type="checkbox"/> • Held Out of School by Parents: <input type="checkbox"/>
Is the child's hearing/vision within normal limits (attach documentation)? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, attach documentation or explain.
Does the child have significant health concerns, major childhood illness/disease, or a diagnosed syndrome? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
Does the child take medication on a regular basis? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
Does the child have motor /coordination/mobility needs? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
Does the child have adaptive or medical needs (e.g., eye glasses, wheelchair, walker, hearing aids, leg braces, feeding tube, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
Does the child have other significant issues not covered in the previous questions? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:

3. SUMMARY OF INTERVENTIONS AND DATA PRIOR TO REFERRAL

The child's disability requires immediate consideration of special education eligibility.	Please explain:
What academic or behavioral concerns did SST identify?	
Summarize the interventions and data that were collected. (attach more specific information)	Summarize:
For reevaluation, describe the specialized instruction provided through delivery of special education.	

**4. SUMMARY OF PROGRESS MONITORING TOWARD ACHIEVING STANDARDS
(attach actual data)**

Area(s) of Difficulty including curriculum areas or behavioral concerns:				
Evidence Based Intervention(s) Provided:				
Baseline Performance Data, Date and performance:				
Results of Intervention, date and performance:				

5. RESULTS OF RELEVANT DISTRICT, STATE AND BENCHMARK ASSESSMENTS

Date	Name of Statewide, Local, and Benchmark Assessments; GAA	Results
/ /		
/ /		
/ /		
/ /		
/ /		

6. INDIVIDUAL STUDENT DATA (complete area(s) when applicable based on individual needs)

Report(s) Name/Source	Date	Results		Educational Impact
		Strengths	Weaknesses	
Medical (within 1 year):	/ /			
Communication/Language:	/ /			
Social/Emotional/Behavioral:	/ /			
Adaptive Behavior Rating Scales:	/ /			
Sensory :	/ /			
Cognitive Processing:	/ /			
Intellectual Development:	/ /			
Other Assessment:	/ /			
Developmental History:	/ /			
Parent Information and Input:	/ /			
Teacher/Other Professional Observation:	/ /			
Student Interview or Self-Reports:	/ /			
Analyzed Classroom Work Samples:	/ /			
Behavior Rating Scales: (to include duration, frequency, and intensity)	/ /			
Other Information:	/ /			

7. EXCLUSIONARY FACTORS

A child must **not** be determined to be a child with a disability: if the determinant factor for that eligibility is lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in section 1208(3) of ESEA); lack of appropriate instruction in math; or limited English proficiency; and if the child does not otherwise meet the program area eligibility criteria for a child with a disability.

Factors to Consider	YES	NO	Explain
1. Appropriate research-based interventions were provided for a sufficient length of time to make reasonable progress in the curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	
2. The student is free from frequent attendance problems or irregular attendance that impacts the child's ability to make reasonable progress toward the appropriate grade-level curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The child's primary language is English.	<input type="checkbox"/>	<input type="checkbox"/>	
4. The child's data performance is atypical when compared to peers of similar socioeconomic status and ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	

For some students the following factors may be exclusionary. However, if the **primary area of concern for a student is one of the issues in the chart below**, proceed to the questions below the chart. For all others, please complete the chart and the questions below the chart.

Questions	YES	NO	Explain
1. Does the child have adequate visual capability?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the child have adequate hearing capability?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the child free from selective mutism, tongue thrust, or dialectal differences in language?	<input type="checkbox"/>	<input type="checkbox"/>	

Are there exclusionary factors that should be resolved prior to determining eligibility?

- YES** The student is not eligible for special education services at this time
- NO** Continue to next section

8. DECISION MAKING ON EDUCATIONAL IMPACT

Interventions have been implemented and monitored. Is there still an adverse impact on educational achievement?

- YES** Continue with the eligibility determination.
- NO** The student does not meet eligibility requirements under IDEA.

Committee Rationale: Please include any applicable comments. _____

9. SUMMARY OF CONSIDERATIONS

The committee has discussed and agreed that the results of the data indicate the student demonstrates an adverse educational impact in specific area(s). The following characteristics shall be considered to determine the existence of a disability and the need for special education.

Indicate the areas where deficits impact learning and education. Then refer to the Eligibility Quick Reference Guide for disability guidance.

Motor	Sensory	Social Emotional	Processing/ Learning	Cognitive	Adaptive	Communication Language	Medical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on the above summary, eligibility is being considered in the following area(s):

10. ELIGIBILITY DETERMINATION

This student is eligible for special education and related services.

YES, in the categories of: _____

Include categorical conclusion statements to explain the decision: _____

EVALUATION TEAM INFORMATION

Title/ Position	Team Member Name	Agreement with Report	Yes	No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Any evaluation team member who disagrees with this team report must attach a separate statement of his or her conclusions. For SLD consideration, the required members of the evaluation team must participate.

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