



# Special Education Eligibility Report

Student Name:

Date of Birth:

Initial  Reevaluation 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"> <li>• Retained: <input type="checkbox"/> (Specify Grade): _____</li> <li>• Started School Late: <input type="checkbox"/></li> <li>• Held Out of School by Parents: <input type="checkbox"/></li> </ul>
Is the child's hearing/vision within normal limits (attach documentation)?  <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, attach documentation and 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:



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<p>Does the child have motor /coordination/mobility needs?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p>If yes, please explain:</p>
<p>Does the child have adaptive or medical needs (e.g., eye glasses, wheelchair, walker, hearing aids, leg braces, feeding tube, etc.)?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p>If yes, please explain:</p>
<p>Does the child have other significant issues not covered in the previous questions?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p>If yes, please explain:</p>

### 3. SUMMARY OF INTERVENTIONS PRIOR TO REFERRAL

<p>For initial eligibility - List the Interventions provided for which data will be provided in Section 4. →</p>	<p>List of interventions provided.</p>
<p>For reevaluation and additional areas of concern, list specially designed instruction which includes: <b>Adapting of Content, Methodology (specialized program), or Instructional Delivery provided.</b></p>	<p>Describe the specially designed instruction which includes: <b>Adapting of Content, Methodology (specialized program), or Instructional Delivery provided.</b></p>
<p>Does the child require immediate consideration of special education eligibility?</p> <p>This should be an infrequent and rare occurrence and must be clearly documented.</p>	<p>Please justify:</p>



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## 4. SUMMARY OF PROGRESS MONITORING DATA TOWARD ACHIEVING STANDARDS

	Area 1	Area 2	Area 3	Area 4
<b>Area(s) of Difficulty</b> (curriculum areas, behavioral concerns)  <b>Reevaluation: goal areas</b> <b>and areas of concern</b>				
<b>Initial eligibility provide</b> <b>Scientific, Research or</b> <b>Evidence Based</b> <b>Intervention(s)</b> <b>OR</b> <b>Reevaluation provide</b> <b>Adapting of Content,</b> <b>Methodology (specialized</b> <b>program), or Instructional</b> <b>Delivery</b>  <b>Include with each</b> <b>intervention or specially</b> <b>designed instruction</b> <b>entry</b>  <b>-Baseline Performance</b> <b>Data</b> <b>(date, data and performance</b> <b>summary):</b>  <b>-Intervention Data</b> <b>(dates, data and performance</b> <b>summary):</b>				



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## 5. RESULTS OF DISTRICT, STATE AND BENCHMARK ASSESSMENTS

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



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### 6. INDIVIDUAL STUDENT DATA [complete all areas]

Domain	Report(s) / Assessment(s) & Scores	Date	Results Strengths	Results Weaknesses
<b>Sensory:</b> (Hearing /Vision)				
<b>Medical:</b>				
<b>Motor:</b>				
<b>Sensory Processing:</b> (difficulty managing sensory input by reaction to visual, tactile, and aural stimuli which impedes participation in social activities, school functioning and typical life)				
<b>Communication/Language:</b> (speech sound production, language [including pragmatics], fluency, voice/resonance, oral motor competency, prosody)				
<b>Social:</b> (if applicable, include social history documenting services and interventions that have been considered or provided from outside the school)				
<b>Emotional/Behavioral:</b> (include information from behavioral rating scales and analysis of behavioral data documenting frequency, intensity and duration)				



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Domain	Report(s) / Assessment(s) & Scores	Date	Results Strengths	Results Weaknesses
<b>Adaptive Behavior Rating Scales:</b>				
<b>Psychological Processing:</b> (measured indicators of psychological processes that underlie academic functioning; may include perception, attention, short and long-term memory, reasoning, processing speed, organization, etc.)				
<b>Intellectual Functioning:</b> (measured indicator(s) of a student's overall (more global) intellectual level)				
<b>Academic Achievement:</b>				
<b>Developmental History</b>				
<b>Classroom/Structured Observation:</b>				
<b>Analyzed Classroom Work Samples:</b>				
<b>Parent Information and Input:</b>				
<b>Other Information:</b>				



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## 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. Lack of appropriate instruction in reading.			
2. Lack of appropriate instruction in math.			
3. Lack of appropriate instruction in writing.			
4. Lack of English Proficiency			
5. Cultural Factors			
6. Environmental or economic disadvantage			
7. Atypical educational history (multiple school attendance, lack of attendance, etc.)			

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?			
2. Does the child have adequate hearing capability?			
3. Does the child have a motor impairment that impacts results of assessments?			
4. Does the child exhibit selective mutism, tongue thrust, or dialectic differences in language?			

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

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



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### 8. DECISION MAKING FOR ELIGIBILITY

**Have Interventions been implemented and monitored as designed for an appropriate time to show effect or lack of effect in the identified area(s) of concern?**

**YES** Continue with the eligibility determination. **(Proceed)**

**NO** The student does not meet eligibility requirements under IDEA. **(Complete Committee Rationale)**

**Progress monitoring demonstrated the child is not making sufficient rate of progress to meet age or State-approved grade-level standards within a reasonable time frame when child's response to intervention is measured. Therefore, there is an adverse affect on educational (functional, developmental and/or academic) performance.**

**YES** Continue with the eligibility determination.

**The student needs special education and related services in which the content, methodology, or delivery of instruction is adapted to address the unique needs of the child that result from the child's disability.**

**NO** The student does not meet eligibility requirements under IDEA. **(Complete Committee Rationale)**

**Committee Rationale:** Please include any applicable comments.





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## 9. SUMMARY OF CONSIDERATIONS

The committee has discussed and agreed that the results of the data indicate the student demonstrates an adverse educational performance with 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 adversely impact educational (functional, developmental and/or academic) performance. Then refer to the **Eligibility Quick Reference Guide** for disability guidance.

Sensory (Hearing, Vision)	Medical	Motor	Sensory Processing	Communication Language	Social/Emotional	Adaptive	Psychological Processing	Intellectual Functioning	Academics

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

## 10. ELIGIBILITY DETERMINATION

**YES** This student is eligible for special education and related services in the category(ies) of:



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**Date:**

**Committee Rationale:**

**11. ELIGIBILITY TEAM INFORMATION**

Title/ Position	Team Member Present *Team Member Signature	*Check Agree/ Disagree only for Specific Learning Disability eligibility report.	
		Agree	Disagree
		<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:** For SLD consideration only. The required members of the eligibility team must participate and provide signatures and check appropriate box (Agree/Disagree) to certify whether the report reflects the member's conclusion. Any eligibility team member who disagrees with specific learning disability eligibility team report must submit a separate statement of his or her conclusions.



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Dissenting member(s) statement (Specific to only SLD eligibility).

Name : \_\_\_\_\_

Signature: \_\_\_\_\_