

EVALUATION/ELIGIBILITY TEAM REPORT

Initial Evaluation

Reevaluation

Report Date: _____

Student's Name: _____ Date of Birth: _____

Enrolling School: _____ Grade: _____

EVALUATION DATA SUMMARY

General education interventions or screening results:

Record review:

Interview:

Observation: (Include relevant behavior noted during the observation and the relationship of the behavior to the student's academic functioning.)

Tests:

Any educationally relevant medical findings:

BASIS for INITIAL ELIGIBILITY DETERMINATION

Question 1: Does the response of the presenting concern to general education interventions (or for pre-school children, results of screening and evaluation) indicate the need for intense or sustained resources? YES NO

Data sources used to support response:

GEI/Screening Record Review Interview Observation Testing

Discussion of how data led you to the response:

Question 2: Are the resources needed to support the student to participate and progress in the general education curriculum (for preschool children, to participate in activities appropriate for children of the same age) beyond those available through general education and other resources? YES NO

Data sources used to support response:

GEI/Screening Record Review Interview Observation Testing

Discussion of how data led you to the response:

Question 3: Is there evidence of a severe discrepancy between the performance of the student and his/her peers or evidence of a severe discrepancy between the student's ability and performance in the area(s) of concern? YES NO

Data sources used to support response:
 GEI/Screening Record Review Interview Observation Testing

Discussion of how data led you to the response:

If child is suspected of having a **learning disability**, the severe discrepancy is not primarily the result of:

Visual, hearing or motor impairment YES NO
Mental retardation or emotional disturbance YES NO
Environmental, cultural or economic disadvantage YES NO

Question 4: Is the presence of an exceptionality substantiated by convergent data from multiple sources? YES NO

Data sources used to support response:
 GEI/Screening Record Review Interview Observation Testing

Discussion of how data led you to the response:

Exclusionary Factors

The determinant factor for eligibility is not due to:

A lack of instruction in reading or mathematics YES NO
Explain:

Limited English Proficiency YES NO
Explain:

Environmental, cultural or economic disadvantage YES NO
Explain:

BASIS for CONTINUING ELIGIBILITY DETERMINATION

Question 1: Does the student continue to be a child with an exceptionality? YES NO

Data sources used to support response:
 GEI/Screening Record Review Interview Observation Testing

Discussion of how data led you to the response:

Question 2: Does the student continue to need special education and related services? YES NO

Data sources used to support response:
 GEI/Screening Record Review Interview Observation Testing

Discussion of how data led you to the response:

It is the judgement of the undersigned members of the evaluation team, including parents, that an evaluation addressing all areas of concern has been completed and:

- The student is **eligible** for special education because:
 - The criteria as a child with an exceptionality as determined by Cooperative eligibility indicators has been met
 - and
 - Special education services are necessary to enable this student to receive educational benefits in accordance with his/her abilities or capabilities.
- The student is **not eligible** for special education because:
 - The criteria as a child with an exceptionality as determined by Cooperative eligibility indicators has not been met,
 - or
 - Special education services are not necessary to enable this student to receive education benefits in accordance with his/her abilities or capabilities.

Check All Criteria Met

<input type="checkbox"/>	AM	<input type="checkbox"/> Communication	<input type="checkbox"/> Social Interaction	<input type="checkbox"/> Before age of 3	
<input type="checkbox"/>	DB	<input type="checkbox"/> Vision Loss	<input type="checkbox"/> Hearing Loss		
<input type="checkbox"/>	DD	<input type="checkbox"/> 1.5 SD Delay	<input type="checkbox"/> Diagnosed Condition	<input type="checkbox"/> Assessment Unreliable	
<input type="checkbox"/>	ED	<input type="checkbox"/> Interpersonal Relationships	<input type="checkbox"/> Behavior/Emotions	<input type="checkbox"/> Physical Symptoms/Fears	<input type="checkbox"/> Time/Degree
<input type="checkbox"/>	GI	<input type="checkbox"/> Aptitude	<input type="checkbox"/> Achievement	<input type="checkbox"/> Products	
<input type="checkbox"/>	HI	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Educational Impact		
<input type="checkbox"/>	LD	<input type="checkbox"/> Aptitude-Achievement Discrepancy	<input type="checkbox"/> Processing Deficit	<input type="checkbox"/> Exclusions	
<input type="checkbox"/>	MD	<input type="checkbox"/> At Least Two Disabilities	<input type="checkbox"/> Severe Educational Needs		
<input type="checkbox"/>	MR	<input type="checkbox"/> Aptitude	<input type="checkbox"/> Adaptive Behavior	<input type="checkbox"/> Achievement	
<input type="checkbox"/>	OHI	<input type="checkbox"/> Health Condition	<input type="checkbox"/> Limited Strength	<input type="checkbox"/> Limited Vitality	<input type="checkbox"/> Limited Alertness
<input type="checkbox"/>	OI	<input type="checkbox"/> Orthopedic or Health Impairment	<input type="checkbox"/> Educational Impact		
<input type="checkbox"/>	SL	<input type="checkbox"/> Language	<input type="checkbox"/> Voice	<input type="checkbox"/> Fluency	<input type="checkbox"/> Articulation/Phonology
<input type="checkbox"/>	TBI	<input type="checkbox"/> Injury to brain from external source	<input type="checkbox"/> Impaired Functioning		
<input type="checkbox"/>	VI	<input type="checkbox"/> Vision Loss	<input type="checkbox"/> Educational Impact		

RECOMMENDATIONS: The following are areas of discrepancy/areas eligible for special education services.

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Signatures:

Name	Position	Date	Agree	Disagree*
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

***Minority Report:** Any member of this team dissenting from the final team recommendations may (and in the case of a student being considered for learning disability, must) present, in writing, his or her recommendations and/or the reason(s) for disagreeing with the decision.