

**NOTICE AND ELIGIBILITY DECISION REGARDING
SPECIAL EDUCATION SERVICES**

STUDENT'S NAME: _____ **Date of Birth:** _____

Date this report was given or sent to parent (student at age 19) _____

Check One: **Initial Eligibility** **Reevaluation**

Area of Assessment: _____

Date: _____

Assessment: _____

Standard Scores (Total): _____

Other Scores: _____

Date: _____

Assessment: _____

Standard Scores (Total): _____

Other Scores: _____

Date: _____

Assessment: _____

Standard Scores (Total): _____

Other Scores: _____

Area of Assessment: _____

Date: _____

Assessment: _____

Standard Scores (Total): _____

Other Scores: _____

Date: _____

Assessment: _____

Standard Scores (Total): _____

Other Scores: _____

Date: _____

Assessment: _____

Standard Scores (Total): _____

Other Scores: _____

STUDENT'S NAME: _____ **Date of Birth:** _____

Area of Assessment: _____

Date: _____
Assessment: _____

Standard Scores (Total): _____
Other Scores: _____

Date: _____
Assessment: _____

Standard Scores (Total): _____
Other Scores: _____

Date: _____
Assessment: _____

Standard Scores (Total): _____
Other Scores: _____

Area of Assessment: _____

Date: _____
Assessment: _____

Standard Scores (Total): _____
Other Scores: _____

Date: _____
Assessment: _____

Standard Scores (Total): _____
Other Scores: _____

Date: _____
Assessment: _____

Standard Scores (Total): _____
Other Scores: _____

Final Completion Date of ALL Evaluations: _____

STUDENT'S NAME: _____

Date of Birth: _____

SLD ONLY SECTION – For each option checked below, include documentation of a specific learning disability in the assessment section of this report and in the box below briefly summarize data supporting your selection(s).

Option 1: Response(s) to Intervention.

Option 2: Pattern of strengths and weaknesses.

Data summary for option 1 and/or option 2:

Option 3: Severe Discrepancy (SD) documentation.

IQ score: _____

Predicted Achievement (PA) score: _____

**Obtained Achievement (OA) score(s)
determined one of two ways:**

One Achievement Test _____
Total test score

OR

Two Composites OR Two Subtests _____

Scores from two different achievement tests that measure the same deficit skill area (i.e., Composite Reading scores from two different tests; Subtest Calculation scores from two different tests)

PA _____ - OA _____ = SD _____

PA _____ - OA _____ = SD _____

(SD must be 16 points
or greater for all ages)

Severe discrepancy (SD) between ability and achievement: **YES** **NO**

Complete for all students suspected of SLD, regardless of option(s) chosen above.

1. For educationally relevant behaviors noted during the classroom observation(s) and educationally relevant medical findings (if any), please refer to page(s) _____ of this report.
2. Student behavior or difficulty that affects his/her academic functioning:

3. The following factors have been ruled out as the primary cause of the impairment (all must be considered and checked to qualify for SLD):
 Environmental/Cultural/Economic Concerns Visual/Hearing Disabilities
 Intellectual Disability Emotional Disability Motor Disabilities

STUDENT'S NAME: _____

Date of Birth: _____

ELIGIBILITY DECISION

Complete for all students:

Was a lack of appropriate instruction in math and/or reading, including the essential components of reading instruction (as defined in section 1208(3) of the Elementary and Secondary Education Act of 1965) or limited English proficiency the determining factor in the decision? (See documentation in this report.)

[] YES [] NO

[] YES [] NO Does the student meet AAC criteria for the suspected area(s) of disability?

[] YES [] NO Does the disability have an adverse affect on educational performance?

[] YES [] NO Does the student need specially designed instruction in order to access and participate in the general education curriculum?

ELIGIBLE: [] YES [] NO

AREA OF DISABILITY: _____

If the selected area of disability is Multiple Disabilities, list at least two disability areas for which the student is eligible.

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Explanation (if needed):

DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THEY WERE REJECTED

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CHECK ONE: Eligibility Committee [] IEP Team []

I AGREE with the conclusions written in this report.

Position	Signature	Date
Parent		
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results		
Student		
Other		

I DO NOT AGREE with the conclusions written in this report. The attached statement represents my conclusions in this area.

Position	Signature	Date

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

Name: _____ Telephone: _____

Signature of Education Agency Official