

School District/Public Agency	Evaluation Report Eligibility Determination 34 C.F.R. §§300.306 - 300.311

Name of Student	WISER ID	DOB	Grade	Date

PART I: SUMMARY OF EVALUATION

Section I: Review of Existing Data & Assessment Results

A. Classroom Based Performance:

Summarize current classroom based performance, local or State assessments, or for preschool children, summarize participation in developmentally appropriate activities.

B. Observations:

Summarize observations by teachers and related services providers. (For specific learning disability, describe the relevant behavior noted during observation of the child and the relationship of that behavior to the child's academic performance.) 34 C.F.R. §300.311(a)(3)

C. Information Provided by Parents:

Summarize information provided by parents.

D. Medical or Health Factors:

Summarize medical information, i.e. chronic illness, mental health, vision, hearing, low birth weight, etc.

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E. Other Relevant Factors:

Summarize educationally relevant functional, developmental, social, cultural background or adaptive behavior factors if applicable. No relevant factors noted by team.

F. Summary of Individual Assessments:

Summarize the assessment results conducted and/or reviewed as part of this evaluation and the educational implications. Check if reports are attached for each area assessed.

Section II: Consideration of Exclusionary Factors

34 C.F.R. §300.306(b)

A child must not be determined to be a child with a disability if the determinant factor for the eligibility determination is the result of any of the following:

- Yes No Has the child received appropriate instruction in reading including the essential components of reading instruction as defined in the Elementary and Secondary Education Act, which are phonemic awareness, phonics, vocabulary development, reading fluency including oral reading skills, & reading comprehension? If no, complete the following:
 - Lack of appropriate instruction in reading IS the determinant factor.
 - Lack of appropriate instruction in reading IS NOT the determinant factor.

- Yes No Has the child received appropriate instruction in math? If no, complete the following:
 - Lack of appropriate instruction in math IS the determinant factor.
 - Lack of appropriate instruction in math IS NOT the determinant factor.

- Yes No Does the child have limited English proficiency? If yes, complete the following:
 - Limited English Proficiency IS the determinant factor.
 - Limited English Proficiency IS NOT the determinant factor.

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PART II: DETERMINATION OF ELIGIBILITY

A. The team must complete and attach the Eligibility Criteria Form(s) in relevant area(s) of disability prior to making an initial eligibility determination.

B. Disability Determination: 34 C.F.R. §300.306(a)

**The team must determine whether the child is or continues to be a child with a disability
AND
whether the child needs or continues to need special education.**

- | | |
|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Cognitive Disability
<input type="checkbox"/> Deaf-Blindness
<input type="checkbox"/> Emotional Disability
<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Speech or Language Impairment - Articulation
<input type="checkbox"/> Speech or Language Impairment -Language
<input type="checkbox"/> Speech or Language Impairment - Stuttering
<input type="checkbox"/> Speech or Language Impairment - Voice
<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Developmental Delay

<input type="checkbox"/> No IDEA disability found. (Skip to Part D below.) |
|---|--|

C. After a disability is determined, document the need for Special Education:

INITIAL EVALUATION	REEVALUATION
Does this child need special education and related services? 34 C.F.R. §300.305(a)(2)(i)(A)	Does this child continue to need special education and related services? 34 C.F.R. §300.305(a)(2)(i)(B)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Team Participants:

Name	Title	Complete this section ONLY IF determining eligibility for SLD		
		Check "Yes" to certify this report reflects your conclusion. If "No" is checked, you must submit a separate statement that represents your conclusion. 34 C.F.R. §300.311(b).		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials

E. Copy of reports, and Eligibility Criteria Form(s), provided to parents: 34 C.F.R. §300.306(a)(2)

Date Provided:	Staff Name: