|  |  |
| --- | --- |
| **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.** |
|  |

|  |  |
| --- | --- |
| **Name of Student** | **Date** |
|  |  |

**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.

|  |  |
| --- | --- |
| **Name of Student** | **Date** |
|  |  |

**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.** |

Autism Spectrum Disorder

Cognitive Disability

Deaf-Blindness

Emotional Disability

Hearing Impairment

Multiple Disabilities

Other Health Impairment

Orthopedic Impairment

Visual Impairment

Specific Learning Disability

Speech or Language Impairment - Articulation

Speech or Language Impairment -Language

Speech or Language Impairment - Stuttering

Speech or Language Impairment - Voice

Traumatic Brain Injury

Developmental Delay

No IDEA disability found. (Skip to Part D below.)

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

|  |  |
| --- | --- |
| **INITIAL EVALUATION**  **Does this child need special education and related services?** 34 C.F.R. §300.305(a)(2)(i)(A)   * **Yes** * **No** | **REEVALUATION**  **Does this child continue to need special education and related services?** 34 C.F.R. §300.305(a)(2)(i)(B)   * **Yes** * **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). | | |
|  |  | Yes | No | Initials |
|  |  | Yes | No | Initials |
|  |  | Yes | No | Initials |
|  |  | Yes | No | Initials |
|  |  | Yes | No | Initials |
|  |  | Yes | No | Initials |
|  |  | Yes | No | Initials |
|  |  | Yes | No | Initials |
|  |  | Yes | 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: |