|  |  |  |  |
| --- | --- | --- | --- |
| **School District Name:** |  | | |
| **School District Address:** | |  | |
| **School District Contact Person/Phone #:** | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Special Education Eligibility/Initial and Reevaluation Determination** | | | | | | | | |
| Student Name: |  | DOB: |  | ID#: |  | Date: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Proceed through the flowchart until an eligibility determination is reached..** | | | | | | |  | | | **B. Answer this question for all students.** | | | |
| 1. Does the student have one or more of the following types of disability?   Discuss Extended Evaluation and rights to an Independent Educational Evaluation.  Continue forward as previously discussed.  Is parent satisfied with school evaluation?   * Autism * Developmental delay * Intellectual * Sensory:Hearing, Vision, Deaf-Blind * Neurological * Emotional * Communication * Physical * Specific Learning * Health | | | |  |  | |  | | |  | | | |
|  | Student is not eligible for Special Education but may be eligible for other services in other programs. | |  | |  | | | |
| **no** |
|
|  |
| **yes** |  | **no** |  |
|  |  | | | |
|  |  | |
| If yes, indicate disability type(s): | |
|
|  | |
|
|
| **KEY EVALUATION FINDINGS  AND/OR NEXT STEPS** | | | |
| **yes** |  | | |  | | | |
|  |  | | |  |  | |  | |
| 2. a) is the student making effective progress in school? (For reevaluations: Would the student continue to make progress in school without the provided special education services?) | | | **yes** | |  |  | |  | |
|  | |
|
|  | |
|
| **no** |  | |  | | Student is not eligible for Special Education but may be eligible for accommodation(s) for disability(ies) under Section 504 of the Rehabilitation Act or may be eligible for other services in other programs. | |  | |
|  | |
| 2. b) is the lack of progress a result of the student’s disability? | | | **no** | |  |  | |
|  | |
| **yes** |  | |  | |  |  | |
|
| 2. c) does the student require specially designed instruction in order to make effective progress in school **or** does the student require related services in order to access the general curriculum? | | | **no** | |  | |  | |
|  | |  | |
|  | |  | | | |  |
|  | |  |
| yes | |  |
|
|  | | |  | |  | | | |  |
| THE STUDENT IS ELIGIBLE FOR SPECIAL EDUCATION. | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Massachusetts DOE / Special Education Eligibility Determination - **REVISED (9/1/00)** | ED 1 |  |  |  |  |