District Name:

District Contact (Name, Phone, Email):

## **Special Education Eligibility/Initial and Reevaluation Determination**

**Date:**

|  |
| --- |
| **Student Information** |
| Student Name:       | Student Date of Birth:       |
| Student ID#:       | Grade Level:       |

1. **Proceed through the flowchart until an eligibility determination is reached.**

**THE STUDENT IS NOT ELIGIBLE FOR SPECIAL EDUCATION SERVICES** but may be eligible for other services in other programs.

If the student has multiple disability types, please check the box to indicate the primary disability. (The primary disability is used for required federal data reporting purposes.)

[ ]  Autism

[ ]  Developmental delay

[ ]  Intellectual

[ ]  Sensory: Hearing, Vision, Deaf-Blind

[ ]  Neurological

[ ]  Emotional

[ ]  Communication

[ ]  Physical

[ ]  Specific Learning

[ ]  Health

**YES**

**NO**

|  |
| --- |
| 1. Does the student have one or more than one disability? If yes, indicate disability type(s).
 |
| [ ]  Autism[ ]  Developmental delay [ ]  Health[ ]  Intellectual [ ]  Sensory: Hearing, Vision, Deaf-Blind  | [ ]  Neurological [ ]  Emotional [ ]  Communication [ ]  Physical [ ]  Specific Learning  |

2. (c) Does the student require special education and/or related services to make effective progress or to access the general education curriculum?

2. (b) Is the lack of effective progress a result of the student’s disability?

**STUDENT IS NOT ELIGIBLE FOR SPECIAL EDUCATION SERVICES but** may be eligible for accommodation(s) for disability(ies) under Section 504 of the Rehabilitation Act. Student may be eligible for other services in other programs.

**C. Key Evaluation Findings and/or next steps**

**B. Answer this question for ALL students**

Is the parent satisfied with the school evaluation?

[ ]  **Yes**

[ ]  **No 🡪** Discuss Extended Evaluation and rights to an Independent Education Evaluation.

**YES**

**THE STUDENT IS ELIGIBLE FOR SPECIAL EDUCATION SERVICES**

**NO**

**YES**

**NO**

**YES**

**NO**

**NEXT**

2. (a) Is the student making effective progress in the general education program? In the case of a three-year reevaluation, would the student continue to make effective progress in the general education program without special education services?