**RANKIN COUNTY SCHOOL DISTRICT**

**Eligibility Determination Report**

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| **PERSONAL DATA** |
| **Student:** | **MSIS #:** |
| **DOB:** | **School:** | **Grade:** |

|  |  |  |
| --- | --- | --- |
| **Initial** | **Out-of-State** | **Reevaluation** |

**Based on the attached (re)evaluation report(s) completed, the Multidisciplinary Evaluation Team (MET) or**

**Individual Education Program (IEP) Committee determines that:**

* ***The child meets the criteria for the presence of***
* ***The child meets the criteria for the presence of a Language/Speech Impairment (LS) that is* *not the primary disability but requires language and/or speech services as a related service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.***
* ***The child does not meet the criteria for the presence of a disability due to:***
	+ ***Failure to meet required criteria:***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* + ***Exclusionary factors:***

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*Attach any eligibility determination checklists, required statements from professionals, and/or other reports.*

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| **Date of Meeting:**  |
| ***By signing below, I certify that this report*** ***DOES reflect my conclusions.*** | ***By signing below, I certify that this report*** ***DOES NOT reflect my conclusions.******I will submit a separate statement with my conclusions.*** |
| **Signature** | **Position** | **Signature** | **Position** |
|  | MET Chairperson |  | MET Chairperson |
|  | General Educator |  | General Educator |
|  | Special Educator |  | Special Educator |
|  | Parent/Guardian |  | Parent/Guardian |
|  | Student |  | Student |
|  | Language/Speech Pathologist/Therapist |  | Language/Speech Pathologist/Therapist |
|  | School Psychologist/Psychometrist |  | School Psychologist/Psychometrist |
|  | Administrator |  | Administrator |
|  | Other:  |  | Other:  |