**RANKIN COUNTY SCHOOL DISTRICT**

**Eligibility Determination Report**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| **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: |