

## 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: |
|------------------|

| <i>By signing below, I certify that this report DOES reflect my conclusions.</i> |                                       | <i>By signing below, I certify that this report DOES NOT reflect my conclusions. I will submit a separate statement with my conclusions.</i> |                                       |
|--|---------------------------------------|--|---------------------------------------|
| 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: _____                          |