

School District Name:	
School District Address:	
School District Contact Person/Phone #:	

Special Education Eligibility/Initial and Reevaluation Determination

Student Name:		DOB:		ID#:		Date:	
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A. Proceed through the flowchart until an eligibility determination is reached.

1. Does the student have one or more than one disability?

- Autism
- Developmental delay
- Intellectual
- Sensory: Hearing, Vision, Deaf-Blind
- Neurological
- Emotional
- Communication
- Physical
- Specific Learning
- Health

no

☐

Student is not eligible for Special Education but may be eligible for other services in other programs.

yes

☐

If yes, indicate disability type(s):

no

☐

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?

yes

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If yes, indicate disability type(s):

no

☐

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

yes

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

no

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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.

yes

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THE STUDENT IS ELIGIBLE FOR SPECIAL EDUCATION.

B. Answer this question for all students.

Is parent satisfied with school evaluation?

yes ☐

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Continue forward as previously discussed.

no ☐

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Discuss Extended Evaluation and rights to an Independent Educational Evaluation.

KEY EVALUATION FINDINGS AND/OR NEXT STEPS