Special Education Eligibility/Initial and Reevaluation Determination

Student Name: __________________________ DOB: __________ ID#: __________ Date: __________

A. Proceed through the flowchart until an eligibility determination is reached.

1. Does the student have one or more of the following types of disability?
   - Autism
   - Developmental delay
   - Intellectual
   - Sensory: Hearing, Vision, Deaf-Blind
   - Neurological
   - Emotional
   - Communication
   - Physical
   - Specific Learning
   - Health

   no

   yes

   2. a) is the student making effective progress in school? (For reevaluations: Would the student continue to make progress in school without the provided special education services?)

   yes

   no

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

   yes

   no

   2. c) does the student require specially designed instruction in order to make effective progress in school or does the student require related services in order to access the general curriculum?

   yes

   no

   THE STUDENT IS ELIGIBLE FOR SPECIAL EDUCATION.

B. Answer this question for all students.

Is parent satisfied with school evaluation?

yes

no

Discuss Extended Evaluation and rights to an Independent Educational Evaluation.

Continue forward as previously discussed.

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

If yes, indicate disability type(s):

KEY EVALUATION FINDINGS AND/OR NEXT STEPS