

School District Name: Brooke Charter School

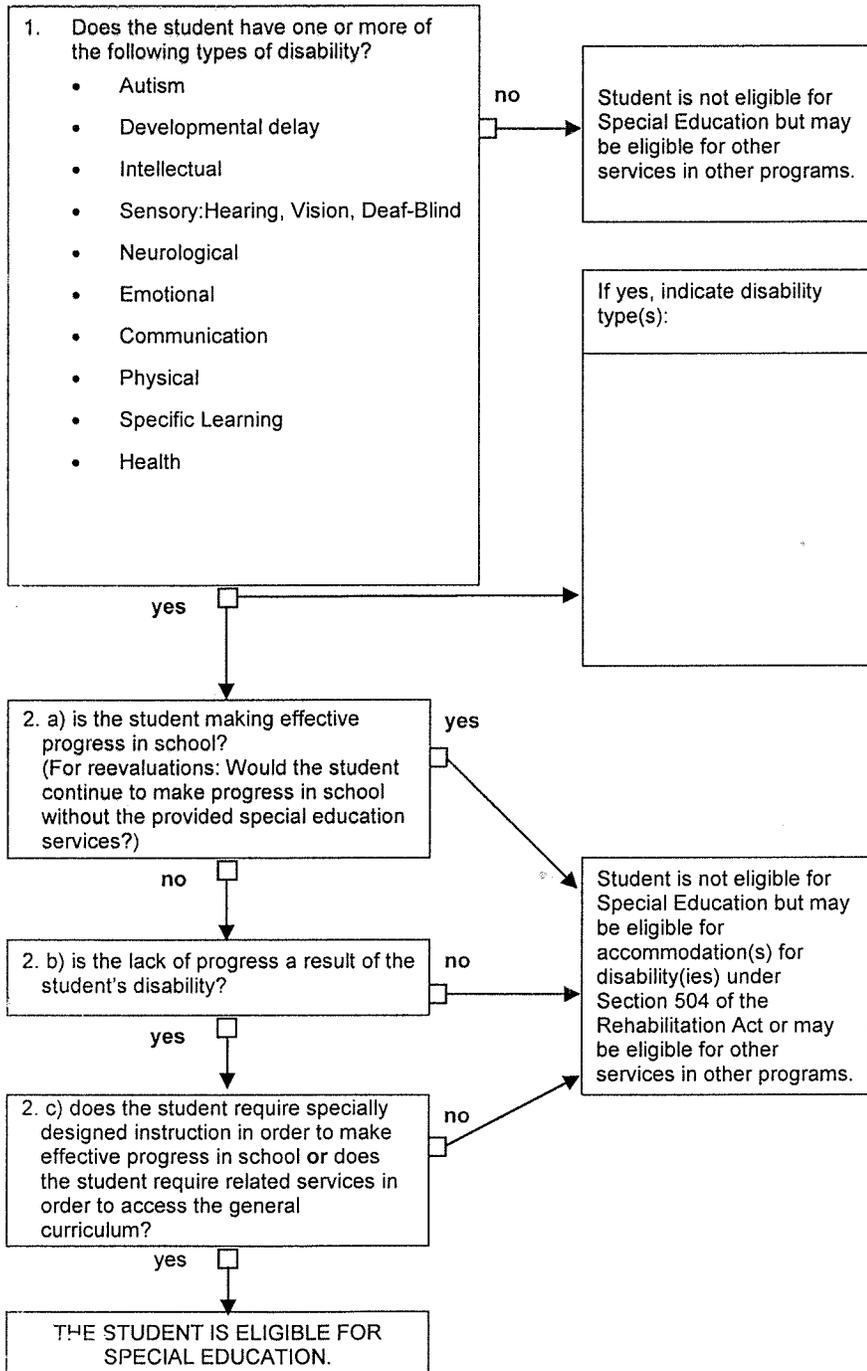
School District Address:

School District Contact Person/Phone #:

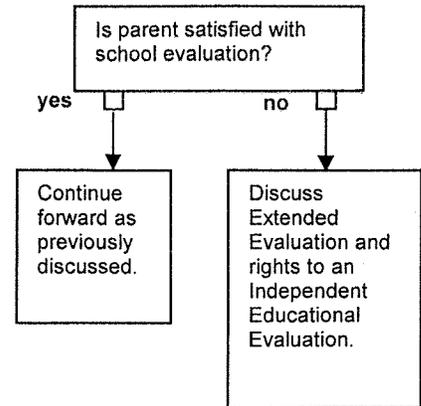
Special Education Eligibility/Initial and Reevaluation Determination

Student Name: _____ DOB: _____ ID#: _____ Date: _____

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



B. Answer this question for all students.



KEY EVALUATION FINDINGS AND/OR NEXT STEPS