

Student Name: _____ Report Date: _____
 Birth Date: _____ Grade: _____ School Building: _____
 School District: _____ Parent/Guardian: _____

PURPOSE

This form will be used by the Evaluation Team to recommend: (Choose one)

- Initial eligibility** for special education.
(Behind this page attach a copy of all referenced documents and a copy of the Consent for Initial Evaluation)
- Redetermination of eligibility** for special education.
(Behind this page attach a copy of all referenced documents and the REED)

EVALUATION SUMMARY
Include enough detail to determine a starting point for instruction

Area of Evaluation	Data Source	Performance Level	Name/Date of Attached Report/Document
• Adaptive			
• Personal – Social			
• Communication			
• Motor			
• Cognitive			
• Information from Parents			

Student Name: **Error! Reference source not found.**

DOB: **Error! Reference source not found.**

Date: **Error! Reference source not found.**

DIAGNOSTIC ASSURANCE AND DOCUMENTATION

The Evaluation Team must consider the following assurance statements before making a recommendation regarding this student’s eligibility:

- This Student is seven years of age or less with a primary delay that cannot be defined through the criteria set forth in R340.1705 to R340.1710 or R340.1713 to R340.1716. Yes No
- This student manifests a delay in one or more areas of development that is equal to or greater than one-half the expected development. Yes No
- The suspected disability is not due to English Proficiency. Yes No
- This student requires special education programs/services. Yes No

ELIGIBILITY RECOMMENDATION

The Evaluation Team 1) finds all of the diagnostic assurance statements to be true and 2) recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the Early Childhood Developmental Delay Rule (R340.1711). Yes No

PARTICIPANT SIGNATURES

As a member of the Evaluation Team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below. Attach more complete statement if a MET member checks no).*

	Yes	No		Yes	No
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Role _____	<input type="checkbox"/>	<input type="checkbox"/>