



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
			<ul style="list-style-type: none"> • Systematic Behavior Observation
			<ul style="list-style-type: none"> • Behavior Checklist
			<ul style="list-style-type: none"> • Educational Performance/Achievement Level
			<ul style="list-style-type: none"> • Relevant Medical Information
			<ul style="list-style-type: none"> • 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:

- Over an extended period, the student has manifested problems primarily in the affective domain, which adversely affect the student's education to the extent that he/she cannot benefit from learning experiences without special education support: Yes No
- The problems are characterized by one or more of the following behaviors:
 - An inability to build or maintain satisfactory interpersonal relationships within the school environment Yes No
 - Inappropriate types of behaviors or feelings under normal circumstances Yes No
 - A general, pervasive mood of unhappiness or depression Yes No
 - A tendency to develop physical symptoms or fears in association with personal or school problems Yes No
- This may include students who exhibit maladaptive behaviors related to schizophrenia or similar disorders

EXCLUSIONARY CONSIDERATIONS

- The behaviors are not primarily the result of intellectual, sensory, or health factors: Yes No
- Was the determinant factor for eligibility a result of:
 - Lack of instruction in reading and math? Yes No
 - Limited English proficiency? 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 Emotional Impairment Rule (R340.1706). 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 an Evaluation Team member checks no).

	Yes	No		Yes	No
*Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
*School Social Worker _____	<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"/>
*Mandated					