

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 |
|--------------------|-------------|-------------------|---------------------------------------|
|--------------------|-------------|-------------------|---------------------------------------|

- Ability Level

- Medical Information

- Educational/Functional Performance

- Information from Parents

DIAGNOSTIC ASSURANCE AND DOCUMENTATION

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

- This student manifests a rate of development that is: (choose one)
 - **Two or three** standard deviations below the mean and **two or more** of impairments listed below:
 - A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills
 - A vision impairment so severe that the visual channel is not sufficient to guide independent mobility
 - A physical impairment so severe that the activities of daily living cannot be achieved without assistance
 - A health impairment so severe that this student is medically at risk

OR

- **Three or more** standard deviations below the mean and **one or more** of the impairments listed below: (Indicate all areas that apply)
 - A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills
 - A vision impairment so severe that the visual channel is not sufficient to guide independent mobility
 - A physical impairment so severe that the activities of daily living cannot be achieved without assistance
 - A health impairment so severe that this student is medically at risk

- This student requires special education programs/services Yes No

EXCLUSIONARY CONSIDERATIONS

- 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 Severe Multiple Impairment Rule (R340.1714). 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"/> |
| 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"/> |

*Mandated