

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"> • Language Sample 			
<ul style="list-style-type: none"> • Standardized Assessment 			
<ul style="list-style-type: none"> • Educational Performance 			
<ul style="list-style-type: none"> • 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 1 or more of the following communication impairments which adversely affect education performance:
 - **Articulation** impairment, including omissions, substitutions, or distortions of sound Yes No
 - **Voice** impairment, including inappropriate pitch, loudness, or voice quality Yes No
 - **Fluency** impairment, including abnormal rate of speaking, speech interruptions, and repetition of sounds/words/phrases/sentences which interferes with effective communication Yes No
 - One or more of the following **Language** impairments: i. Phonology; ii. Morphology; iii. Syntax; iv. Semantics; v. Pragmatics. As evidenced by both of the following:
 - A spontaneous language sample demonstrating inadequate language functioning Yes No
 - Test results, on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning, which indicate inappropriate language functioning for the child’s age Yes No
- This student requires special education program/services

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 Speech and Language Impairment Rule (R340.1710). 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
*Teacher/Speech & Language _____	<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 <input type="checkbox"/>					