School District Name:
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..

1. Does the student have one or more of the following types of disability?
   - Autism
   - Developmental delay
   - Intellectual
   - Sensory:Hearing, Vision, Deaf-Blind
   - Neurological
   - Emotional
   - Communication
   - Physical
   - Specific Learning
   - Health

no → Student is not eligible for Special Education but may be eligible for other services in other programs.

yes → If yes, indicate disability type(s):

2. a) is the student making effective progress in school? (For reevaluations: Would the student continue to make progress in school without the provided special education services?)

yes →

no ↓

2. b) is the lack of progress a result of the student's disability?

no → Student is not eligible for Special Education but may be eligible for accommodation(s) for disability(ies) under Section 504 of the Rehabilitation Act or may be eligible for other services in other programs.

yes ↓

2. c) does the student require specially designed instruction in order to make effective progress in school **or** does the student require related services in order to access the general curriculum?

no → Student is not eligible for Special Education but may be eligible for accommodation(s) for disability(ies) under Section 504 of the Rehabilitation Act or may be eligible for other services in other programs.

yes ↓

B. Answer this question for all students.

Is parent satisfied with school evaluation?

- Continue forward as previously discussed.
- Discuss Extended Evaluation and rights to an Independent Educational Evaluation.

KEY EVALUATION FINDINGS AND/OR NEXT STEPS