NOTICE AND ELIGIBILITY DECISION REGARDING

## SPECIAL EDUCATION SERVICES

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| Student’s Name: | | | |  | | | | | Page |  | of |  | | |
| Date this report was given or sent to parent (student at age 19) | | | | | | | |  | | | | | |
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| **Check One:** | **[ ]** | **Initial Eligibility** | |  | **[ ]** | **Reevaluation** | | | | | |

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| **Vision Screening** | | | | **Hearing Screening** | | | |
| **Date** |  | **Result** |  | **Date** |  | **Result** |  |

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| **Area of Assessment**: | | | |  | |
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| **Date:** |  | | | | |
| **Assessment**: | |  | | | |
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| **Standard Scores (Total):** | | | | |  |
| **Other Scores:** | | |  | | |

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| **Standard Scores (Total):** | | | |  |
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| **Standard Scores (Total):** | | | |  |
| **Other Scores:** | | |  | |

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| **Standard Scores (Total):** | | | | |  |
| **Other Scores:** | | |  | | |

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| **Assessment**: | |  | | |
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| **Standard Scores (Total):** | | | |  |
| **Other Scores:** | | |  | |

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| **Assessment**: | |  | | | | | | | | |
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| **Standard Scores (Total):** | | | | |  | | | | | |
| **Other Scores:** | | |  | | | | | | | |
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| **Area of Assessment**: |  |
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| **Date:** |  | | | |
| **Assessment**: | |  | | |
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| **Standard Scores (Total):** | | | |  |
| **Other Scores:** | | |  | |

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| **Standard Scores (Total):** | | | |  |
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| **Standard Scores (Total):** | | | |  |
| **Other Scores:** | | |  | |

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| **Area of Assessment**: |  |
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| **Date:** |  | | | |
| **Assessment**: | |  | | |
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| **Standard Scores (Total):** | | | |  |
| **Other Scores:** | | |  | |

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| **Date:** |  | | | |
| **Assessment**: | |  | | |
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| **Standard Scores (Total):** | | | |  |
| **Other Scores:** | | |  | |

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| **Date:** |  | | | |
| **Assessment**: | |  | | |
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| **Standard Scores (Total):** | | | |  |
| **Other Scores:** | | |  | |

**Final Completion Date of ALL Evaluations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Student’s Name: |  | Page |  | of |  |

SLD ONLY SECTION – For each option checked below, include documentation of a specific learning disability in the assessment section of this report.

**[ ] Option 1: Response(s) to Intervention.**

**[ ] Option 2: Pattern of strengths and weaknesses.**

**[ ] Option 3: Severe Discrepancy (SD) documentation.**

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| **A**. If using the predicted achievement model (regression to the mean effective 7/1/98): | | | | | | |
|  | | | | | | |
| IQ score: |  |  | |  |  |  |
|  |  |  | | PA | - OA | = SD |
| Predicted Achievement (PA) score: |  |  | |  |  |  |
|  |  |  | |  |  |  |
| **Obtained Achievement (OA) score(s)** | |  | | PA | - OA | = SD |
| **determined one of two ways:** | |  | |  | | |
|  |  |  | | (SD must be 16 points | | |
| One Achievement Test |  |  | | or greater for all ages) | | |
| Total test score |  |  | |  | | |
| **OR** |  |  | |  | | |
|  |  | |  | | |
| Two Composites OR Two Subtests |  |  |  | |  | |
| Scores from two different achievement tests that measure the same deficit skill area (i.e., Composite Reading scores from two different tests; Subtest Calculation scores from two different tests) | | | | | | |
| Severe discrepancy (SD) between ability and achievement: [ ] YES [ ] NO | | | | | | |

**B**. If using the simple standard score method (only for students identified before July 1, 1998):

IQ Score \_\_\_\_\_\_\_\_ - Achievement Score \_\_\_\_\_\_\_\_ = SD \_\_\_\_\_\_\_\_

(SD must be 15 or greater to 11 years; must be 23 or greater for 11 years and older)

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| Complete for all students suspected of SLD, regardless of option(s) chosen above.  1. For educationally relevant behaviors noted during the classroom observation(s) and educationally relevant medical findings (if any), please refer to page(s) of this report.    2. Student behavior or difficulty that affects his/her academic functioning:      3. The following factors have been ruled out as the primary cause of the impairment (all must be considered and checked to qualify for SLD):  [ ] Environmental/Cultural/Economic Concerns [ ] Visual/Hearing Disabilities  [ ] Intellectual Disability [ ] Emotional Disability [ ] Motor Disabilities | | | | | |
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| Student’s Name: | |  | Page |  | of |  | |

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| **ELIGIBILITY DECISION**  **ELIGIBLE:**  **[ ] YES [ ]**  **NO**  **AREA OF DISABILITY:**  \_\_\_\_ \_\_\_  If the selected area of disability is Multiple Disabilities, list at least two disability areas for which the student is eligible.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Explanation (if needed): |
| **Complete for all students:**  Was lack of appropriate instruction in math and/or reading, including the essential components of reading instruction **(as defined in section 1208(3) of the Elementary and Secondary Education Act of 1965)** or limited English proficiency the determining factor in the decision?  **[ ] YES [ ] NO**  **(See documentation included in this report.)** |
| **Description of other options considered And why they were rejected** |
|  |
| **Check One:** **Eligibility Committee [ ] IEP Team [ ]** |

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| I AGREE with the conclusions written in this report. | |  |
| Position | Signature | **Date** |
| Parent |  |  |
| Parent |  |  |
| General Education Teacher |  |  |
| Special Education Teacher |  |  |
| LEA Representative |  |  |
| Someone Who Can Interpret The Instructional Implications Of The Evaluation Results |  |  |
| Student |  |  |
| Other |  |  |
|  |  |  |
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| I **DO NOT AGREE** with the conclusions written in this report. The attached statement represents my conclusions in this area. | | |
| Position | **Signature** | **Date** |
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| My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at www.alsde.edu. Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:   |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Telephone: |  |      |  | | --- | |  |   Signature of Education Agency Official | | |