

SUMMARY OF EVALUATION RESULTS AND ELIGIBILITY DETERMINATION

Student: _____

Check Purpose:

- Initial
- Reevaluation
- Other _____

School: _____

Grade: _____

DATE	SCREENING INFORMATION	RESULTS
___/___/___	Vision Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail Far R 20/___ L 20/___ Near R 20/___ L 20/___	
___/___/___	Hearing Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail ___ dB (Intensity Level) ___ Hz (Frequencies)	
___/___/___	Speech-Language Screening _____	
___/___/___	Motor Screening _____	
___/___/___	Health Screening _____	
___/___/___	Other _____	

DATE	EVALUATION INFORMATION	RESULTS
___/___/___	Educational Evaluation Assessment/Test:	
___/___/___	Psychological Evaluation Assessment/Test:	
___/___/___	Behavioral-Emotional Evaluation Assessment/Test:	
___/___/___	Communication Skills Assessment/Test:	
___/___/___	Adaptive-Behavior Evaluation Assessment/Test:	
___/___/___	Medical/Health Evaluation Assessment/Test:	
___/___/___	Other: Assessment/Test:	

Attach additional pages as necessary
(Team members sign on DEC 3, Part 2)

Student: _____ School: _____ Grade: _____

SUMMARY OF EVALUATION RESULTS

Strengths:

Needs:

STATEMENT OF ELIGIBILITY: Using the information from the evaluation reports that have been summarized on the DEC 3 (and DEC 3a, 3b, 3c when appropriate), your child’s identified strengths and needs, and eligibility criteria contained in Procedures Governing Programs and Services for Children with Disabilities,

(Child’s Name)

_____ **is eligible** for special education services. He/she meets the criteria for _____ , and is in need of special education. (Category)

_____ **is not eligible** for special education services.

Team Signatures	Position	For SLD Only Agree/Disagree	Date of Meeting

Copy to: **Parent(s)/EC File**
Sent / Given _____/_____/_____