



Student:	Student UID#	DOB:
School:	Grade:	Age:

Commented [KH1]: This is the student's PowerSchool number.

ELIGIBILITY DETERMINATION

I. Disability Determination

Based on the information from a variety of sources that have been documented and carefully considered, the IEP Team has determined:

<input type="checkbox"/>	Student MEETS the criteria for one or more of the fourteen (14) disabling conditions described in the <i>NC Policies Governing Services for Children with Disabilities</i> .
<input type="checkbox"/>	Student DOES NOT MEET the criteria for one or more of the fourteen (14) disabling conditions described in the <i>NC Policies Governing Services for Children with Disabilities</i> .

Commented [KH2]: Select the appropriate determination and, if the students MEETS the criteria, check the appropriate area of primary disability. If needed, also select the appropriate area of secondary disability.

Primary Disability		Secondary Disability	
<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Deafness	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Deafness	<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Speech or Language Impairment	<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Visual Impairment (including Blindness)	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Visual Impairment (including Blindness)

II. Adverse Effect on Educational Performance

The IEP Team has determined the student's educational performance **is not** primarily caused by:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	a lack of appropriate instruction in reading, including the essential components of reading instruction; <i>The term "essential components of reading instruction" means explicit and systematic instruction in: phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills), and reading comprehension strategies.</i>
<input type="checkbox"/>	<input type="checkbox"/>	a lack of appropriate instruction in math; and
<input type="checkbox"/>	<input type="checkbox"/>	a limited English proficiency.

Commented [KH3]: The team will select "yes" if it is determined that the area in question is not the primary cause of the lack of appropriate educational attainment.

The disability has an adverse effect on educational performance. Yes No

III. Instructional Requirement

The IEP Team has determined that the student:

<input type="checkbox"/>	REQUIRES specially designed instruction and related services <i>(if applicable)</i> .
<input type="checkbox"/>	DOES NOT REQUIRE specially designed instruction and related services.



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IV. Eligibility Determination

In order to be eligible for special education and related services, the student must:

- meet the criteria for a disability in Section I;
- have a disability that has an adverse effect on educational performance documented in Section II; **AND**
- require specially designed instruction and related services (*if applicable*) in Section III.

<input type="checkbox"/>	YES , the student meets all three of the eligibility criteria (<i>Sections I-III</i>) required for special education and related services.
<input type="checkbox"/>	NO , the student did not meet all three of the eligibility criteria (<i>Sections I-III</i>) required for special education and related services.

The IEP Team members below include the parent/guardian/student and professionals qualified to determine whether the student is a child with a disability and whether or not the student is eligible for special education and related services.

The following individuals were present and participated in the IEP Team decision. (A Request to Excuse Required IEP Team Member(s) has been obtained if any of the below participants are identified as excused. Note with an asterisk (*) any team member who used alternative means to participate.)

Name/Signature	Position	Date	Agree/Disagree (SLD Only)
	Parent/Guardian/Student		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	Parent/Guardian/Student		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	Parent/Guardian/Student		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	LEA Representative		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	Special Education Teacher		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	General Education Teacher		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	Interpreter of Instructional Implications of Evaluations		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

For SLD only – If an IEP Team member disagrees, he/she must submit a separate statement of their reason for disagreement.

Explanation of team participants/absence of participants (if needed)

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C: EC File, Parent/Guardian

Student UID#: _____



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V. Procedural Safeguards

- A copy of the *Parent Rights and Responsibilities in Special Education: Notice of Procedural Safeguards* has been provided to the parent/guardian/student.
- A copy of the Eligibility Determination, evaluation report(s), eligibility worksheet(s), and a Prior Written Notice has been provided to the parent/guardian/student.

Signature: _____ Date: ____ / ____ / ____

EC Case Manager: _____ School: _____
Email: _____ Phone: _____

Commented [KH4]: The EC Teacher/Case Manager will select the appropriate box(es) as to what was given to the parent/guardian/student.

Commented [KH5]: This is the parent/guardian/student signature and date they received the information listed above.