



EVALUATION & ELIGIBILITY MANUAL

UPDATED SUMMER, 2022

Kent ISD
Special Education



Table of Contents



INTRODUCTION	1
MTSS/RtI and Child Find	1
EARLY INTERVENTION AND SCREENING	2
OTHER EVALUATION CONSIDERATIONS	3
Evaluations from Non-School Agencies	3
Independent Educational Evaluations	3
Expedited Initial Evaluations in Discipline Cases	3
Nonpublic Evaluation/Reevaluation	3
Disproportionate Representation	4
Considerations for English Learners	4
TIMELINES FOR SPECIAL EDUCATION EVALUATIONS	5
REVIEW OF EXISTING EVALUATION DATA (REED)	6
REED and Consent to Evaluate	7
REED and Consent to Evaluate for Functional Behavior Assessments	10
ELIGIBILITY RECOMMENDATION	13
Purpose	13
Evaluation Requirements	13
Diagnostic Assurances	13
Eligibility Recommendation	13
Participant Signatures	13
MiPSE Eligibility Recommendation	14
Eligibility Recommendation PLAAFP	15
Autism Spectrum Disorder Eligibility Recommendation	16
Cognitive Impairment Eligibility Recommendation	17
Deaf-Blindness Eligibility Recommendation	18
Emotional Impairment Eligibility Recommendation	19
Severe Multiple Impairment Eligibility Recommendation	20
Deaf or Hard of Hearing Eligibility Recommendation	21
Early Childhood Developmental Delay Eligibility Recommendation	22
Other Health Impairment Eligibility Recommendation	23
Physical Impairment Eligibility Recommendation	24
Specific Learning Disability Eligibility Recommendation	25
Speech and Language Impairment Eligibility Recommendation	26
Traumatic Brain Injury Eligibility Recommendation	27
Visual Impairment Eligibility Recommendation	28
Prior Written Notice	29
APPENDIX 1: REQUIRED EVALUATORS	30

INTRODUCTION



The purpose of this manual is to provide Kent ISD special educators with specific guidance on conducting evaluations and reevaluations for special education eligibility that comply with the Michigan Administrative Rules for Special Education and the Individuals with Disabilities Education Act (IDEA).

Under IDEA, “Child Find” is the legal requirement that schools find all children who have disabilities and who may be entitled to special education services. In Michigan, Child Find covers every child from birth to age 26. The school must evaluate any child that it knows or suspects may have a disability.

Local Education Agencies (LEAs) and Public School Academies (PSAs) should supplement the information contained in this manual with additional local policies and procedures. For information on specific disabilities, consult other Kent ISD manuals such as the Kent ISD Speech and Language Evaluation, Eligibility, and Service Guidelines (2021), Autism Spectrum Disorder Evaluation and Eligibility Guidelines (Kent ISD, 2015), Pattern of Strengths and Weaknesses Guidelines (Kent ISD, 2012), Other Health Impairment Eligibility Guidelines (Kent ISD, 2016), and Guidelines for Determining Emotional Impairment (Kent ISD, 2003). Documents are available on the Special Education page at: www.kentisd.org

MTSS/Rtl and Child Find

A multi-tiered system of support (MTSS) focuses on providing high quality instruction and interventions which are matched to student need. Through data-based decision-making, the system is divided into three or more “tiers” with the top tiers identifying students needing targeted and intensive intervention.

Under IDEA and in accordance with Child Find, it is important to note that a MTSS/Rtl process cannot be used to delay or deny an evaluation for eligibility. Therefore, teams must determine when to proceed with an evaluation by analyzing the significance of the student need as it relates to their age/grade level peer development and/or in choosing to use an intervention model in analyzing the rate of student growth. If a student is not showing expected growth in the timeframe determined by the team prior to intervention, or if a disability is suspected at any time throughout the process, then the team is obligated to move to a special education evaluation in compliance to Child Find.

EARLY INTERVENTION AND SCREENING



Early Intervening Services – Up to 15% of IDEA Flowthrough funds may be used to support early intervening activities. The concept of early intervening services for school-age students comes from IDEA 2004. The intent aligns to MTSS and provides instruction and intervention to students matched to student need prior to a referral for special education and related services.

The core principles of MTSS include:

- Focus on meaningful, relevant and equitable outcomes rather than activities
- Invest in systems to support fidelity, sustainability, and scalability
- Utilize evidence-based practices
- Use evaluation for continuous improvement
- Employ a multi-tiered framework with increasing support matched to need

General Screening – Screening across general populations for instructional purpose is not an evaluation (such as “Kindergarten round-up” or district benchmarking assessment such as NWEA-MAP). Instructional purpose means determining appropriate instructional strategies for curriculum implementation. When an assessment or other evaluation is administered to all students, parent consent is not required.

Individual Screening – Standardized and/or norm referenced assessments should not be administered to individual students without consent through a REED and as part of the evaluation process, unless the screening has been administered to ALL students as part of an MTSS/RtI process.

Consultation and Observation by Special Education Staff – An evaluation team member can complete classroom observations and work in small groups/stations within the classroom to address teacher concerns and provide feedback for individual students. However, if a concern requires additional attention, the student should be referred to the building Child Study/Student Assistance Team or MTSS/RtI process as a next step. This referral may include short term observation, data collection, and intervention within the general education classroom. If the student does not respond to the short-term intervention, then a REED should be completed in compliance with child find and as part of a special education evaluation.

OTHER EVALUATION CONSIDERATIONS



Evaluations from Non-School Agencies

IDEA requires that the multidisciplinary evaluation team considers the information from evaluations (psychological, social work, and/or other evaluations) provided from non-school agencies and determine the impact within the school setting. In some situations, it may be appropriate and/or important to use the information from outside evaluations as part of an Eligibility Recommendation. However, it is never appropriate to use outside evaluations in lieu of a MET report. The school district must utilize required MET members to review information submitted by other practitioners to assure that evaluations were conducted in accordance with state and federal regulations relating to evaluations. Reviews from appropriate school personnel will determine the degree to which the report can be accepted and what additional information should be included in the Eligibility Recommendation. If outside evaluations were conducted, it is strongly recommended that a Review of Existing Evaluation Data (REED) be completed to determine what information is available and what still needs to be completed to finalize the evaluation for a student with a suspected disability. Even when an outside evaluation meets educational requirements, each required member of the MET for a suspected disability must make a written contribution to the Eligibility Recommendation. This requires a minimum of an observation, consultation, or additional evaluation.

Independent Educational Evaluations

A parent has the right to an Independent Educational Evaluation (IEE) at public expense if the parent disagrees with an evaluation conducted by the school district. An Independent Educational Evaluation is defined as an evaluation conducted by a qualified examiner who is not employed by the public agency responsible for the education of the student in question; and public expense means that the public agency either pays for the full cost of the evaluation or ensures that the evaluation is otherwise provided at no cost to the parent. The only way a school district may refuse an IEE is to file a due process complaint to request a hearing to show that its evaluation is appropriate and an administrative law judge decides that the school district's evaluation is appropriate. A parent is entitled to only one independent educational evaluation at public expense each time the public agency conducts an evaluation with which the parent disagrees.

There are multiple regulations the public agency must follow when responding to a parent's request for an IEE. If this request arises at an IEP Team meeting or in another manner, the director of special education or appropriate special education supervisor should be immediately informed of the request so they can follow the appropriate IEE procedures. An IEE packet is available on the Kent ISD Special Education page at: www.kentisd.org

Expedited Initial Evaluations in Discipline Cases

IDEA requires that if a request is made for an evaluation of a student during the time period in which the student is subjected to disciplinary measures, the evaluation must be conducted in an expedited manner. There is no language in the IDEA that defines "expedited evaluation". However, there is a reference in the IDEA commentary that "expedited" means an evaluation is conducted in a shorter period of time than a typical evaluation, which is within 30 school days in Michigan. Until the evaluation is completed, the student remains in the educational placement determined by school authorities, which can include suspension or expulsion without educational services. However, students are under the protection of IDEA until the evaluation and IEP are completed.

Nonpublic Evaluation/Reevaluation

For students enrolled in nonpublic schools, the public **district of location** is responsible for Child Find and conducting K-12 special education evaluations, including the REED and Eligibility Recommendation. If eligible, per MARSE and on the recommendation of Kent ISD, the public **resident district** must offer FAPE through the development of an IEP for special education programs/services to students parentally placed in private schools. Per IDEA, if the parent does not sign the Authorization for Release of Confidential Information and Records, then the resident district cannot engage in order to offer FAPE. Additionally, if the resident district chooses not to offer FAPE, a Parent/Guardian Notice of Intent to Voluntarily Enroll

in a Private School should be uploaded to MiPSE. All preschool evaluations/programs/services are the responsibility of the student's resident district.

For additional guidance on Nonpublic Evaluations and Service, visit www.kentisd.org.

Disproportionate Representation

The term "significant disproportionality" is used to describe the widespread trend of students of certain racial and ethnic groups being identified for special education, placed in more restrictive educational settings, and disciplined at markedly higher rates than their peers. Being misidentified as needing special education, placed in a restrictive setting, or disciplined more frequently can negatively affect student outcomes. The Michigan Department of Education (MDE) is held accountable to federal mandates through a series of 20 State Performance Plan (SPP) indicators. As a result, MDE and Kent ISD monitor SPP indicators related to special education evaluation including disproportionate representation (SPP 9 and 10). Over and under representation of racial/ethnic subgroups in special education may be the result of inappropriate identification. Therefore, cultural understanding is critical in understanding the referral, determining appropriate evaluation procedures, interpreting test results, and participating effectively in the team's decision-making process.

All multidisciplinary evaluation team members should take caution in distinguishing differences from disability to ensure that implicit biases do not create barriers to educational attainment for any student. Use of culturally sensitive and nondiscriminatory diagnostic assessments for the purpose of ensuring all students with disabilities are properly identified and supported. School staff should also periodically review district counts of eligible students in racial/ethnic subgroups and areas of disability (contact your local special education administrator or the Kent ISD Special Education Department for technical assistance).

Considerations for English Learners

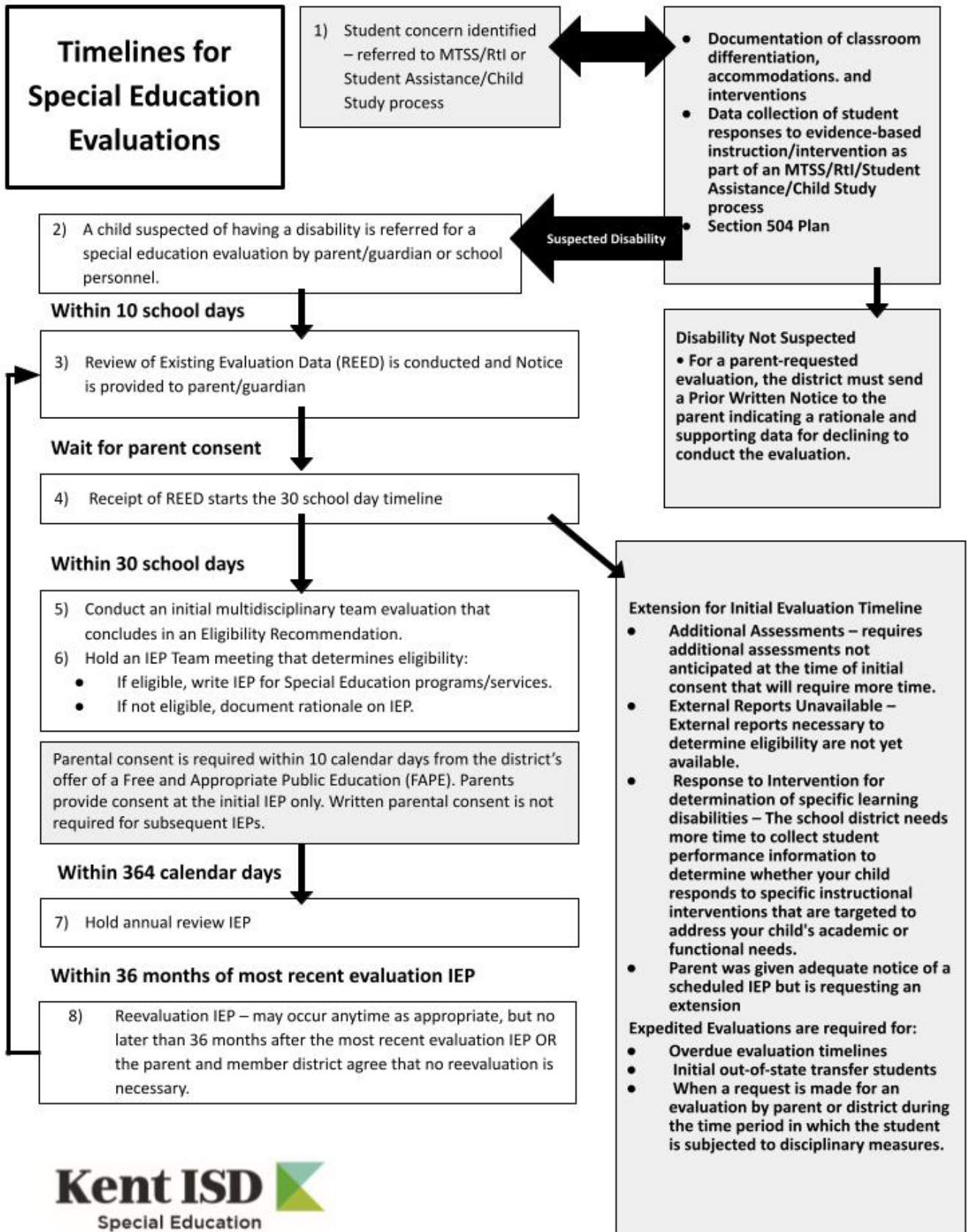
Identifying a disability in students with limited English proficiency poses unique challenges and requires careful consideration of a variety of factors. Limited English proficiency and lack of progress in the general education curriculum are not reasons for an English Learner (EL) to qualify for special education. Federal and state laws specifically state that school teams must rule out limited English proficiency as the primary cause of a student's inadequate achievement before determining that the student is eligible for special education.

Additionally, Multidisciplinary Teams should:

- Not delay a special education evaluation because of a student's limited English proficiency or the student's participation in a language assistance program (LAP) when a disability is suspected.
- Inform parent/guardians of ELs of all information relevant to a special education evaluation in their native language.
- Consider the English language proficiency of ELs with disabilities in determining appropriate assessments and other evaluation materials.
- Provide and administer special education evaluations that are non-discriminatory and in the student's native language, as appropriate, unless it is clearly not feasible to do so, to ensure that a student's language needs can be distinguished from a student's disability-related needs.
- Not identify a student as disabled if his or her performance difference is primarily the result of an environmental, cultural, or economic disadvantage.
- Not identify or determine that EL students are students with disabilities because of their limited English proficiency.
- If found eligible, provide EL students with disabilities both special education programs/services and language assistance, which would be noted in the Supplementary Aids and Services page on the IEP.

EL students are entitled to considerations under other federal and state requirements. Consider referring to district EL resources and/or Kent ISD for more information.

TIMELINES FOR SPECIAL EDUCATION EVALUATIONS



REVIEW OF EXISTING EVALUATION DATA (REED)



A review of existing evaluation data is the first step of the evaluation process. A review of existing evaluation data includes:

- Evaluations and information provided by the parents of the child;
- Current classroom-based, local, or state assessments;
- Classroom-based observations; and
- Observations by teachers and related service providers.

Based on the review of existing data, the team determines any additional data needed to determine:

- Whether the student continues to have such a disability and the educational needs of the student;
- The present levels of academic achievement and related developmental needs of the student;
- Whether the student continues to need special education or related services; or
- Whether any additions or modifications to the special education and related services are needed to enable the student to meet their individualized education program (IEP) goals and to participate, as appropriate, in the general education curriculum.

If, based on the review of existing data, the team does decide that additional data is needed then the district must:

1. Complete the Evaluation Needs section;
2. Develop an Evaluation Plan on the REED; and
3. Obtain parental consent to implement the evaluation plan.

When Additional Data Is Not Needed

If the IEP Team and other qualified professionals determine that no additional data is needed to determine whether the student continues to be a student with a disability, and/or to determine educational needs, the boxes under the Evaluation Needs section would not be checked and the Notice of Sufficient Data section would be completed instead. The district must notify the parent/guardian that no additional data is needed and the reasons for the determination. The parent/guardian must be informed that they have the right to request an assessment to determine whether the student continues to be a student with a disability, and/or to determine the student's educational needs.

REED Timeline

Once the REED is signed by the parent or guardian and received by the district, they have 30 school days to complete the evaluation to reestablish eligibility. Regardless of whether or not additional assessment takes place, the Eligibility Recommendation (ER) form must be completed including the assurance statements.

The evaluation timeline may be extended for initial evaluations only for one or more of the following reasons.

- Evaluation team requires additional assessments not anticipated at the time of initial consent that will require more time.
- External reports are necessary to determine eligibility and are not yet available.
- School district needs more time to collect student performance information to determine whether the child responds to specific instructional interventions that are targeted to address academic or functional needs.
- Parent was given adequate notice of a scheduled IEP but is requesting an extension

REED and Consent to Evaluate

STUDENT INFORMATION

A. Enter the Initiation Date for Review/Plan.

PURPOSE

B. For Initial Evaluations, check “An Initial Eligibility for special education” and, when applicable, “Out of state transfer” or “Early On (MMSE) to Part B” only.

For re-evaluations, check “ongoing eligibility” and/or “change in eligibility” and/or “Appropriate programs and services”.

For adding or removing programs and services, check “Appropriate programs and services.”

*For guidance on completing a REED for conducting a functional behavior assessment (FBA), please refer to the REED and Consent to Evaluate for Functional Behavior Assessments.

WRITTEN REQUEST FOR INITIAL EVALUATION

C. This section will only display for purposes of initial eligibility selected in the previous section. Include all relevant information and a detailed description of the reason for the referral.

D. Enter the written request for initial evaluation was received. **The public agency must provide the parent/guardian with written notice within 10 school days of the receipt.**

PARTICIPANTS

E. The IEP team should complete the REED and be listed as participants. This includes: parent/guardian, general education teacher, special education provider, evaluation team representative and district representative. The student can also be included when/if appropriate. If you are considering a new service area or eligibility then the staff appropriate to that area must also be invited to participate in the REED process.

EVALUATION REVIEW

F. The Evaluation Review section is where the team will engage in a review of the existing evaluation data. It is imperative that this entire section includes data and is comprehensive.

REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN

STUDENT INFORMATION

Student: Train Sample41 Initiation Date for Review/Plan: **A**
 Birthdate: Resident District for Purpose of FAPE:
 Age: Student Primary Language:
 Grade: Language in the Home:

PURPOSE

The purpose of this process is to review the information we have and what is needed by the IEP Team to consider:

An **initial eligibility** for special education An **ongoing eligibility** for special education
 Out of state transfer eligibility determination for special education A **change in eligibility** for special education
 Transition from **Early On (MMSE) to Part B** Appropriate **programs or services** in special education

WRITTEN REQUEST FOR INITIAL EVALUATION

We have received a referral indicating that your child may have a disability and may need special education services and/or programs. To determine initial eligibility for these services and/or programs, we are requesting your consent to conduct the necessary evaluation(s).

Person Making Referral: Title: Date: **D**
 Reason for Referral:

PARTICIPANTS

Participant Name	Title/Relationship
	Parent/Guardian
	Special Ed Provider
	General Ed Teacher

EVALUATION REVIEW

For the purpose(s) indicated above, the following information must be reviewed:

Previous evaluation team findings:

State and district assessments: *(If none, enter "None")*

In the case of:

- an initial, this section should contain evidence relevant to the suspected eligibility.
- a reevaluation, this section should contain evidence relevant to the existing eligibility.
- consideration of appropriate programs/services, this section should contain evidence relevant to the suspected need for that service.
- no further testing required, this section provides a summary of evidence of support for continued eligibility so it must address all required components for that eligibility category.

G. Provide dates and a brief summary of previous school evaluations including data from the most recent evaluation.

- Reminder, pre-screening is not allowable for purposes of an evaluation and should not be included on the REED.

H. List the dates, scores and a brief narrative of findings regarding the student’s performance on state and district assessments that have occurred since the last evaluation.

REED and Consent to Evaluate

EVALUATION REVIEW CONT.

- A. Current and relevant student assessment data/observations may include classroom assessment data, MTSS/RtI intervention data, report card information, other student performance & growth data compared to grade/age level peers, etc. There should be a clear connection between the assessment data & the area of suspected/current eligibility or areas of need.
- B. Provide anecdotal observations from teacher/provider input, data on progress on goals/objectives when applicable, and any other relevant data, such as classroom observation data.
- C. Evaluations and information provided by the parents must be reviewed and documented. Summarize any outside evaluation data here. If evaluations and input from parents cannot be obtained prior to the provision of Notice, document repeated attempts to gain parent input. *This section should never say "none."

Classroom-based assessments and observations:

Observations by teachers/providers of related services:

Evaluations and input provided by parents/guardians:

EVALUATION NEEDS

On the basis of the above review, the educational needs of the child and input from the student's parents, additional data is needed to determine the following (*select all that apply*):

- Whether the child has or continues to have a disability
- The student's present level of academic achievement and developmental needs
- Whether the student needs or continues to need special education and related services
- Whether any additions or modification to special education and related services are needed to meet IEP goals and participate in general education
- Based on the review of existing evaluation data including parent input, Lowell will not be proceeding with an evaluation to determine if the child has or continues to have a disability

EVALUATION PLAN

Based upon the evaluation review and needs, the following evaluation plan is proposed: (*Select and define all that apply*)

Assessment Area	Information Needed
Other: Specify Assessment Area	

OPTIONS CONSIDERED

The following options were considered but not selected for the reason(s) indicated below:

Considered Options	Reasons Not Selected
Full evaluation to collect additional data to determine whether the student is or continues to be a student with a disability and/or to determine educational needs.	G

EVALUATION NEEDS

- D. The team must identify what additional data is needed to determine if the child has a disability, the PLAAFP and related developmental needs, if the student needs or continues to need special education and related services, and/or if any additions or modifications to special education and related services are needed.

EVALUATION PLAN

- F. The assessments included in the evaluation plan should be clearly designed to answer specific questions regarding eligibility criteria or need for services that weren't answered in the review of existing evaluation data. Select an assessment area from the drop-down list and describe the specific information needed.

Avoid naming specific evaluation instruments to allow for changes in instruments as needed for an assessment area during the evaluation process. Examples of information needed may include: classroom observations, standardized assessments, achievement tests, cognitive assessment, rating scales, functional behavior assessment, etc.

Examples for "Other" include medical evaluations and assistive technology evaluations.

- G. If no additional data is needed to determine whether the student has a disability or to determine the student's educational needs, checkboxes under evaluation needs should be left unselected. As of August 2022, the reason(s) for the determination that no additional data is needed should be detailed in Reasons Not Selected on the Notice page.

REED and Consent to Evaluate

OPTIONS CONSIDERED

- A. If the team considers other evaluation options or requests by the parent/guardian that will NOT be selected, record what was requested or offered.
- B. Explicitly state why the team decided NOT to select the option considered.

RESOURCES FOR PARENTS

- C. Resources are included for parents to obtain assistance in understanding protections under IDEA.

CONSENT

- D. The Parent/Guardian/Student must select a consent option, sign and date this page.
 - An initial evaluation **cannot** be conducted without parental consent.
 - For a reevaluation, informed parental consent need not be obtained if the public agency can demonstrate that it made reasonable efforts to obtain such consent; and, the child's parent has failed to respond.

Attempts to obtain parental consent should vary such as, phone, email, letter, etc. and should be attempted at least 3 times. Document attempts in the OFFICE USE ONLY Contact Log on this page.

Evaluation timeline is 30 school days from receipt of signed REED by a school official. In OFFICE USE ONLY section, record the school personnel receiving the REED and date received.

DISTRICT SIGNATURES

- E. The REED should be signed by the District Superintendent/Designee prior to providing the REED to parents/guardians.
- F. A district contact person, most often the case manager or evaluation team representative, should be designated for the parent/guardian/student in the event that questions or concerns arise.

STUDENT INFORMATION	
Student: Train Sample41	Initiation Date for Review/Plan:
Birthdate:	Resident District for Purpose of FAPE:
Age:	Student Primary Language:
Grade:	Language in the Home:
DISTRICT NOTICE	
The REED describes the assessment/evaluation procedures and data used during planning and decisions on additional evaluations needed.	
OPTIONS CONSIDERED	
The following options were considered but not selected for the reason(s) indicated below:	
A	B
<u>Considered Options</u>	<u>Reasons Not Selected</u>
Other relevant factors to the district's proposal or refusal:	
RESOURCES FOR PARENTS	
The <i>Parent Handbook and Procedural Safeguards</i> issued annually describes protections under the Individuals with Disabilities Education Act (IDEA). Information is also available from:	
<ul style="list-style-type: none"> • FAMILY MATTERS, an online resource center for families developed by the Michigan Department of Education - Office of Special Education (MDE-OSE), provides information about special education and other resources, in a parent friendly format. http://bit.ly/MDEFamilyMatters • DISABILITY ADVOCATES OF KENT COUNTY: 3600 Camelot Drive SE, Grand Rapids, MI 49546; 1-616-949-1100; https://www.dakc.us/ • DISPUTE RESOLUTION CENTER OF WEST MICHIGAN: 678 Front Ave NW, Grand Rapids, MI 49504; 1-616-459-3339; www.arckent.org • ARC OF KENT COUNTY: 2922 Fuller Ave NE, Grand Rapids, MI 49505; 1-800-873-7658; www.drcwm.org • MICHIGAN ALLIANCE FOR FAMILIES: 1325 S. Washington Ave, Lansing, MI 48910; 1-800-552-4821; www.michiganallianceforfamilies.org • DISABILITY RIGHTS MICHIGAN: 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; www.drsmich.org • MICHIGAN DEPARTMENT OF EDUCATION-OFFICE OF SPECIAL EDUCATION: PO Box 30008, Lansing, MI 48909; 1-517-373-0923; www.michigan.gov/mde 	
CONSENT	
I, as parent/guardian/student understand the contents of this plan and understand that I may request a comprehensive evaluation related to the disability of my child and: <i>(Select one)</i>	
<input type="checkbox"/> I consent to the proposed evaluation plan. <input type="checkbox"/> I do not consent to the proposed evaluation plan. <input type="checkbox"/> No response to requests to obtain parent consent	
D	
E	
F	
Parent/Guardian/Student _____	Date _____
DISTRICT SIGNATURES	
District Superintendent Designee: _____	Date: _____
District Contact Person: _____	Phone: _____

REED and Consent to Evaluate for Functional Behavior Assessments

Functional Behavior Assessments (FBA) should not be completed without first obtaining parent consent. A REED must be completed for any FBA completed on a student receiving special education services.

STUDENT INFORMATION

A. Enter the Initiation Date for Review/Plan.

PURPOSE

B. Unless the FBA is tied to either an initial or Reevaluation, select "Appropriate programs and services," as the purpose.

PARTICIPANTS

C. The IEP team should complete the REED and should be listed as participants. This includes: parent/guardian, general education teacher, special education provider, evaluation team representative and district representative. Other individuals with knowledge or expertise related to the student's behavioral difficulty could be included as participants.

EVALUATION REVIEW

D. **Previous evaluation team findings:** Include a description of current eligibility with relevant data and any notable changes in eligibility. Provide an overview of any previous Functional Behavior Assessments completed.

E. **State and district assessments:** Include most recent state or district assessment results if applicable based on behavioral concerns and describe the potential relationship to the behavioral concern.

F. **Classroom-based assessments and observations:** describe the behavioral concerns in specific, observable terms with as much detail as possible including any available data related to the behavior of concern and/or current intervention data.

Do not include observations conducted specifically for the purpose of identifying the function of the behavior as part of the FBA as consent has not been obtained at the time of this document's completion.

REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN

STUDENT INFORMATION

Student:	Initiation Date for Review/Plan:
Birthdate:	Resident District for Purpose of FAPE:
Age:	Student Primary Language:
Grade:	Language in the Home:

PURPOSE

The purpose of this process is to review the information we have and what is needed by the IEP Team to consider:

<input type="checkbox"/> An initial eligibility for special education	<input type="checkbox"/> An ongoing eligibility for special education
<input type="checkbox"/> Out of state transfer eligibility determination for special education	<input type="checkbox"/> A change in eligibility for special education
<input type="checkbox"/> Transition from Early On (MMSE) to Part B	<input checked="" type="checkbox"/> Appropriate programs or services in special education

PARTICIPANTS

Participant Name	Title/Relationship
	Parent/Guardian
	General Ed Teacher
	Special Ed Provider
	Eval Team Rep

EVALUATION REVIEW

For the purpose(s) indicated above, the following information must be reviewed:

Previous evaluation team findings:

State and district assessments: *(If none, enter "None")*

Classroom-based assessments and observations:

Observations by teachers/providers of related services:

Evaluations and input provided by parents/guardians:

G. **Observations by teachers/providers of related services:** Include observations/input from general education teacher, special education teacher/related service providers (when applicable) and other individuals with knowledge or expertise related to the student's behavioral difficulty. Specifically detail how the behavior is impacting classroom performance and access. Describe previous behavioral interventions that have been provided and list current behavioral supports.

H. **Evaluations and input provided by parents/guardians:** Include input, observations in the home, and evaluations provided by parents (when applicable) specific to behavioral concerns.

REED and Consent to Evaluate for Functional Behavior Assessments

EVALUATION NEEDS

- A. For the purpose of gaining consent for a Functional Behavior Assessment, teams should select the evaluation need of “The student’s present level of academic achievement and developmental needs,” and “Whether any additions or modifications to special education and related services are needed to meet IEP goals and participate in general education.”

Unless this is an Initial REED or the FBA is being conducted in conjunction with an evaluation to determine continued eligibility, do not select “Whether the child has or continues to have a disability,” or “Whether the student needs or continues to need special education and related services.”

- B. Social/Emotional/Behavioral should be selected as the assessment area for an FBA.
- C. A description of the FBA should be provided under Information Needed.

Example: As a way to best serve your student, the team would like to conduct a Functional Behavior Assessment (FBA). A Functional Behavior Assessment is the process of collecting information to help identify student behaviors that interfere with learning and to determine why these behaviors occur.

An FBA may include, but is not limited to:

- Interviews completed with teacher(s), parent(s)/guardian(s), and the student (if applicable) regarding the student’s behavior
- Information-gathering tools (e.g., cumulative file review, behavior rating scales, student self-assessment)
- Observations of student behavior in the school setting
- Data collection on student behavior

The purpose of the FBA is to collect information to help develop a Positive Behavior Support Plan (PBSP) for your student to improve their performance and success in school.

EVALUATION NEEDS	
On the basis of the above review, the educational needs of the child and input from the student’s parents, additional data is needed to determine the following:	
A	<input type="checkbox"/> Whether the child has or continues to have a disability <input checked="" type="checkbox"/> The student’s present level of academic achievement and developmental needs <input type="checkbox"/> Whether the student needs or continues to need special education and related services <input checked="" type="checkbox"/> Whether any additions or modification to special education and related services are needed to meet IEP goals and participate in general education
EVALUATION PLAN	
Based upon the evaluation review and needs, the following evaluation plan is proposed: <i>(Select and define all that apply)</i>	
Assessment Area	Information Needed
B Social/Emotional/Behavioral	C

Note: teams should avoid stating that no additional data is needed to determine the student’s educational needs, as consent is needed to conduct a functional behavior assessment.

REED and Consent to Evaluate for Functional Behavior Assessments

OPTIONS CONSIDERED

- A. If the Considered—If the team considers other evaluation options or requests by the parent/guardian that will NOT be selected, record what was requested or offered.
- B. Explicitly state why the team decided NOT to select the option considered.

RESOURCES FOR PARENTS

- C. Resources are included for parents to contact to obtain assistance in understanding protections under IDEA.

CONSENT

- D. The Parent/Guardian/Student must select a consent option, sign and date this page.

Attempts to obtain parental consent should vary in mode (i.e., phone, email, letter, etc.) and should be attempted at least 3 times. Document attempts in the OFFICE USE ONLY Contact Log on this page.

DISTRICT SIGNATURES

- E. The REED should be signed by the District Superintendent Designee prior to providing the REED to parents. Functional Behavior Assessments should be completed within 30 school days from receipt of signed REED by a school official.
- F. A district contact person, most often the case manager or evaluation team representative, should be designated for the parent/guardian/student in the event that questions or concerns arise.

STUDENT INFORMATION	
Student: Train Sample41	Initiation Date for Review/Plan:
Birthdate:	Resident District for Purpose of FAPE:
Age:	Student Primary Language:
Grade:	Language in the Home:
DISTRICT NOTICE	
The REED describes the assessment/evaluation procedures and data used during planning and decisions on additional evaluations needed.	
OPTIONS CONSIDERED	
The following options were considered but not selected for the reason(s) indicated below:	
A	B
<u>Considered Options</u>	<u>Reasons Not Selected</u>
Other relevant factors to the district's proposal or refusal:	
RESOURCES FOR PARENTS	
The <i>Parent Handbook and Procedural Safeguards</i> issued annually describes protections under the Individuals with Disabilities Education Act (IDEA). Information is also available from:	
<ul style="list-style-type: none"> • FAMILY MATTERS, an online resource center for families developed by the Michigan Department of Education - Office of Special Education (MDE-OSE), provides information about special education and other resources, in a parent friendly format. http://bit.ly/MDEFamilyMatters • DISABILITY ADVOCATES OF KENT COUNTY: 3600 Camelot Drive SE, Grand Rapids, MI 49546; 1-616-949-1100; https://www.dack.us/ • DISPUTE RESOLUTION CENTER OF WEST MICHIGAN: 678 Front Ave NW, Grand Rapids, MI 49504; 1-616-459-3339; www.arckent.org • ARC OF KENT COUNTY: 2922 Fuller Ave NE, Grand Rapids, MI 49505; 1-800-873-7658; www.drcwm.org • MICHIGAN ALLIANCE FOR FAMILIES: 1325 S. Washington Ave, Lansing, MI 48910; 1-800-552-4821; www.michiganallianceforfamilies.org • DISABILITY RIGHTS MICHIGAN: 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; www.drmich.org • MICHIGAN DEPARTMENT OF EDUCATION-OFFICE OF SPECIAL EDUCATION: PO Box 30008, Lansing, MI 48909; 1-517-373-0923; 	
CONSENT	
I, as parent/guardian/student understand the contents of this plan and understand that I may request a comprehensive evaluation related to the disability of my child and: <i>(Select one)</i>	
<input type="checkbox"/> I consent to the proposed evaluation plan. <input type="checkbox"/> I do not consent to the proposed evaluation plan. <input type="checkbox"/> No response to requests to obtain parent consent	
Parent/Guardian/Student _____	Date _____
DISTRICT SIGNATURES	
E District Superintendent Designee: _____	Date: _____
F District Contact Person: _____	Phone: _____

ELIGIBILITY RECOMMENDATION



Upon completion of evaluation activities, the Multidisciplinary Evaluation Team shall prepare a written report summarizing evaluation activities and eligibility recommendations. The MiPSE Eligibility Recommendation (ER) must be completed to include each suspected area(s) of disability.

Purpose

One purpose should be selected per Eligibility Recommendation form.

- Initial eligibility is used when the student is not currently receiving any special education programs/services.
- Change in eligibility includes evaluations for a different suspected disability, or potential termination of special education eligibility.
- Ongoing eligibility is used for students who are receiving a 3-year redetermination for the same disability.

Evaluation Requirements

Full and individual evaluations must be completed by a Multidisciplinary Evaluation Team (MET) that meet the requirements for each suspected area of disability with a written report. A variety of assessment tools and strategies must be used in evaluations including information provided by the parent. The MET report/Eligibility Recommendation must contain information needed to determine the student's present level of academic achievement and functional performance (PLAAFP) and educational needs.

Diagnostic Assurances

A check box is necessary but insufficient to document diagnostic assurances. Diagnostic assurances must be supported through a narrative with data included within the Eligibility Recommendation (or attached reports if needed). The report where supporting information for each assurance is located and the date must be recorded.

In addition to the list of unique diagnostic assurances for each disability, there must be evidence of adverse impact on education as compared to same-grade and age-level peers which identifies the extent that the student requires one or more special education programs and/or services. When applicable and through an MTSS/RtI/Student Assistance/Child Study Process, general education accommodations, interventions and supports should be implemented and results documented prior to determining that student has a disability. However, in accordance with Child Find, it is important to note that a MTSS/RtI process cannot be used to delay or deny an evaluation for eligibility.

Eligibility Recommendation

The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the Eligibility Recommendation. In interpreting evaluation data, the district must draw upon information from a variety of sources and ensure the information is documented and carefully considered. The Eligibility Recommendation and/or evaluation reports should be presented to the parent at least 24 to 48 hours before the IEP Team meeting. The IEP Team makes the final determination of eligibility and the educational needs of the student.

Participant Signatures

The required MET participants for each disability are listed by title in the signature section. Additional participants may be added as needed.

MiPSE Eligibility Recommendation

PURPOSE

- A. Select on purpose that applies to this Multidisciplinary Evaluation:
- **Initial Eligibility** is used when the student is not currently receiving any special education programs/services.
 - **Change in Eligibility** includes evaluations for a different suspected disability, or potential termination of special education eligibility.
 - **Ongoing Eligibility** is used for students who are receiving a 3-year redetermination for the same disability.
- B. Each suspected area of disability must be selected in order to populate the required components of the evaluation and the required assurance statements for that suspected area of disability.

OTHER NOTES

For each required area on the Eligibility Recommendation, enter specific information/data OR specify the report and date where it is documented. Be sure to upload reports as attachments if you are referencing them in this document.

In addition to the list of unique diagnostic assurances for each disability, there must be evidence of **adverse impact** on education to the extent that the student requires one or more special education programs and/or services.

The Multidisciplinary Evaluation Team (MET) must document a **recommendation** of eligibility based on required information and assurance statements contained in the report. All evaluation reports should be presented to the parent/guardian at least 24 to 48 hours before the IEP Team meeting.

EVALUATION INFORMATION

- C. The Reason for Assessment will only show if the purpose is selected as Initial Eligibility. The Reason for Assessment will populate from the finalized REED.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation: 06/08/2021
Birthdate:	Resident District:
Age:	Student Primary Language: English
Grade:	Language in the Home: (none)
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: (Select one)	
Type of MET Evaluation: Initial Eligibility	
<p>Guidance: To determine evaluation and assurance requirements, select the eligibility area(s) being considered:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Autism Spectrum Disorder</p> <p><input type="checkbox"/> Cognitive Impairment</p> <p><input type="checkbox"/> Deaf-Blindness</p> <p><input type="checkbox"/> Early Childhood Developmental Delay</p> <p><input type="checkbox"/> Emotional Impairment</p> <p><input type="checkbox"/> Deaf or Hard of Hearing</p> <p><input type="checkbox"/> Specific Learning Disability</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Other Health Impairment</p> <p><input type="checkbox"/> Physical Impairment</p> <p><input type="checkbox"/> Severe Multiple Impairment</p> <p><input type="checkbox"/> Speech and Language Impairment</p> <p><input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Visual Impairment</p> </div> </div>	
EVALUATION INFORMATION	
Reason for Assessment	
A referral was made indicating that Kent Train Sample may have a disability and may need special education services and/or programs.	
This referral was made by _____	
Reason for referral: _____	
 <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

Eligibility Recommendation PLAAFP

The Eligibility Recommendation and evaluation reports must contain information needed to determine the student's present level of academic achievement and functional performance (PLAAFP) and educational needs.

- A. The PLAAFP is a description of the student's academic achievement and functional performance (academic subjects, functional areas such as selfcare, social skills, behavior, adaptive functioning, etc.).
- B. Areas of need should be identified to address all qualifying criteria/core features of the disability. Other needs not directly related to the disability may also be identified when applicable.
- C. In the Subarea of Need box, enter the need related to the skill being taught.
- D. Include a statement of the student's present levels of academic achievement and functional performance (PLAAFP) based on relevant data sources and the corresponding/specific data. This should include statements regarding what the student can do and what they cannot do compared to grade-level peers.
- E. Provide a description of how the disability affects the student's involvement and progress in the general education curriculum/environment and achieving their annual and post-secondary goals. Include a description of the student's current performance compared to grade-level peers.

<div style="text-align: center; font-size: 24px; font-weight: bold; border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">A</div>	PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE	
	Area Of Need	Subarea
	B	C
	<u>Data Sources and Description of Need</u>	
	D	
	<u>Adverse Impact</u>	
	E	
	Area of Need	Subarea of Need
	<u>Data Sources and Description of Need</u>	
	<u>Adverse Impact</u>	

Autism Spectrum Disorder Eligibility Recommendation

When Autism Spectrum Disorder is a suspected eligibility, the following form must be completed in addition to the PLAAFP page. For more information, please refer to the [Autism Spectrum Disorder Evaluation and Eligibility Guidelines](#) (Kent ISD, 2015).

EVALUATION INFORMATION

A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.

B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section. For ASD eligibility, reports must document evidence that the student manifests characteristics in each of three areas: reciprocal social interaction, communication, and stereotyped behaviors.

D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.

F. There are a minimum of three required participants for an ASD MET: a psychologist or psychiatrist, a speech/language pathologist and a school social worker. Additional participant signatures may be added.

ELIGIBILITY SUMMARY

G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION		
STUDENT INFORMATION		
Student Name:	Date of Eligibility Recommendation:	
Birthdate:	Resident District:	
Age:	Student Primary Language:	
Grade:	Language in the Home:	
PURPOSE		
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>		
Type of MET Evaluation:		
EVALUATION INFORMATION		
<p>A</p> <p>Reason for Assessment Most recent eligibility of _____ was determined on _____</p> <p>Background Information</p> <p>Current Education/Developmental Level <i>(Include teacher input)</i></p>		
<p>B</p> <p>Relevant Behavior Observations</p> <p>Information from Parents/Guardians</p> <p>Educationally Relevant Medical Information <i>(if none, you must enter "none")</i></p> <p>Communication Functioning</p>		
DIAGNOSTIC ASSURANCES		
AUTISM SPECTRUM DISORDER		
Assurance Statement		
<input type="checkbox"/> True <input type="checkbox"/> False There is evidence of a lifelong developmental disability that affects this student's academic, behavioral and/or social performance.	Report and Date	
<input type="checkbox"/> True <input type="checkbox"/> False This student manifests behavioral characteristics in all of the following three areas:	D	
<p>1) Qualitative impairments in reciprocal social interaction including at least two of the following; <i>(Select all that apply)</i></p> <p><input type="checkbox"/> Marked impairments in the use of multiple nonverbal behaviors (such as eye-to-eye gaze, expressions, body postures, gestures)</p> <p><input type="checkbox"/> Failure to develop peer relationships appropriate to this student's developmental level</p> <p><input type="checkbox"/> Marked impairment in spontaneous seeking to share enjoyment, interests or achievements with other people</p> <p><input type="checkbox"/> Marked impairment in the areas of social or emotional reciprocity</p> <p>2) Qualitative impairments in communication including at least one of the following; <i>(Select all that apply)</i></p> <p><input type="checkbox"/> Delay in or absence of spoken language unaccompanied by an attempt to compensate through alternative modes of communication</p> <p><input type="checkbox"/> Marked impairment in pragmatics or the ability to initiate, sustain or engage in reciprocal conversations with others</p> <p><input type="checkbox"/> Stereotyped and repetitive use of language or idiosyncratic language</p> <p><input type="checkbox"/> Lack of varied, spontaneous make believe play or social imitative play appropriate to this student's developmental level</p> <p>3) Restricted, repetitive, and stereotyped behaviors including at least one of the following; <i>(Select all that apply)</i></p> <p><input type="checkbox"/> Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus</p> <p><input type="checkbox"/> Apparent inflexible adherence to specific, nonfunctional routines or rituals</p> <p><input type="checkbox"/> Stereotyped and repetitive motor mannerisms (such as hand flapping or complex whole-body movements)</p> <p><input type="checkbox"/> Persistent preoccupation with parts of objects</p>		
<input type="checkbox"/> True <input type="checkbox"/> False This student does not have a primary diagnosis of schizophrenia or emotional impairment.		
Determination may include unusual or inconsistent response to sensory stimuli.		
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to limited English proficiency.		
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.		
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability adversely affects educational performance and requires special education programs/services.		
Eligibility Recommendation		
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:		
<input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Not eligible		
Participant Signatures		
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>		
Psychologist	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Speech and Language Pathologist	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Social Worker	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
ELIGIBILITY SUMMARY		

Cognitive Impairment Eligibility Recommendation

When Cognitive Impairment is a suspected eligibility, the following form must be completed in addition to the PLAAFP page.

EVALUATION INFORMATION

A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.

B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section.

D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.

F. The required Multidisciplinary Evaluation Team participants for each disability are listed by title in the Participant Signatures section. Additional participant signatures may be added.

ELIGIBILITY SUMMARY

G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation:
Birthdate:	Resident District:
Age:	Student Primary Language:
Grade:	Language in the Home:
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: (Select one)	
Type of MET Evaluation:	
EVALUATION INFORMATION	
<p>A Reason for Assessment Most recent eligibility of _____ was determined on _____</p> <p>Background Information</p> <p>Current Education/Developmental Level <i>(Include teacher input)</i></p> <p>Relevant Behavior Observations</p>	
<p>B Information from Parents/Guardians</p> <p>Educationally Relevant Medical Information <i>(If none, you must enter "none")</i></p> <p>Intellectual Assessment</p> <p>Adaptive Behavior</p> <p>Reading and math percentiles <i>(if age/grade appropriate)</i></p>	
DIAGNOSTIC ASSURANCES	
COGNITIVE IMPAIRMENT	
Assurance Statement	
<input type="checkbox"/> True <input type="checkbox"/> False	Report and Date
This student manifested a suspected disability during the developmental period and displays all of the following behavioral characteristics:	
<p>1) A developmental rate of two or more standard deviations below the mean as determined through intellectual assessment</p> <p>2) Scores approximately within the lowest six percentiles on a standardized test in reading and math <i>(if age and developmentally appropriate)</i></p> <p>3) A lack of development primarily in the cognitive domain</p> <p>4) An impairment of adaptive behavior</p>	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to limited English proficiency.	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability adversely affects educational performance and requires special education programs/services.	
Eligibility Recommendation	
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:	
<input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Not eligible	
Participant Signatures	
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>	
Psychologist	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Other/Title:	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
ELIGIBILITY SUMMARY	

Deaf-Blindness Eligibility Recommendation

When Deaf-Blindness is a suspected eligibility, the following form must be completed in addition to the PLAAFP page.

EVALUATION INFORMATION

A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.

B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section.

D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.

F. The required participants for a DB evaluation are one or more physicians, a teacher of the hearing impaired, and a teacher of the visually impaired. Additional participant signatures may be added. The signed physician's report must be uploaded to the Eligibility Recommendation.

ELIGIBILITY SUMMARY

G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation:
Birthdate:	Resident District:
Age:	Student Primary Language:
Grade:	Language in the Home:
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>	
Type of MET Evaluation:	
EVALUATION INFORMATION	
<p>A Reason for Assessment Most recent eligibility of _____ was determined on _____</p> <p>Background Information _____</p> <p>Current Education/Developmental Level <i>(Include teacher input)</i> _____</p>	
<p>B Relevant Behavior Observations _____</p> <p>Information from Parents/Guardians _____</p> <p>Educationally Relevant Medical Information <i>(If none, you must enter "none")</i> _____</p> <p>Audiological information _____</p> <p>Vision information _____</p>	
DIAGNOSTIC ASSURANCES	
DEAF-BLINDNESS	
<p>C Assurance Statement</p> <p><input type="checkbox"/> True <input type="checkbox"/> False This student manifests both a hearing and vision loss resulting in severe communication and other developmental and educational needs that cannot be accommodated in special education programs without supports to address the needs specific to deaf-blindness.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False There is documentation of hearing and visual losses that, individually, may not meet the requirements for deaf or hard of hearing or visual impairment but together adversely affect this student's educational performance.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False This student functions as if having both a hearing and visual loss, based upon responses to auditory and visual stimuli in the environment, or during vision and hearing evaluations.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to limited English proficiency.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False The suspected disability adversely affects educational performance and requires special education programs/services.</p>	<p style="text-align: right;">Report and Date</p> <p style="text-align: center;">D</p>
<p>E Eligibility Recommendation</p> <p>Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:</p> <p><input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Not eligible</p>	
<p>F Participant Signatures</p> <p>As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i></p> <p>Physician _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Teacher of Deaf or Hard of Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Teacher of Visually Impaired _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
ELIGIBILITY SUMMARY	
<p>G</p>	

Emotional Impairment Eligibility Recommendation

When Emotional Impairment is a suspected eligibility, the following form must be completed in addition to the PLAAFP page. For more information, please refer to the [Guidelines for Determining Emotional Impairment](#) (Kent ISD, 2003).

- EVALUATION INFORMATION**
- A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.
- B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.
- DIAGNOSTIC ASSURANCES**
- C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section.
- D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.
- E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.
- F. The required participants are listed by title. Additional participant signatures may be added.
- ELIGIBILITY SUMMARY**
- G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation:
Birthdate:	Resident District:
Age:	Student Primary Language:
Grade:	Language in the Home:
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>	
Type of MET Evaluation:	
EVALUATION INFORMATION	
Reason for Assessment	
Most recent eligibility of	was determined on
Background Information	
Current Education/Developmental Level <i>(Include teacher input)</i>	
Relevant Behavior Observations	
Information from Parents/Guardians	
Educationally Relevant Medical Information <i>(if none, you must enter "none")</i>	
Performance in school and other settings	
Systematic observation of primary interfering behaviors	
Behavior intervention strategies, length of time used, results	
DIAGNOSTIC ASSURANCES	
EMOTIONAL IMPAIRMENT Assurance Statement	
<input type="checkbox"/> True <input type="checkbox"/> False	Over an extended period, this student manifests behavioral problems primarily in the affective domain which adversely affect his ability to profit from learning experiences.
<input type="checkbox"/> True <input type="checkbox"/> False	The behavioral problems are characterized by one or more of the following characteristics: <i>(Select all that apply)</i>
<input type="checkbox"/>	An inability to build or maintain satisfactory interpersonal relationships within the school environment
<input type="checkbox"/>	Inappropriate types of behaviors or feelings under normal circumstances
<input type="checkbox"/>	A general, pervasive mood of unhappiness or depression
<input type="checkbox"/>	A tendency to develop physical symptoms or fears in association with personal or school problems
<input type="checkbox"/>	In addition to the characteristics listed above, this student manifests maladaptive behaviors related to schizophrenia or similar disorders
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability does not include students who are socially maladjusted, unless it is determined that the student also has an emotional impairment.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not primarily the result of intellectual, sensory or health factors.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to limited English proficiency.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability adversely affects educational performance and requires special education programs/services.
Eligibility Recommendation	
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:	
<input type="checkbox"/> Eligible	<input checked="" type="checkbox"/> Not eligible
Participant Signatures	
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>	
Psychologist/Psychiatrist	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
School Social Worker	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
ELIGIBILITY SUMMARY	

Severe Multiple Impairment Eligibility Recommendation

When Severe Multiple Impairment (SXI) is a suspected eligibility, the following form must be completed in addition to the PLAAFP page.

EVALUATION INFORMATION

A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.

B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section.

D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.

F. The required participants for SXI must include a physician. Additional participant signatures may be added. The signed physician's report must be uploaded to the Eligibility Recommendation.

ELIGIBILITY SUMMARY

G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation:
Birthdate:	Resident District:
Age:	Student Primary Language:
Grade:	Language in the Home:
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>	
Type of MET Evaluation:	
EVALUATION INFORMATION	
<p>A Reason for Assessment Most recent eligibility of _____ was determined on _____</p> <p>Background Information</p> <p>Current Education/Developmental Level <i>(Include teacher input)</i></p> <p>B Relevant Behavior Observations</p> <p>Information from Parents/Guardians</p> <p>Educationally Relevant Medical Information <i>(If none, you must enter "none")</i></p> <p>Intellectual Assessment</p> <p>Audiological information <i>(If none, enter "None")</i></p> <p>Vision information</p>	<p style="text-align: right;">D</p>
DIAGNOSTIC ASSURANCES	
SEVERE MULTIPLE IMPAIRMENT	
<u>Assurance Statement</u>	
<input type="checkbox"/> True <input type="checkbox"/> False	<u>Report and Date</u>
This student manifests a rate of development that is:	
Two to three standard deviations below the mean and has two or more of the impairments listed below:	
OR	
Three or more standard deviations below the mean and has one or more of the impairments listed below:	
<i>(Select and specify all that apply. If none, enter "None")</i>	
<input type="checkbox"/> A hearing loss so severe that the auditory channel is not the primary means of developing speech and language skills <input type="checkbox"/> A visual impairment so severe that the visual channel is not sufficient to guide independent mobility <input type="checkbox"/> A physical impairment so severe that the activities of daily living cannot be achieved without assistance <input type="checkbox"/> A health impairment so severe that this student is medically at risk	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to limited English proficiency.	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability adversely affects educational performance and requires special education programs/services.	
<u>Eligibility Recommendation</u>	
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:	
<input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Not eligible	
<u>Participant Signatures</u>	
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>	
Physician	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Psychologist	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
ELIGIBILITY SUMMARY	

Deaf or Hard of Hearing Eligibility Recommendation

When Deaf or Hard of Hearing (DHH) is a suspected eligibility, the following form must be completed in addition to the PLAAFP page.

EVALUATION INFORMATION

A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.

B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section.

D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.

F. The required participants for a DHH evaluation include an audiologist and an otolaryngologist or otologist. Additional participant signatures may be added. The signed physician's report must be uploaded to the Eligibility Recommendation.

ELIGIBILITY SUMMARY

G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation:
Birthdate:	Resident District:
Age:	Student Primary Language:
Grade:	Language in the Home:
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>	
Type of MET Evaluation:	
EVALUATION INFORMATION	
A Reason for Assessment	Most recent eligibility of _____ was determined on _____
Background Information	
Current Education/Developmental Level <i>(Include teacher input)</i>	
B Relevant Behavior Observations	
Information from Parents/Guardians	
Educationally Relevant Medical Information <i>(If none, you must enter "none")</i>	
Audiological information	
DIAGNOSTIC ASSURANCES	
DEAF OR HARD OF HEARING	
C Assurance Statement	<u>Report and Date</u>
<input type="checkbox"/> True <input type="checkbox"/> False	This student manifests a type or degree of hearing loss that interferes with development or adversely affects educational performance.
<input type="checkbox"/> True <input type="checkbox"/> False	The severity of this student's hearing loss has been identified as: <i>(Select one)</i>
	<input type="checkbox"/> Deafness -hearing loss so severe that this student is impaired in processing linguistic information with or without amplification
	<input type="checkbox"/> Hard of hearing -a permanent or fluctuating hearing loss which generally permits the use of the auditory channel as the primary means of developing speech and language skills
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to limited English proficiency.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability adversely affects educational performance and requires special education programs/services.
E Eligibility Recommendation	D
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:	
<input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Not eligible	
Participant Signatures	
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>	
Audiologist	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Otolaryngologist/Otologist	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
ELIGIBILITY SUMMARY	
G	

Early Childhood Developmental Delay Eligibility Recommendation

When Early Childhood Developmental Delay (ECDD) is a suspected eligibility, the following form must be completed in addition to the PLAAFP page.

EVALUATION INFORMATION

A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.

B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section. Note: that ECDD is a "rule out" disability. In other words, ECDD should only be used if the student's delay cannot be adequately defined under another disability category.

D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.

F. The required evaluation team participants for each disability are listed by title in the participant signatures section. Additional participant signatures may be added.

ELIGIBILITY SUMMARY

G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation:
Birthdate:	Resident District:
Age:	Student Primary Language:
Grade:	Language in the Home:
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>	
Type of MET Evaluation:	
EVALUATION INFORMATION	
A Reason for Assessment	Most recent eligibility of _____ was determined on _____
Background Information	
Current Education/Developmental Level <i>(Include teacher input)</i>	
B Relevant Behavior Observations	
Information from Parents/Guardians	
Educationally Relevant Medical Information <i>(If none, you must enter "none")</i>	
DIAGNOSTIC ASSURANCES	
EARLY CHILDHOOD DEVELOPMENTAL DELAY	
Assurance Statement	
C	Report and Date
<input type="checkbox"/> True <input type="checkbox"/> False	This student is seven years of age or less with a primary delay that cannot be differentiated through the criteria set forth in any other disability area (R340.1705 through R340.1710 or R340.1713 through 340.1717).
<input type="checkbox"/> True <input type="checkbox"/> False	This student manifests a delay in one or more areas of development that is equal to or greater than one-half the expected development.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to limited English proficiency.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability adversely affects educational performance and requires special education programs/services.
E	D
Eligibility Recommendation	
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:	
<input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Not eligible	
Participant Signatures	
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>	
F	Evaluation Team Representative _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other/Title: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
ELIGIBILITY SUMMARY	
G	

Other Health Impairment Eligibility Recommendation

When Other Health Impairment (OHI) is a suspected eligibility, the following form must be completed in addition to the PLAAFP page. For more information, please refer to the [Other Health Impairment Eligibility Guidelines](#) (Kent ISD, 2016).

EVALUATION INFORMATION

A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.

B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section. There must be evidence of **adverse impact** on education the extent that the student **requires** one of more special education programs and/or services.

D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.

F. The required evaluation team members for OHI must include a physician. Additional participant signatures may be added. The signed physician's report must be uploaded to the Eligibility Recommendation.

ELIGIBILITY SUMMARY

G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation:
Birthdate:	Resident District:
Age:	Student Primary Language:
Grade:	Language in the Home:
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>	
Type of MET Evaluation:	
EVALUATION INFORMATION	
Reason for Assessment	
Most recent eligibility of _____	was determined on _____
Background Information	
Current Education/Developmental Level <i>(Include teacher input)</i>	
Relevant Behavior Observations	
Information from Parents/Guardians	
Educationally Relevant Medical Information <i>(If none, you must enter "none")</i>	
DIAGNOSTIC ASSURANCES	
OTHER HEALTH IMPAIRMENT	
<u>Assurance Statement</u>	
<input type="checkbox"/> True <input type="checkbox"/> False	This student has a chronic or acute health problem. <u>Report and Date</u>
<input type="checkbox"/> True <input type="checkbox"/> False	Due to the chronic or acute health problem, the student has: D
	<input type="checkbox"/> Limited strength
	<input type="checkbox"/> Limited vitality
	<input type="checkbox"/> Limited alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to limited English proficiency.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability adversely affects educational performance and requires special education programs/services.
<u>Eligibility Recommendation</u>	
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:	
<input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Not eligible	
<u>Participant Signatures</u>	
As a member of the evaluation team, my input is included in print: <i>(Sign and check below)</i>	
Physician _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>	
Other/Title: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
ELIGIBILITY SUMMARY	

Physical Impairment Eligibility Recommendation

When Physical Impairment (PI) is a suspected eligibility, the following form must be completed in addition to the PLAAFP page.

EVALUATION INFORMATION

A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.

B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section.

D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.

F. The required evaluation team members for OHI must include a physician. Additional participant signatures may be added. The signed physician's report must be uploaded to the Eligibility Recommendation.

ELIGIBILITY SUMMARY

G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation:
Birthdate:	Resident District:
Age:	Student Primary Language:
Grade:	Language in the Home:
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>	
Type of MET Evaluation:	
EVALUATION INFORMATION	
Reason for Assessment	Most recent eligibility of _____ was determined on _____
Background Information	
Current Education/Developmental Level (Include teacher input)	
Relevant Behavior Observations	
Information from Parents/Guardians	
Educationally Relevant Medical Information (If none, you must enter "none")	
DIAGNOSTIC ASSURANCES	
PHYSICAL IMPAIRMENT	
<u>Assurance Statement</u>	
<input type="checkbox"/> True <input type="checkbox"/> False	This student manifests a severe orthopedic impairment that adversely affects his educational performance. <u>Report and Date</u>
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to limited English proficiency. D
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability adversely affects educational performance and requires special education programs/services.
Eligibility Recommendation	
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:	
<input type="checkbox"/> Eligible	<input checked="" type="checkbox"/> Not eligible
Participant Signatures	
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>	
Physician	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Other/Title:	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
ELIGIBILITY SUMMARY	

Specific Learning Disability Eligibility Recommendation

When Specific Learning Disability (SLD) is a suspected eligibility, the following form must be completed in addition to the PLAAFP page. For more information about SLD evaluations using the Pattern of Strengths and Weaknesses model, please refer to the [Pattern of Strengths and Weaknesses Guidelines](#) (Kent ISD, 2012).

- A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.
- B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent. Note: the classroom observation should be conducted during instruction that aligns with the identified area of need.
- C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section. Data-based documentation of repeated assessments of student achievement are required before a student can be identified as SLD.
- D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.
- E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.
- F. The required evaluation team members for each disability are listed by title in writing. Additional participant signatures may be added.
- G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION			
STUDENT INFORMATION			
Student Name:	Date of Eligibility Recommendation:		
Birthdate:	Resident District:		
Age:	Student Primary Language:		
Grade:	Language in the Home:		
PURPOSE			
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>			
Type of MET Evaluation:			
EVALUATION INFORMATION			
Reason for Assessment Most recent eligibility of _____ was determined on _____			
Background Information			
Current Education/Developmental Level <i>(Include teacher input)</i>			
Relevant Behavior Observations			
Information from Parents/Guardians			
Educationally Relevant Medical Information <i>(If none, you must enter "none")</i>			
Observation of areas of difficulty during classroom instruction			
DIAGNOSTIC ASSURANCES			
SPECIFIC LEARNING DISABILITY			
<u>Assurance Statement</u>	<u>Report and Date</u>		
<input type="checkbox"/> True <input type="checkbox"/> False This student was provided appropriate instruction by qualified personnel in the general education setting.	D		
<input type="checkbox"/> True <input type="checkbox"/> False This student was provided repeated assessments of achievement at reasonable intervals with data-based documentation available and provided to parents.			
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not primarily the result of autism spectrum disorder or a cognitive, emotional, visual, hearing or motor impairment nor of an economic, cultural or environmental disadvantage.			
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability of this student is based on the following rationale: <i>(Select all that apply)</i>			
<input type="checkbox"/> This student exhibits a pattern of strengths and weaknesses in performance, achievement or both relative to his age, intellectual development or state approved grade level standards.			
<input type="checkbox"/> This student did not make sufficient progress to meet age or state approved grade level standards in response to scientific, research based intervention			
<input type="checkbox"/> Other research-based methodology for determining a specific learning disability: <i>(Give rationale for alternative methodology in report listed above)</i>			
This student has a suspected disability in at least one of the following areas: <i>(Select all that apply)</i>			
<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Reading	<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Written Expression
<input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Mathematical Problem-solving	<input type="checkbox"/> Listening Comprehension	<input type="checkbox"/> Oral Expression
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to limited English proficiency.			
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.			
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability adversely affects educational performance and requires special education programs/services.			
Eligibility Recommendation Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services: <input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Not eligible			
Participant Signatures As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>			
Evaluation Team Representative	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
General Education Teacher	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ELIGIBILITY SUMMARY			

Speech and Language Impairment Eligibility Recommendation

When Speech and Language Impairment (SLI) is a suspected eligibility, the following form must be completed in addition to the PLAAFP page. For more information, please refer to the [Speech and Language Evaluation, Eligibility, and Service Guidelines](#) (Kent ISD, 2021).

EVALUATION INFORMATION

- A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.
- B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

- C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section.
- D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.
- E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.
- F. The required evaluation team members for SLI include a speech and language pathologist and another educational professional. Additional participant signatures may be added.

ELIGIBILITY SUMMARY

- G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation:
Birthdate:	Resident District:
Age:	Student Primary Language:
Grade:	Language in the Home:
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>	
Type of MET Evaluation:	
EVALUATION INFORMATION	
Reason for Assessment	
Most recent eligibility of	was determined on
Background Information	
Current Education/Developmental Level <i>(Include teacher input)</i>	
Relevant Behavior Observations	
Information from Parents/Guardians	
Educationally Relevant Medical Information <i>(if none, you must enter "none")</i>	
Speech/language levels	
Spontaneous language sample <i>(for language impairment)</i>	
DIAGNOSTIC ASSURANCES	
SPEECH AND LANGUAGE IMPAIRMENT	
Assurance Statement	
<input type="checkbox"/> True <input type="checkbox"/> False The educational performance of this student is adversely affected by a communication disorder in the following area(s): <i>(Select all that apply)</i>	Report and Date
<input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency	<input type="checkbox"/> Voice D
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to limited English proficiency.	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability adversely affects educational performance and requires special education programs/services.	
Eligibility Recommendation	
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:	
<input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Not eligible	
Participant Signatures	
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>	
Speech and Language Pathologist	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Other/Title:	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
ELIGIBILITY SUMMARY	

Traumatic Brain Injury Eligibility Recommendation

When Traumatic Brain Injury (TBI) is a suspected eligibility, the following form must be completed in addition to the PLAAFP page.

EVALUATION INFORMATION

A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.

B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section. TBI requires the disability to be caused by an external physical force resulting in a brain injury. No other type of acquired brain injury meets the criteria for TBI.

D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.

F. The required evaluation team members for TBI must include a physician. Additional participant signatures may be added. The signed physician's report must be uploaded to the Eligibility Recommendation.

ELIGIBILITY SUMMARY

G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION		
STUDENT INFORMATION		
Student Name:	Date of Eligibility Recommendation:	
Birthdate:	Resident District:	
Age:	Student Primary Language:	
Grade:	Language in the Home:	
PURPOSE		
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>		
Type of MET Evaluation:		
EVALUATION INFORMATION		
A Reason for Assessment	Most recent eligibility of _____ as determined on _____	
Background Information		
Current Education/Developmental Level <i>(Include teacher input)</i>		
B Relevant Behavior Observations		
Information from Parents/Guardians		
Educationally Relevant Medical Information <i>(If none, you must enter "none")</i>		
DIAGNOSTIC ASSURANCES		
TRAUMATIC BRAIN INJURY		
Assurance Statement		
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability was caused by an external physical force resulting in an injury to the brain that adversely affects this student's educational performance due to total or partial functional disability and/or psychosocial impairment. D	
<input type="checkbox"/> True <input type="checkbox"/> False	This student manifests an open or closed head injury resulting in impairment in one or more of the following areas: <i>(Select all that apply)</i>	
<input type="checkbox"/> Attention	<input type="checkbox"/> Information Processing	<input type="checkbox"/> Physical Functions
<input type="checkbox"/> Behavior	<input type="checkbox"/> Language	<input type="checkbox"/> Reasoning
<input type="checkbox"/> Cognition	<input type="checkbox"/> Memory	<input type="checkbox"/> Speech
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to a brain injury that is congenital, degenerative or induced by birth trauma.	
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to limited English proficiency.	
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.	
<input type="checkbox"/> True <input type="checkbox"/> False	The suspected disability adversely affects educational performance and requires special education programs/services.	
Eligibility Recommendation		
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:		
<input type="checkbox"/> Eligible	<input checked="" type="checkbox"/> Not eligible	
Participant Signatures		
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>		
Physician	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other/Title:	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
ELIGIBILITY SUMMARY		

Visual Impairment Eligibility Recommendation

When Visual Impairment (VI) is a suspected eligibility, the following form must be completed in addition to the PLAAFP page.

EVALUATION INFORMATION

A. For purposes of Ongoing Eligibility or Change in Eligibility, the most recent eligibility determination will populate under Reason for Assessment.

B. Required information for each disability area is listed under Evaluation Information. Enter the specific information/data OR specify the report and date where it is documented. A variety of assessment tools, observations, and strategies must be used including information provided by the parent.

DIAGNOSTIC ASSURANCES

C. Selection of "True" or "False" for each assurance statement should be supported by narrative and/or data from the Evaluation Information section.

D. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

E. The Eligibility Recommendation will automatically populate based on the selection of "True" or "False" for each of the above assurance statements.

F. The required evaluation team members for VI must include an ophthalmologist or optometrist. The signed physician's report must be uploaded to the Eligibility Recommendation. An orientation and mobility specialist is a required participant for a student with visual acuity of 20/200 or less, or a peripheral field of vision restricted to 20 degrees of less. Additional participant signatures may be added.

ELIGIBILITY SUMMARY

G. The Multidisciplinary Evaluation Team (MET) must document a recommendation of eligibility based on required information and assurance statements contained in the report.

ELIGIBILITY RECOMMENDATION	
STUDENT INFORMATION	
Student Name:	Date of Eligibility Recommendation:
Birthdate:	Resident District:
Age:	Student Primary Language:
Grade:	Language in the Home:
PURPOSE	
This form is used by the evaluation team to recommend eligibility for special education programs/services based on evaluation for: <i>(Select one)</i>	
Type of MET Evaluation:	
EVALUATION INFORMATION	
A Reason for Assessment	Most recent eligibility of _____ was determined on _____
Background Information	
B Current Education/Developmental Level <i>(Include teacher input)</i>	
Relevant Behavior Observations	
Information from Parents/Guardians	
Educationally Relevant Medical Information <i>(If none, you must enter "none")</i>	
DIAGNOSTIC ASSURANCES	
VISUAL IMPAIRMENT Assurance Statement	Report and Date
<input type="checkbox"/> True <input type="checkbox"/> False This student manifests a visual impairment that interferes with development or adversely affects educational performance.	D
<input type="checkbox"/> True <input type="checkbox"/> False This student manifests one or more of the following: <i>(Select all that apply)</i>	
<input type="checkbox"/> A central visual acuity for near or far point vision of 20/70 or less in the better eye after routine refractive correction	
<input type="checkbox"/> A peripheral field of vision restricted to not more than 20 degrees	
<input type="checkbox"/> A diagnosed progressively deteriorating eye condition	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to limited English proficiency.	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability is not due to a lack of appropriate instruction in math or the essential components of reading.	
<input type="checkbox"/> True <input type="checkbox"/> False The suspected disability adversely affects educational performance and requires special education programs/services.	
E Eligibility Recommendation	
Based on 1) evaluation findings and 2) a review of diagnostic assurance statements, the evaluation team makes the following recommendation regarding this student's need for special education programs/services:	
<input type="checkbox"/> Eligible <input checked="" type="checkbox"/> Not eligible	
F Participant Signatures	
As a member of the evaluation team, my input is included in print and I agree with the eligibility recommendation: <i>(Sign and check below)</i>	
Ophthalmologist/Optometrist	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Orientation and Mobility Specialist	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
ELIGIBILITY SUMMARY	
G	

Prior Written Notice

This stand-alone Prior Written Notice (PWN) is required and utilized when districts choose to decline a parent-requested evaluation. Notice is embedded in MiPSE documents including the REED, IEP, Manifestation Determination Review, and others in order to document district proposal or refusal to initiate or change the identification, evaluation, educational placement, or provision of FAPE.

PURPOSE

- A. Provide a summary of the request.
- B. Select whether the district is proposing or refusing action. Provide a description of the action proposed or refused by the district and why the district proposes or refuses to take the action.

Examples:

- “At this time the district is declining your (written, verbal) request for an evaluation for special education for the following reasons...”
- “An evaluation for potential eligibility for special education was completed within the past year (include date). School districts are not required to conduct special education evaluations in less than one year’s time. At this time, your child’s performance has not declined, therefore another evaluation is not needed.”

- C. Provide a description of each evaluation procedure, assessment, record, or report the district used as a basis for the proposed or refused action. This may include state- and districtwide assessments, report cards, intervention data, curriculum-based assessments, behavioral referrals, etc.

OPTIONS CONSIDERED

- D. Include a description of any other options beyond what was noted above that the IEP Team considered and reasons why those options were not selected. If there were no additional options considered, please state, “none.”
- E. Please include a description of other relevant factors.

PRIOR WRITTEN NOTICE

The Individuals with Disabilities Education Act (IDEA) mandates that the district provide written notice to the parent when the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of the student or the provision of a free appropriate public education (FAPE) to the student.

You are receiving this notice for: Kent Train Sample Sample41

PURPOSE

A Summarize request for district action:

B The district refuses/proposes the following regarding the request described above:

C Describe the evaluation procedures, assessment, record or reports the agency used to as a basis for the action or refusal described above:

OPTIONS CONSIDERED

In consideration of the request made and the district's proposed action or refusal noted above, other options may have been considered and are indicated below:

Options Considered but Not Selected	Reasons Not Selected

E Other factors that are relevant to the district's proposal or refusal (describe):

RESOURCES FOR PARENTS

The *Parent Handbook and Procedural Safeguards* issued annually describes protections under the Individuals with Disabilities Education Act (IDEA). Information is also available from:

- FAMILY MATTERS, an **online resource center for families** developed by the Michigan Department of Education - Office of Special Education (MDE-OSE), provides information about special education and other resources, in a parent friendly format. <http://bit.ly/MDEFamilyMatters>
- DISABILITY ADVOCATES OF KENT COUNTY: 3600 Camelot Drive SE, Grand Rapids, MI 49546; 1-616-949-1100; <https://www.dakc.us/>
- DISPUTE RESOLUTION CENTER OF WEST MICHIGAN: 678 Front Ave NW, Grand Rapids, MI 49504; 1-616-459-3339; www.arckent.org
- ARC OF KENT COUNTY: 2922 Fuller Ave NE, Grand Rapids, MI 49505; 1-800-873-7658; www.drcwm.org
- MICHIGAN ALLIANCE FOR FAMILIES: 1325 S. Washington Ave, Lansing, MI 48910; 1-800-552-4821; www.michiganallianceforfamilies.org
- DISABILITY RIGHTS MICHIGAN: 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; www.drnmich.org
- MICHIGAN DEPARTMENT OF EDUCATION-OFFICE OF SPECIAL EDUCATION: PO Box 30008, Lansing, MI 48909; 1-517-373-0923; www.michigan.gov/mde

DISTRICT SIGNATURES

F District Superintendent/Designee: _____ Date: _____

District Contact Person: _____ Phone: _____

Examples:

- “Our school district has conducted three previous evaluations for special education eligibility, and all evaluations found your child to be functioning within grade-level expectations.”
- “School district responsibility for evaluations is limited to students with a suspected disability. We do not provide evaluations to determine whether your child is gifted.”
- “School district responsibility for evaluations is limited to students with a suspected disability. We do not provide evaluations to determine accommodations needed in college after your child graduates.”

DISTRICT SIGNATURES

- F. The document should be signed by the District Superintendent/Designee prior to providing to parents/guardians. Additionally, a contact person should be designated for the parent/guardian.

APPENDIX 1: REQUIRED EVALUATORS



Eligibility Category Being Considered	
Cognitive Impairment R 340.1705	Psychologist
Emotional Impairment R 340.1706	Psychologist or psychiatrist and school social worker
Deaf or Hard of Hearing R 340.1707	Audiologist and an otolaryngologist or otologist
Visual Impairment R 340.1708	Ophthalmologist or optometrist or a medical evaluation by a physician and a teacher of students with visual impairment
Physical Impairment R 340.1709	Orthopedic surgeon, internist, neurologist, pediatrician, family physician, or any approved physician
Other Health Impairment R 340.1709a	Orthopedic surgeon, internist, neurologist, pediatrician, family physician, or any approved physician
Speech and Language Impairment R 340.1710	Teacher of students with a speech and language impairment or a speech and language pathologist
Early Childhood Developmental Delay R 340.1711	Evaluators are determined by a team
Specific Learning Disability R 340.1713	Student's general education teacher (or a teacher qualified to teach student's age) plus a person qualified to conduct individual diagnostic exams, such as a school psychologist, authorized provider of speech and language, or a teacher consultant
Severe Multiple Impairments R 340.1714	Psychologist and, depending upon the disabilities in the physical domain, evaluators required in: R 340.1707, R 340.1708, R 340.1709, R 340.1709a, or R 340.1716
Autism Spectrum Disorder R 340.1715	Psychologist or psychiatrist, authorized provider of speech and language, and a school social worker
Traumatic Brain Injury R 340.1716	Assessment from family physician or any approved physician
Deaf-blindness R 340.1717	Ophthalmologist, optometrist, audiologist, otolaryngologist, otologist, family physician or other approved physician; teacher of students with visual impairment; and a teacher of students with hearing impairment