

SPECIAL EDUCATION EVALUATION AND ELIGIBILITY MANUAL

2009-10

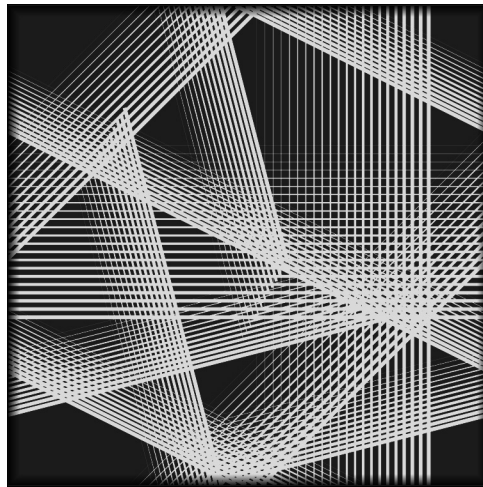


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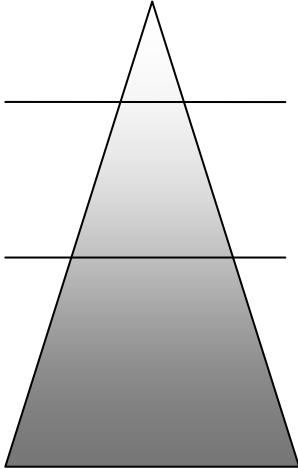
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INTRODUCTION

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 complies with the *Michigan Administrative Rules for Special Education* and the *Individuals with Disabilities Education Act (IDEA)*.

Meeting Individual Student Needs



The continuum of instructional interventions can be described as a triangle (at left) of increasing intensity and decreasing number of students who require targeted intervention. The triangle may be distinctly divided into three or more “tiers” with special education occupying the very top of the triangle with the fewest students and most intensive instruction. For most students, a referral for special education evaluation should only occur after significant problem-solving efforts in general education have been implemented and documented.

School districts and public school academies (PSAs) will want to supplement the information contained in this manual with additional local policies and procedures. For information on specific disabilities, readers may also benefit from other Kent ISD manuals such as the *Kent ISD Speech and Language Evaluation, Eligibility, and Service Guidelines* (2008), *Autism Spectrum Disorder Evaluation and Eligibility Guidelines* (Kent ISD, 2005), and *Guidelines for Determining Emotional Impairment* (Kent ISD, 2003). Documents are available in the Special Education section at: www.kentisd.org

Key Changes to Forms

- **Eligibility Recommendation (ER)** form has been expanded to two pages to accommodate a separate page for present levels of academic achievement and functional performance (PLAAFP) statements.
- **Documentation of Required Information and Diagnostic Assurances** – While requirements for eligibility are largely unchanged, space is provided on ER forms for each disability to document required supporting data and narrative.
- **Specific Learning Disability (SLD) Eligibility Recommendation** form has been edited to add two newer methods for documenting SLD eligibility: response to intervention and pattern of strengths and weaknesses.
- **Additional Forms/Samples** – Sample language for **Prior Written Notice** letters is provided. New forms include **Transfer of Student with Disability** and **Redetermination of Special Education Eligibility for a Nonpublic School Student**.

Federal Requirements Relating to Evaluations

The Michigan Department of Education (MDE) is held accountable to federal mandates through a series of 20 State Performance Plan (SPP) indicators. Four SPP indicators directly related to special education evaluation are discussed below.

- **Nondiscriminatory Evaluations (SPP 9 and 10)** – Over and under representation of racial/ethnic subgroups in special education is often the result of improper identification of students in need of special education services. School staff should 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).
- **Timely Initial Evaluations (SPP 11)** – Under Michigan rules, an initial evaluation IEP Team meeting is due 30 school days from the receipt of the parent consent for evaluation. The federal government expects 100% compliance for timeliness of initial referrals. The district and parent may extend the deadline for an initial referral **only by a mutual consent reached before the due date**. Some evaluations will start and then stop for reasons such as withdrawal of parent consent. It is important for staff to submit data promptly to monitor timeliness of evaluations and to accurately document **all** special education referrals in process.
- **Transition from Birth to 3 to Pre-K (SPP 12)** – 100% of children receiving early childhood services under Part C of the IDEA who transition to special education programs/services must have an IEP in place by their third birthday. This may require an evaluation.

SCREENING AND EARLY INTERVENING

General Screening – Screening across general populations for instructional purpose is not an evaluation (such as “Kindergarten round-up”). 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.

Consultation and Observation by Special Education Staff – In general, state policy limits prereferral consultation to direct interaction with general education personnel or student observation. It excludes direct interaction with general education students not in referral. Activities conducted outside of these procedures are considered general education, and outside of the scope of special education funded staff.

Individual Screening – Screening includes brief, limited contact with a student by special education staff with the intent to help a building team decide if a special education referral is appropriate. Written parental consent should be obtained prior to any individualized screening contact with a student. [See the *Kent ISD Speech and Language Evaluation Guidelines* (2008) for a sample consent form for speech and language]. It is important that such individual screening remains limited to a brief probe that does not rise to the level of activities typical of a special education evaluation. If it is felt that evaluation is needed, a formal referral and parent consent should be initiated prior to a special education evaluation.

Early Intervening Services – Up to 15% of IDEA Flowthrough funds may be used (per activities and outcomes specified in the grant application) to support early intervening activities. The concept of early intervening services for school-age students comes from IDEA 2004. The intent is to provide preventive services to children who have not been identified as needing special education and related services but may be experiencing some problems. Early intervening services are designed to address grades K-12 with an emphasis on grades K-3. The most commonly used model is called “Response to Intervention” (Rtl). For the purposes of this document, research-based curriculum interventions will be referred to as Rtl or early intervening services.

The core principles of this integrated, research-based approach, aimed at enhancing educational outcomes for all children, include:

- Early identification of students not achieving at benchmark
- High-quality instruction and interventions matched to student need
- Frequent monitoring of student progress to make decisions about instruction or goals
- Use of child response data to make educational decisions, including professional development, curriculum, and individual intervention decisions. (MAASE, 2007)

While there are many Rtl models, the U.S. Department of Education does not endorse or mandate any particular model. At the time of this printing, the Michigan Department of Education also has not developed policy regarding Rtl. However, the aforementioned components are generally accepted as required Rtl components. Early intervening services will look differently in different districts. Kent ISD is a diverse intermediate school district and the needs of students in 20 local districts and 16 public school academies will dictate how early intervening services are implemented. Students for whom achievement and functional performance concerns are noted would likely be identified through the child study team process. This process may vary between different districts and even among individual schools within the same district. Just as the child study team process is a general education initiative, so too are early intervening services. These services ideally occur prior to a special education referral.

Kent ISD Initiatives – The Kent ISD currently participates in three projects for whole-population approaches to early intervening in general education. These include participation in the Michigan’s Behavior and Learning Support Initiative (MiBLSI), activities under the consultation of 95 Percent Group, Inc. and the Kent ISD Schoolwide Positive Behavior Support project. As of this writing, these projects involve 30 buildings across Kent ISD.

TIME LINE CHART FOR SPECIAL EDUCATION EVALUATIONS

Time Line Chart for Special Education Evaluations

(See *form pages* for more detail)

1) Student problem identified - referred for general education problem solving activities

Examples of ongoing problem solving:

- General education interventions/ accommodations, child study, teacher assistance, etc.
- Data collection of student responses to research-based instruction
- Documentation of student strengths/ weaknesses
- Early Intervention assistance from special education staff
- Section 504 plan

2) Document problem solving activities and date of a written referral for an initial special education evaluation.

Suspected Disability

by 10 calendar days

3) Send parent *Consent for Initial Special Education Evaluation* for signature.

wait for parent consent

4) Receipt of *Consent for Initial Special Education Evaluation* starts 30 school day time line; may be extended by mutual agreement before due date.

- May include an *Evaluation Review and Plan* as appropriate

by 30 school days

or other agreement

5) Conduct an initial multidisciplinary team evaluation that:

- Must include *PLAAFP* and *Eligibility Recommendation(s)* for the suspected disability and all required written reports

6) Hold an IEP Team meeting that:

- Must determine eligibility:
 - If eligible, write IEP for Special Education programs/services
 - If ineligible, document rationale on IEP.

- Disability Not Suspected
- For a parent-requested evaluation, the district must send a **Prior Written Notice** to the parent indicating a rationale and supporting data for declining to conduct the evaluation.

- Collaborative problem solving for a student continues regardless of the eligibility decision.
- For eligible students consider support needed for termination of special education eligibility.

by 1 calendar year

7) Hold annual review IEP

by 1 calendar year

8) Hold other annual review IEP(s)

9) (Required) *Evaluation Review and Plan*

by 1 calendar year

10) Redetermination IEP - may occur anytime as appropriate, but no later than 36 months after most recent (re)determination IEP.

- **Special cases** involving evaluations or redeterminations:
 - Redetermination (per *Evaluation Review and Plan*) for **out-of-state transfer** students
 - Expedited evaluation provided per request for students not currently special education eligible and are in a **disciplinary process** (see Protections for children not determined eligible for special education – [IDEA, §300.534])
 - **Nonpublic Students** – the local public district must offer a 3 year redetermination to a student previously evaluated, but who is not currently receiving any special education services.

PRIOR WRITTEN NOTICE

In addition to other situations, the IDEA requires school districts to give parents prior written notice when districts choose to decline a parent-requested evaluation. If the request is part of an IEP Team discussion, the IEP report should document options considered and why an evaluation was declined. (See five items listed below.) This IEP documentation meets the requirement for prior written notice.

If a request is made for a student that is not currently eligible, a letter must be sent to the parent that documents the district's decision to decline an evaluation. The letter must include the following five items:

1. A description of the evaluation that the district declines to provide

- *“At this time the district is declining your (written, verbal) request for an evaluation for special education for the reasons stated below (See examples in number 2.) Please contact the school to discuss general education options for addressing your concerns about your child’s performance at school.”*

2. An explanation of why the district is declining to provide the evaluation at the current time

- *“The purpose of this letter is to document your desire to withdraw your previous request for a special education evaluation. Please sign and date below to document your desire to withdraw your request for an evaluation.”*
- *“Your child is currently involved in a general education program targeted to his/her educational grade-level needs. This program records ongoing academic performance in response to instruction. We do not have enough information to substantiate the educational impact of any suspected disability. We will contact you by [date] to further discuss your concerns.”*
- *“Our records (as discussed below) demonstrate that your child is making progress in the curriculum at school, and that an evaluation for special education is not appropriate at this time.”*
- *“An evaluation for potential eligibility for special education was completed within the past year (or put actual 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, so there is no reason to conduct another evaluation.”*

3. A description of each evaluation procedure, assessment, record, or report used to make the decision:

- State- and districtwide assessments
- Screenings
- Report cards, other progress notes
- Curriculum-based assessments
- Description of work samples available for review
- Records of behavioral plans or incidences at school

4. A description of any other reasons why the school district is declining an evaluation.

- *“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.”*

5. Resources for parents to contact for help in understanding Part B of the IDEA.

- Including a copy of the Kent ISD *Special Education Parent Handbook with Procedural Safeguards* meets this requirement.

CONSENT FOR INITIAL SPECIAL EDUCATION EVALUATION

This form serves as a combined **referral** and **parent consent** form.

A. This is the date the referral was initiated (referral date). Be as specific as possible when completing the reason for referral.

B. Record the date this form was given or mailed to the parent/guardian.

C. Check the boxes for the appropriate assessments. Specific permission is required for personality testing and medical evaluations.

D. Some examples for "Other" include medical evaluations, functional behavior assessments, and assistive technology evaluations.

E. Parent must be given a copy of the *Special Education Parent Handbook with Procedural Safeguards* at the same time they are given the Consent form. Also point out the "Organizations that Support Students with Disabilities and Their Parents" listed on the back of the Consent form.

F. The date the consent was received by the district staff who first received this form should be recorded here. (This **does not** have to be a special education administrator.) The Initial IEP Team Meeting is due within 30 school days of this date, unless the school and parent mutually agree on a later date. The extension must be agreed upon in **writing prior to the 30-school-day deadline**.

G. Make sure this section is complete so the parent/guardian has the name of a contact person in case there are questions.

CONSENT FOR INITIAL SPECIAL EDUCATION EVALUATION

Kent Intermediate School District, Grand Rapids, Michigan

Child's Name _____ Date Given/Sent to Child's Parent/ Guardian _____ B

Birthdate _____ Age _____ School District _____

CHILD INFORMATION

Address of Child _____ City _____ Zip Code _____

Gender _____ Race _____ Native Language of Child _____

School Building _____ Teacher _____ Grade _____

Parent/Guardian _____ Native Language of Family _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____

PURPOSE

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 _____ A

Reason for Referral _____

PARTICIPANTS

The person(s) indicated may be involved in the observation and/or evaluation of your child:

Speech/Language Pathologist Psychologist Other _____

Teacher/Teacher Consultant School Social Worker Other _____

EVALUATION

The assessment area(s) indicated may be included in the observation and/or evaluation of your child:

Achievement Level — The skill level in school subjects such as math, reading and writing

Adaptive Skills — The skills used in the school or home environment

Cognitive Ability — The capacity to think and learn

Motor Ability — The ability to move in a coordinated, purposeful manner

Personality — The accuracy with which one perceives self, others and the environment

Social/Emotional Adjustment — The skills to build and maintain appropriate interpersonal relationships

Speech and Language Skills — The ability to use and understand verbal and nonverbal communication

Other (*Explain*) _____ D

Other (*Explain*) _____

CONSENT

I, as parent/guardian, **1** have received a copy of the *Special Education Parent Handbook*, **2** understand the contents of this notice and: (*Choose one*)

I consent to the proposed evaluation.

I do not consent to the proposed evaluation. (*Explain concerns*) _____

Parent/Guardian Signature _____ F

School Personnel Receiving Consent _____ Date Consent Received _____

BEFORE RETURNING THIS FORM PLEASE:

- ✓ Check/correct the child and parent information given above.
- ✓ Check/correct the native language information listed above.
- ✓ Complete, sign and date this form.
- ✓ Contact us with any questions.

PLEASE PROMPTLY SIGN AND RETURN FORM TO:

School Address _____

School Telephone _____

Organizations that Support Students with Disabilities and Their Parents

The back of the *Consent* form lists contact information for organizations that support students with disabilities and their parents.

ORGANIZATIONS THAT SUPPORT STUDENTS WITH DISABILITIES AND THEIR PARENTS

ARBOR CIRCLE COUNSELING SERVICES, 1115 Ball Avenue NE, Building C, Grand Rapids, MI 49505; 459-7215; www.arborcircle.org

ARBOR CIRCLE HOME-BASED SERVICES, 1101 Ball Avenue NE, Grand Rapids, MI 49505; 456-8571; www.arborcircle.org

THE ARC KENT COUNTY, 629 Michigan Street NE, Grand Rapids, MI 49503; 459-3339; www.arkent.org

ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED, 456 Cherry Street SE, Grand Rapids, MI 49503; 458-1187 or 1-800-466-8084; www.abvmichigan.org

AUTISM SOCIETY OF KENT COUNTY (ASK), PO Box 150348, Grand Rapids, MI 49515-0348; 752-8577; www.autismsocietyofkentcounty.org

AUTISM SOCIETY OF MICHIGAN (ASM), 1213 Center Street, Suite B, Lansing, MI 48906; 1-800-223-6722 or 1-517-882-2800; www.autism-mi.org

CHILD AND FAMILY RESOURCE COUNCIL, 118 Commerce Avenue SW, Suite 220, Grand Rapids, MI 49503; 454-4673; www.childresource.cc

CHILDREN AND ADULTS WITH ADHD (CHADD), 7269 DeCosta Drive NE, Rockford, MI 49341; 874-5662; www.chadd.org

CHILDREN'S SPECIAL HEALTH CARE SERVICES, Kent County Health Department, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 632-7066; www.michigan.gov/cshcs

CITIZENS ALLIANCE TO UPHOLD SPECIAL EDUCATION (CAUSE), 6945 Madison Avenue SE, Grand Rapids, MI 49548; 455-8719 or 1-800-715-5820; www.causeonline.org

COMPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49506; 559-1054; www.therapycenter.org

CYSTIC FIBROSIS FOUNDATION, 551 38th Street SE, Suite C, Grand Rapids, MI 49548; 241-2100; www.cff.org

D.A. BLODGETT FOR CHILDREN, Contact: Dynetta Clark, 805 Leonard Street NE, Grand Rapids, MI 49505; 451-2021; www.dablodgett.org

DEPARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49507; 248-1000; www.michigan.gov/dhs

DISABILITY ADVOCATES OF KENT COUNTY, 3600 Camelot Drive SE, Grand Rapids, MI 49546; 949-1100; www.disabilityadvocates.us

DOWN SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Grand Rapids, MI 49588; 956-3488 or 1-866-665-7451; www.dsawm.org

EARLY ON OF KENT COUNTY, 1800 Leffingwell Avenue NE, Grand Rapids, MI 49525; 365-2310; www.kentisd.org/earlyon

EASTER SEALS MICHIGAN, INC., 4085 Saladin Drive SE, Grand Rapids, MI 49546; 942-2081 or 1-800-757-3257; www.essmichigan.org

HEART OF WEST MICHIGAN UNITED WAY, 118 Commerce Avenue SW, Suite 100, Grand Rapids, MI 49503; 459-6281; www.waybetterunitedway.org

HISPANIC CENTER OF WESTERN MICHIGAN, 1204 Grandville Avenue SW, Grand Rapids, MI 49503; 742-0200; www.hispanic-center.org

KENT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 632-7100; www.accesskent.com

LEARNING DISABILITIES ASSOCIATION OF MICHIGAN, 200 Museum Drive, Suite 101, Lansing, MI 48933; 1-517-485-8160 or 1-888-597-7809; ldaofmichigan.org

LEGAL AID OF WESTERN MICHIGAN, 89 Ionia Avenue NW, Suite 400, Grand Rapids, MI 49503; 774-0672; www.legalaidwestmich.org

LIFE GUIDANCE SERVICES, 3351 Claystone Street SE, Grand Rapids, MI 49546; 954-1991; www.lifeguidanceservices.org

MERCY RESPITE CENTER (HOPE NETWORK WEST MICHIGAN), 1530 East Fulton Street, Grand Rapids, MI 49503; 458-4559; www.hopenetwork.org

MICHIGAN DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION AND EARLY INTERVENTION SERVICES, PO Box 30008, Lansing, MI 48909; 1-517-373-0923; www.michigan.gov/mde

MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH, REHABILITATION SERVICES, Grand Rapids Central District, 750 Front Street NW, Suite 211, Grand Rapids, MI 49504; 242-6450; www.michigan.gov

MICHIGAN PROTECTION AND ADVOCACY, 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; www.mpas.org

MUSCULAR DYSTROPHY ASSOCIATION, Waters Building, 161 Ottawa Avenue NW, Suite 305A, Grand Rapids, MI 49503; 459-4331; www.mdausa.org

NETWORK 180 ACCESS CENTER, 833 Lake Drive SE, Grand Rapids, MI 49506; 336-3909; www.network180.org

NEUROFIBROMATOSIS SUPPORT GROUP OF WEST MICHIGAN, Contact: Rosemary Anderson, PO Box 6026, Grand Rapids, MI 49516; 451-3699; www.nfsupport.org

PARENT ADVISORS FOR SPECIAL EDUCATION (PASE), Contact: Kent ISD, 2930 Knapp Street NE, Grand Rapids, MI 49525; 365-2297; www.kentisd.org/Special_Education/pase/

SPECTRUM COMMUNITY SERVICES, 3353 Lousma Drive SE, Wyoming, MI 49548; 241-6258; www.spectrumhuman.org

UCP MICHIGAN, 4970 Northwind Drive, Suite 102, East Lansing, MI, 48823; 1-800-828-2714; www.ucpmichigan.org

WEST MICHIGAN INCLUSION NETWORK (WIN), PO box 889, Ada, MI 49301; 889-3808; www.wmin.org

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ELIGIBILITY RECOMMENDATION INFORMATION

COMPONENTS OF THE ELIGIBILITY RECOMMENDATION

Eligibility Recommendation pages must be completed for each suspected area(s) of disability. If more than one area of disability is considered, the **Present Level of Academic Achievement and Functional Performance (PLAAFP)** must address all areas of identified need. Only one PLAAFP form needs to be attached to the **Eligibility Recommendation** page(s).

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 DOCUMENTATION

Required information for each disability area is listed in the left column of this section. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

DIAGNOSTIC ASSURANCES

A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data included in reports. The title, date, section and page of the written report where supporting information for each assurance is located must be recorded in the right column.

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. In other words, substantial general education accommodations, interventions and supports **must be** implemented and results documented prior to determining that student has a disability.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

The required MET participants for each disability are listed by title in the signature section. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

When a physician's report is required, the physician's name may be printed by another MET member in the signature section of the appropriate **Eligibility Recommendation** form. A signed physician's report must be part of the MET documentation for deaf-blindness, hearing impairment, other health impairment, physical impairment, severe multiple impairment, traumatic brain injury and visual impairment.

AUTISM SPECTRUM DISORDER ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Autism Spectrum Disorder (ASD). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this ASD page and any other **Eligibility Recommendation** pages. For more information please refer to *Autism Spectrum Disorder Evaluation and Eligibility Guidelines* (Kent ISD, 2005).

EVALUATION DOCUMENTATION

A. Required information for each disability area is listed in the left column of this section.

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

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data. For ASD eligibility, reports must document evidence that the student manifests characteristics in each of three areas of impairment.

ELIGIBILITY RECOMMENDATION (p. 2)

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

PARTICIPANT SIGNATURES (p. 2)

E. 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. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Autism Spectrum Disorder
ELIGIBILITY RECOMMENDATION
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: *(Choose one)*

A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
 A multidisciplinary evaluation for a **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
 A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with an autism spectrum disorder:

<u>Required Information</u>	<u>Document and Date</u>
Ability/achievement level _____	_____
Communication functioning _____	_____
Relevant behavior observations _____	_____
Educationally relevant medical information <i>(If none, write "None")</i> _____	_____
Information from parents <i>(Including developmental history)</i> _____	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility.

<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
<p><small>True False</small></p> <p><input type="checkbox"/> There is evidence of a lifelong developmental disability that affects this student's academic, behavioral and/or social performance.</p> <p><input type="checkbox"/> This student manifests behavioral characteristics in all of the following three areas:</p> <p style="margin-left: 20px;">1) Qualitative impairments in reciprocal social interaction including at least two of the following: <i>(Check all that apply)</i></p> <p style="margin-left: 40px;">____ Marked impairments in the use of multiple nonverbal behaviors (such as eye-to-eye gaze, expressions, body postures, gestures)</p> <p style="margin-left: 40px;">____ Failure to develop peer relationships appropriate to this student's developmental level</p> <p style="margin-left: 40px;">____ Marked impairment in spontaneous seeking to share enjoyment, interests or achievements with other people</p> <p style="margin-left: 40px;">____ Marked impairment in the areas of social or emotional reciprocity</p> <p style="margin-left: 20px;">2) Qualitative impairments in communication including at least one of the following: <i>(Check all that apply)</i></p> <p style="margin-left: 40px;">____ Delay in or absence of spoken language unaccompanied by an attempt to compensate through alternative modes of communication</p> <p style="margin-left: 40px;">____ Marked impairment in pragmatics or the ability to initiate, sustain or engage in reciprocal conversations with others</p> <p style="margin-left: 40px;">____ Stereotyped and repetitive use of language or idiosyncratic language</p> <p style="margin-left: 40px;">____ Lack of varied, spontaneous make believe play or social imitative play appropriate to this student's developmental level</p> <p style="margin-left: 20px;">3) Restricted, repetitive, and stereotyped behaviors including at least one of the following: <i>(Check all that apply)</i></p> <p style="margin-left: 40px;">____ Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus</p> <p style="margin-left: 40px;">____ Apparent inflexible adherence to specific, nonfunctional routines or rituals</p> <p style="margin-left: 40px;">____ Stereotyped and repetitive motor mannerisms (such as hand flapping or complex whole-body movements)</p> <p style="margin-left: 40px;">____ Persistent preoccupation with parts of objects</p> <p><input type="checkbox"/> This student does not have a primary diagnosis of schizophrenia or emotional impairment.</p>	_____	_____

(Continued on following page)

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DIAGNOSTIC ASSURANCES (Cont'd)

<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
<p><small>True False</small></p> <p><input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.</p> <p><input type="checkbox"/> This student requires special education programs/services. Determination may include unusual or inconsistent response to sensory stimuli.</p>	_____	_____

ELIGIBILITY RECOMMENDATION

The evaluation team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the autism spectrum disorder rule (R340.1715).

Yes *(Complete and attach a present level statement)* No *(Proceed to the Participant Signatures section)*

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation. *(Sign and check below)*

	Yes	No	
Psychologist/Psychiatrist _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____
Speech/Language Pathologist _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____
School Social Worker _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____

COGNITIVE IMPAIRMENT ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Cognitive Impairment (CI). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this CI page and any other **Eligibility Recommendation** pages.

EVALUATION DOCUMENTATION

A. Required information for each disability area is listed in the left column of this section. Note that CI evaluations require assessment of adaptive behavior, cognitive functioning, reading, and math.

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

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data. The assurance most often noncompliant in CI evaluations is documentation of an impairment in adaptive behavior.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for each disability are listed by title in the signature section. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Cognitive Impairment
ELIGIBILITY RECOMMENDATION
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: *(Choose one)*

A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
 A multidisciplinary evaluation for a **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
 A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a cognitive impairment

Required Information	Document and Date
Intellectual assessment/description of cognitive development	_____
Description of adaptive behavior	_____
Reading and math scores <i>(If applicable)</i>	_____
Educationally relevant medical information <i>(If none, write "None")</i>	_____
Information from parents	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Assurance Statement	Report and Date	Section/Page
<small>Type</small> <input type="checkbox"/> <small>Facts</small> <input type="checkbox"/> To the extent that his/her educational performance is adversely affected, this student manifests all of the following behavioral characteristics: <ol style="list-style-type: none"> 1) A developmental rate of two or more standard deviations below the mean as determined through intellectual assessment 2) Scores approximately within the lowest six percentiles on a standardized test in reading and math <i>(If age and developmentally appropriate)</i> 3) A lack of development primarily in the cognitive domain 4) An impairment of adaptive behavior 	_____	_____
<input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____	_____
<input type="checkbox"/> This student requires special education programs/services.	_____	_____

ELIGIBILITY RECOMMENDATION

The evaluation team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the cognitive impairment rule (R340.1705).

Yes *(Complete and attach a present level statement)* No *(Proceed to the Participant Signatures section)*

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

Psychologist _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

D

DEAF-BLINDNESS ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Deaf-Blindness (DB). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this DB page and any other **Eligibility Recommendation** pages.

EVALUATION DOCUMENTATION

A. Required information for each disability area is listed in the left column of this section. In addition to parent input and information on ability/achievement, both audiological and vision information are required for DB evaluations.

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

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for a DB evaluation are one or more physicians, a teacher of the hearing impaired, and a teacher of the vision impaired. The physician's name may be printed by another MET member in the signature section of the appropriate **Eligibility Recommendation** form. The signed physician's report must be part of the MET documentation. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Deaf-Blindness

ELIGIBILITY RECOMMENDATION

Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____

Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: (Choose one)

A multidisciplinary evaluation for **initial eligibility** (Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)

A multidisciplinary evaluation for a **change in eligibility** (Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)

A redetermination evaluation for **ongoing eligibility** (Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with deaf-blindness:

Required Information	Document and Date
Ability/achievement level	
Relevant behavior observations	
Audiological Information	
Vision Information	
Educationally relevant medical information (If none, write "None")	
Information from parents	

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Assurance Statement	Report and Date	Section/Page
<input type="checkbox"/> <input type="checkbox"/> This student manifests both a hearing impairment and visual impairment 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.		
<input type="checkbox"/> <input type="checkbox"/> This student manifests hearing and visual losses that, considered individually, may not meet the requirements for hearing impairment or visual impairment but considered together adversely affect this student's educational performance.		
<input type="checkbox"/> <input type="checkbox"/> Based upon responses to auditory and visual stimuli in the environment or evident during hearing and vision evaluations, this student functions as if having both a hearing and visual loss.		
<input type="checkbox"/> <input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.		
<input type="checkbox"/> <input type="checkbox"/> This student requires special education programs/services.		

ELIGIBILITY RECOMMENDATION

The evaluation team **1**) finds all of the diagnostic assurance statements to be true and **2**) recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the deaf-blindness rule (R340.1717).

Yes (Complete and attach a present level statement) No (Proceed to the Participant Signatures section)

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation: (Sign and check below)

Teacher of Hearing Impaired _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Physician _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Teacher of Visually Impaired _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

7/09

EARLY CHILDHOOD DEVELOPMENTAL DELAY ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Early Childhood Developmental Delay (ECDD). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this ECDD page and any other **Eligibility Recommendation** pages.

EVALUATION DOCUMENTATION

A. Required information for each disability area is listed in the left column of this section.

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

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data. Note that ECDD is a “rule out” disability. In other words, ECDD should only be used if the student’s delay can not be adequately defined under another disability category.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for each disability are listed by title in the signature section. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Early Childhood Developmental Delay
ELIGIBILITY RECOMMENDATION
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: *(Choose one)*

- A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
- A multidisciplinary evaluation for a **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
- A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with an early childhood developmental delay.

<u>Required Information</u>	<u>Document and Date</u>
Achievement/developmental level _____	_____
Relevant behavior observations _____	_____
Educationally relevant medical information <i>(If none, write "None")</i> _____	_____
Information from parents _____	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
<input type="checkbox"/> <input type="checkbox"/> This student is seven years of age or less with a primary delay that cannot be defined through the criteria set forth in any other disability area (R340.1705 through R340.1710 or R340.013 through 340.1717).	_____	_____
<input type="checkbox"/> <input type="checkbox"/> 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"/> <input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____	_____
<input type="checkbox"/> <input type="checkbox"/> The suspected disability adversely affects this student's educational performance and requires special education programs/services.	_____	_____

ELIGIBILITY RECOMMENDATION

The evaluation team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the early childhood developmental delay rule (R340.1711).

Yes *(Complete and attach a present level statement)* No *(Proceed to the Participant Signatures section)*

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

Eval Team Rep _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

7/09

A

B

C

D

E

EMOTIONAL IMPAIRMENT ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Emotional Impairment (EI). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this EI page and any other **Eligibility Recommendation** pages. For more information please refer to *Guidelines for Determining Emotional Impairment* (Kent ISD, 2003).

EVALUATION DOCUMENTATION

A. Required information for each disability area is listed in the left column of this section. The information most often lacking in EI evaluations is documentation of intervention strategies used to improve behavior.

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

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data.

ELIGIBILITY RECOMMENDATION

D. 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 must be presented to the parent at least 24 to 48 hours before the IEP Team meeting.

PARTICIPANT SIGNATURES

E. The required MET participants for each disability are listed by title in the signature section. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Emotional Impairment
ELIGIBILITY RECOMMENDATION
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: *(Choose one)*

A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
 A multidisciplinary evaluation for a **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
 A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with an emotional impairment:

Required Information	Document and Date
Ability/achievement level	_____
Performance in school and other settings <i>(including adaptive behavior)</i>	_____
Systematic observation of primary interfering behaviors	_____
Behavior intervention strategies used <i>(Including duration and results)</i>	_____
Educationally relevant medical information <i>(If none, write "None")</i>	_____
Information from parents	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Assurance Statement	Report and Date	Section/Page
<small>True</small> <input type="checkbox"/> <small>False</small> <input type="checkbox"/> Over an extended period, this student manifests behavioral problems primarily in the affective domain which adversely affect his/her ability to profit from learning experiences.	_____	_____
<input type="checkbox"/> The behavioral problems are characterized by one or more of the following characteristics: <i>(Check all that apply)</i> <ul style="list-style-type: none"> <input type="radio"/> An inability to build or maintain satisfactory interpersonal relationships within the school environment <input type="radio"/> Inappropriate types of behaviors or feelings under normal circumstances <input type="radio"/> A general, pervasive mood of unhappiness or depression <input type="radio"/> A tendency to develop physical symptoms or fears in association with personal or school problems <input type="radio"/> In addition to the characteristics listed above, this student manifests maladaptive behaviors related to schizophrenia or similar disorders 	_____	_____
<input type="checkbox"/> The suspected disability is not solely the result of social maladjustment	_____	_____
<input type="checkbox"/> The suspected disability is not primarily the result of intellectual, sensory or health factors.	_____	_____
<input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____	_____
<input type="checkbox"/> This student requires special education programs/services.	_____	_____

ELIGIBILITY RECOMMENDATION

The evaluation team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the emotional impairment rule (R340.1706).

Yes *(Complete and attach a present level statement)* No *(Proceed to the Participant Signatures section)*

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

Psychologist/Psychiatrist _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School Social Worker _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7/09

HEARING IMPAIRMENT ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Hearing Impairment (HI). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this HI page and any other **Eligibility Recommendation** pages.

EVALUATION DOCUMENTATION

- A. Required information for each disability area is listed in the left column of this section.
- B. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for HI include an audiologist, and a physician who is an otolaryngologist or otologist. The physician's name may be printed by another MET member in the signature section of the appropriate **Eligibility Recommendation** form. The signed physician's report must be part of the MET documentation. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Hearing Impairment ELIGIBILITY RECOMMENDATION

Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: *(Choose one)*

- A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
- A multidisciplinary evaluation for a **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
- A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a hearing impairment:

<u>Required Information</u>	<u>Document and Date</u>
Ability/Achievement Level _____	_____
Relevant behavior observations _____	_____
Audiological Information _____	_____
Educationally relevant medical information _____	_____
Information from parents _____	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
True False <input type="checkbox"/> <input type="checkbox"/> This student manifests a type or degree of hearing loss that interferes with development or adversely affects educational performance.	_____	_____
<input type="checkbox"/> <input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____	_____
<input type="checkbox"/> <input type="checkbox"/> This student requires special education programs/services.	_____	_____

ELIGIBILITY RECOMMENDATION

The evaluation team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the hearing impairment rule (R340.1707).

Yes *(Complete and attach a present level statement)* No *(Proceed to the Participant Signatures section)*

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

Audiologist _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Otolaryngologist/Otologist _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7/09

LEARNING DISABILITY ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Learning Disability (LD). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this LD page and any other **Eligibility Recommendation** pages.

EVALUATION DOCUMENTATION

A. Required information for each disability area is listed in the left column of this section. Note: the classroom observation should be conducted during instruction that aligns with the identified area of need.

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

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data. Data-based documentation of repeated assessments of student achievement and interventions provided are required before a student can be identified as LD.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for each disability are listed by title in the signature section. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Specific Learning Disability

ELIGIBILITY RECOMMENDATION

Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____

Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: (Choose one)

A multidisciplinary evaluation for **initial eligibility** (Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)

A multidisciplinary evaluation for a **change in eligibility** (Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)

A redetermination evaluation for **ongoing eligibility** (Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a specific learning disability:

Required Information	Document and Date
Ability level and achievement level	_____
Classroom observation (Including relationship of behavior and achievement)	_____
Supplementary intervention/instruction (Including rate of progress)	_____
Educationally relevant medical information (If none, write "None")	_____
Information from parents	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Assurance Statement	Report and Date	Section/Page
<input type="checkbox"/> <input type="checkbox"/> This student was provided appropriate instruction by qualified personnel in the general education setting.	_____	_____
<input type="checkbox"/> <input type="checkbox"/> This student was provided repeated assessments of achievement at reasonable intervals with data-based documentation available and provided to parents.	_____	_____
<input type="checkbox"/> <input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____	_____
<input type="checkbox"/> <input type="checkbox"/> 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"/> <input type="checkbox"/> The suspected disability of this student is based on the following rationale: (Check all that apply)	_____	_____
<input type="radio"/> This student exhibits a pattern of strengths and weaknesses in performance, achievement or both relative to his/her age, intellectual development or state approved grade level standards.		
<input type="radio"/> 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="radio"/> Other: (Give rationale in report listed above)		
This student has a suspected disability in at least one of the following areas: (Check all that apply)		
<input type="checkbox"/> Basic Reading Skill <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Written Expression		
<input type="checkbox"/> Mathematics Calculation <input type="checkbox"/> Mathematics Reasoning <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Oral Expression		
<input type="checkbox"/> <input type="checkbox"/> The suspected disability adversely affects this student's educational performance and requires special education.	_____	_____

ELIGIBILITY RECOMMENDATION

The evaluation team **1**) finds all of the diagnostic assurance statements to be true and **2**) recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the specific learning disability rule (R340.1713).

Yes (Complete and attach a present level statement) No (Proceed to the Participant Signatures section)

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation: (Sign and check below)

Eval Team Rep _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
General Ed Teacher _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

7/09

OTHER HEALTH IMPAIRMENT ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Other Health Impairment (OHI). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this OHI page and any other **Eligibility Recommendation** pages.

EVALUATION DOCUMENTATION

A. Required information for each disability area is listed in the left column of this section.

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

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data. Data from across Kent ISD has revealed extensive overidentification of OHI. 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. In other words, substantial general education accommodations, interventions and supports **must be** implemented and results documented prior to determining that student has an other health impairment.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for OHI must include a physician. The physician's name may be printed by another MET member in the signature section of the appropriate **Eligibility Recommendation** form.

Other Health Impairment
ELIGIBILITY RECOMMENDATION
 Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: (Choose one)

A multidisciplinary evaluation for **initial eligibility** (Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)
 A multidisciplinary evaluation for a **change in eligibility** (Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)
 A redetermination evaluation for **ongoing eligibility** (Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with an other health impairment.

Required Information	Document and Date
Ability/achievement level	
Relevant behavior observations	
Educationally relevant medical information	
Information from parents	

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Assurance Statement	Report and Date	Section/Page
True: False <input type="checkbox"/> Due to a chronic or acute health problem, this student manifests limited strength, vitality or alertness to the educational environment that adversely impacts his/her educational performance.		
<input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.		
<input type="checkbox"/> This student requires special education programs/services.		

ELIGIBILITY RECOMMENDATION

The evaluation team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the other health impairment rule (R340.1709a).

Yes (Complete and attach a present level statement) No (Proceed to the Participant Signatures section)

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation. (Sign and check below)

Physician _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

7/09

The signed physician's report must be part of the MET documentation. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

PHYSICAL IMPAIRMENT ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Physical Impairment (PI). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this PI page and any other **Eligibility Recommendation** pages.

EVALUATION DOCUMENTATION

- A. Required information for each disability area is listed in the left column of this section.
- B. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for PI must include a physician. The physician's name may be printed by another MET member in the signature section of the appropriate **Eligibility Recommendation** form. The signed physician's report must be part of the MET documentation. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Physical Impairment
ELIGIBILITY RECOMMENDATION
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: *(Choose one)*

A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
 A multidisciplinary evaluation for a **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
 A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a physical impairment:

<u>Required Information</u>	<u>Document and Date</u>
Ability/achievement level _____	_____
Relevant behavior observations _____	_____
Educationally relevant medical information _____	_____
Information from parents _____	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
True False <input type="checkbox"/> <input type="checkbox"/> This student manifests a severe orthopedic impairment that adversely affects his/her educational performance.	_____	_____
<input type="checkbox"/> <input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____	_____
<input type="checkbox"/> <input type="checkbox"/> This student requires special education programs/services.	_____	_____

ELIGIBILITY RECOMMENDATION

The evaluation team **1**) finds all of the diagnostic assurance statements to be true and **2**) recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the physical impairment rule (R340.1709).

Yes *(Complete and attach a present level statement)* No *(Proceed to the Participant Signatures section)*

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation. *(Sign and check below)*

Physician _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other/Role _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7/09

SEVERE MULTIPLE IMPAIRMENT ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Severe Multiple Impairment (SXI). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this SXI page and any other **Eligibility Recommendation** pages.

EVALUATION DOCUMENTATION

- A. Required information for each disability area is listed in the left column of this section.
- B. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for SXI must include a physician. The physician's name may be printed by another MET member in the signature section of the appropriate **Eligibility Recommendation** form. The signed physician's report must be part of the MET documentation. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Severe Multiple Impairment (SXI)
ELIGIBILITY RECOMMENDATION
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: *(Choose one)*

A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
 A multidisciplinary evaluation for a **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
 A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a severe multiple impairment:

<u>Required Information</u>	<u>Document and Date</u>
Intellectual assessment/description of cognitive development	_____
Audiological information <i>(If none, write "None")</i>	_____
Vision information <i>(If none, write "None")</i>	_____
Medical/health information <i>(If none, write "None")</i>	_____
Information from parents	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility.

<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
True: False: <input type="checkbox"/> 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>(Check and specify all that apply)</i> <ul style="list-style-type: none"> <input type="radio"/> A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills <input type="radio"/> A vision impairment so severe that the visual channel is not sufficient to guide independent mobility <input type="radio"/> A physical impairment so severe that the activities of daily living cannot be achieved without assistance <input type="radio"/> A health impairment so severe that this student is medically at risk 	_____	_____
<input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____	_____
<input type="checkbox"/> The suspected disability adversely affects this student's educational performance and requires special education programs/services.	_____	_____

ELIGIBILITY RECOMMENDATION

The evaluation team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the severe multiple impairment rule (R340.1714).

Yes *(Complete and attach a present level statement)* No *(Proceed to the Participant Signatures section)*

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

Psychologist _____	Yes No	<input type="checkbox"/> <input type="checkbox"/>	Other/Role _____	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Physician _____	Yes No	<input type="checkbox"/> <input type="checkbox"/>	Other/Role _____	Yes No	<input type="checkbox"/> <input type="checkbox"/>

7/09

SPEECH AND LANGUAGE IMPAIRMENT ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Speech and Language Impairment (SLI). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this SLI page and any other **Eligibility Recommendation** pages. For more information please refer to *Kent ISD Speech and Language Evaluation, Eligibility and Service Guidelines* (2008).

EVALUATION DOCUMENTATION

A. Required information for each disability area is listed in the left column of this section.

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

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for SLI include a speech-language pathologist and another educational professional. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Speech and Language Impairment
ELIGIBILITY RECOMMENDATION
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: *(Choose one)*

A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
 A multidisciplinary evaluation for a **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
 A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a speech and language impairment

<u>Required Information</u>	<u>Document and Date</u>
Ability/achievement/developmental level	_____
Relevant behavior observations	_____
Speech/language level	_____
Spontaneous language sample	_____
Educationally relevant medical information <i>(If none, write "None")</i>	_____
Information from parents	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
<small>True False</small> <input type="checkbox"/> <input type="checkbox"/> The educational performance of this student is adversely affected by a communication disorder in the following area(s): <i>(Check all that apply)</i> <input type="radio"/> Articulation <input type="radio"/> Language <input type="radio"/> Fluency <input type="radio"/> Voice	_____	_____
<input type="checkbox"/> <input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____	_____
<input type="checkbox"/> <input type="checkbox"/> This student requires special education programs/services.	_____	_____

ELIGIBILITY RECOMMENDATION

The evaluation team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the speech and language impairment rule (R340.1710).

Yes *(Complete and attach a present level statement)* No *(Proceed to the Participant Signatures section)*

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

Speech/Language Pathologist _____	Yes No	Other Role _____	Yes No
Other Role _____	Yes No	Other Role _____	Yes No

7/09

TRAUMATIC BRAIN INJURY ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Traumatic Brain Injury (TBI). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this TBI page and any other **Eligibility Recommendation** pages.

EVALUATION DOCUMENTATION

- A. Required information for each disability area is listed in the left column of this section.
- B. The title and date of the document containing supportive narrative and/or data for each item must be recorded in the right column.

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data. 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.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for TBI must include a physician. The physician's name may be printed by another MET member in the signature section of the appropriate **Eligibility Recommendation** form. The signed physician's report must be part of the MET documentation. Parent input is required for every evaluation. Parent input must be documented in writing. Although a parent is not required to sign as MET participant, a parent signature is permissible.

Traumatic Brain Injury
ELIGIBILITY RECOMMENDATION
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: *(Choose one)*

A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
 A multidisciplinary evaluation for a **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
 A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a traumatic brain injury:

<u>Required Information</u>	<u>Document and Date</u>
Ability/achievement level _____	_____
Relevant behavior observations _____	_____
Educationally relevant medical information _____	_____
Information from parents _____	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>									
True False <input type="checkbox"/> 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. _____	_____	_____									
<input type="checkbox"/> This student manifests an open or closed head injury resulting in impairment in one or more of the following areas: <i>(Check all that apply)</i> <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="radio"/> Attention</td> <td><input type="radio"/> Information Processing</td> <td><input type="radio"/> Physical Functions</td> </tr> <tr> <td><input type="radio"/> Behavior</td> <td><input type="radio"/> Language</td> <td><input type="radio"/> Reasoning</td> </tr> <tr> <td><input type="radio"/> Cognition</td> <td><input type="radio"/> Memory</td> <td><input type="radio"/> Speech</td> </tr> </table>	<input type="radio"/> Attention	<input type="radio"/> Information Processing	<input type="radio"/> Physical Functions	<input type="radio"/> Behavior	<input type="radio"/> Language	<input type="radio"/> Reasoning	<input type="radio"/> Cognition	<input type="radio"/> Memory	<input type="radio"/> Speech	_____	_____
<input type="radio"/> Attention	<input type="radio"/> Information Processing	<input type="radio"/> Physical Functions									
<input type="radio"/> Behavior	<input type="radio"/> Language	<input type="radio"/> Reasoning									
<input type="radio"/> Cognition	<input type="radio"/> Memory	<input type="radio"/> Speech									
<input type="checkbox"/> The suspected disability is not due to a brain injury that is congenital, degenerative or induced by birth trauma. _____	_____	_____									
<input type="checkbox"/> The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading. _____	_____	_____									
<input type="checkbox"/> This student requires special education programs/services. _____	_____	_____									

ELIGIBILITY RECOMMENDATION

The evaluation team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the traumatic brain injury rule (R340.1716).

Yes *(Complete and attach a present level statement)* No *(Proceed to the Participant Signatures section)*

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

Physician _____	Yes No	<input type="checkbox"/> <input type="checkbox"/>	Other/Role _____	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Other/Role _____	Yes No	<input type="checkbox"/> <input type="checkbox"/>	Other/Role _____	Yes No	<input type="checkbox"/> <input type="checkbox"/>

VISUAL IMPAIRMENT ELIGIBILITY RECOMMENDATION

This process and form must be completed for all evaluations involving Visual Impairment (VI). A **Present Level of Academic Achievement and Functional Performance** form must be attached to this VI page and any other **Eligibility Recommendation** pages.

EVALUATION DOCUMENTATION

A. Required information for each disability area is listed in the left column of this section.

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

DIAGNOSTIC ASSURANCES

C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data.

ELIGIBILITY RECOMMENDATION

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

PARTICIPANT SIGNATURES

E. The required MET participants for VI must include an ophthalmologist or optometrist. The physician's name may be printed by another MET member in the signature section of the appropriate **Eligibility Recommendation** form. The signed physician's report must be part of the MET documentation. An orientation and mobility specialist is a required MET member for a student with visual acuity of 20/200 or less, or a peripheral field of vision restricted to 20 degrees or less. Parent input is required for every evaluation. Parent input must be documented in writing. Although a

Visual Impairment
ELIGIBILITY RECOMMENDATION
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page _____ of _____
 Birthdate _____ Grade _____ School District _____

PURPOSE

This form is used by the evaluation team to recommend eligibility for special education based on: *(Choose one)*

A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
 A multidisciplinary evaluation for a **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
 A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

EVALUATION DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a visual impairment:

Required Information	Document and Date
Ability/achievement level <i>(May include a functional visual assessment)</i>	_____
Relevant behavior observations	_____
Orientation and mobility recommendations <i>(If applicable)*</i>	_____
Educationally relevant medical information <i>(If none, write "None")</i>	_____
Information from parents	_____

DIAGNOSTIC ASSURANCES

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Assurance Statement	Report Title Date	Section/Page																																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">True</td> <td style="font-size: small;">False</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td>This student manifests a visual impairment that interferes with development or adversely affects educational performance.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>This student manifests one or more of the following: <i>(Check all that apply)</i></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td><input type="radio"/></td> <td>A central visual acuity for near or far point vision of 20/70 or less in the better eye after routine refractive correction</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="radio"/></td> <td>A peripheral field of vision restricted to not more than 20 degrees</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="radio"/></td> <td>A diagnosed progressively deteriorating eye condition</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>This student requires special education programs/services.</td> <td>_____</td> <td>_____</td> </tr> </table>	True	False	<input type="checkbox"/> <input type="checkbox"/>	This student manifests a visual impairment that interferes with development or adversely affects educational performance.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This student manifests one or more of the following: <i>(Check all that apply)</i>	_____	_____			<input type="radio"/>	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="radio"/>	A peripheral field of vision restricted to not more than 20 degrees					<input type="radio"/>	A diagnosed progressively deteriorating eye condition			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This student requires special education programs/services.	_____	_____		
True	False	<input type="checkbox"/> <input type="checkbox"/>	This student manifests a visual impairment that interferes with development or adversely affects educational performance.	_____	_____																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This student manifests one or more of the following: <i>(Check all that apply)</i>	_____	_____																																							
		<input type="radio"/>	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="radio"/>	A peripheral field of vision restricted to not more than 20 degrees																																									
		<input type="radio"/>	A diagnosed progressively deteriorating eye condition																																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____	_____																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This student requires special education programs/services.	_____	_____																																							

ELIGIBILITY RECOMMENDATION

The evaluation team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the visual impairment rule (R340.1708).

Yes *(Complete and attach a present level statement)* No *(Proceed to the Participant Signatures section)*

PARTICIPANT SIGNATURES

As a member of the evaluation team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

Ophthalmologist/Optomtrist _____	Yes	No		Other/Role _____	Yes	No
*Orientation and Mobility Specialist _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

parent is not required to sign as MET participant, a parent signature is permissible.

RECORDING THE ELIGIBILITY DECISION ON PAGE 1 OF IEP

A. Prior to making the eligibility determination, the IEP Team reviews current evaluation information, including recommendations from the MET. Based on the data reviewed, the IEP makes a determination of special education eligibility.

B. The IEP Team is required to make a determination of the student's primary disability. A numeral "1" is recorded next to the appropriate disability category. Although it is not required, the IEP Team may choose to specify a secondary disability by recording the numeral "2" next to another disability category.

Note: Before designating any primary or secondary disability on the IEP Team report, members must verify that required evaluations have been completed, data collected, and diagnostic assurances met for the appropriate disability category.

A

B

INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM REPORT
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date _____ Page **1** of _____
 Birthdate _____ Age _____ School District _____

INVITATION

A written invitation/notice, including purpose of meeting, role of participants and procedural safeguards was sent to parent/guardian/student:
 By _____ Date _____
 Additionally, the following efforts were made to arrange a mutually agreeable time and place of meeting:
 Method _____ By _____ Date _____
 Method _____ By _____ Date _____
 Native Language of Family _____ Native Language of Student _____

PARTICIPANT SIGNATURES

Signatures below indicate participation in the IEP Team meeting:
 Student _____ Parent /Guardian _____
 General Ed Teacher _____ Parent /Guardian _____
 Special Ed Provider _____ School District Rep _____
 Eval Team Rep _____ Other/Title _____
 Other/Title _____ Other/Title _____

PURPOSE

The purpose of this meeting includes: *(Check all that apply)*

Determining or reviewing this student's eligibility for special education programs/services
 Developing, reviewing or revising this student's individualized education program
 Other _____

STUDENT PROFILE AND ELIGIBILITY

In determining both eligibility and need for special education programs/services, the IEP Team must consider each of the following:

Student Strengths _____
 Parent Concerns _____
 Current Evaluations *(Include applicable state and districtwide assessments)* _____

Based upon **1)** this student's current functioning, **2)** the most recent evaluation findings dated _____ and **3)** any additional assessment information, do the IEP Team members determine that this student has a disability that requires special education programs/services?

No *(Explain)* _____
 Yes *(Indicate primary disability below with a "1" and any secondary disability with a "2")*

_____ Autism Spectrum Disorder (R340.1715)	_____ Other Health Impairment (R340.1709a)
_____ Cognitive Impairment (R340.1705)	_____ Physical Impairment (R340.1709)
_____ Deaf-Blindness (R340.1717)	_____ Severe Multiple Impairment (R340.1714)
_____ Early Childhood Developmental Delay (R340.1711)	_____ Speech and Language Impairment (R340.1710)
_____ Emotional Impairment (R340.1706)	_____ Traumatic Brain Injury (R340.1716)
_____ Hearing Impairment (R340.1707)	_____ Visual Impairment (R340.1708)
_____ Learning Disability (R340.1713)	

Section 1
7/09

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.

EVALUATION REVIEW AND PLAN (ERP) PROCESS AND REEVALUATIONS

General Information

In literature from the Michigan Department of Education, the term Review of Existing Evaluation Data (REED) is used instead of the broader term "Evaluation Review and Plan (ERP)." Kent ISD will continue to use "ERP" to describe the review of existing evaluation data and evaluation planning process. It is not required for an ERP to be completed in a formal meeting. Members may meet individually or in small groups to review existing data in their area of expertise.

ERP Process for Initial Evaluations

The IEP Team may conduct an Evaluation Review and Plan (ERP) for an initial evaluation, if appropriate. Examples of situations which may indicate an ERP is appropriate for an initial evaluation would be:

- The LEA is given outside evaluation(s) by an agency or private practitioner that the parent obtained at their expense. The IEP Team conducts an ERP and reviews the outside evaluation(s) to determine if additional evaluation by LEA personnel is necessary.
- A preschool student is referred by an outside agency with minimal information available. The ERP would assist the evaluators in determining what additional information is needed.
- A student who presents with multiple behaviors is referred by the student study team. An ERP might help evaluators determine the direction and the type of assessments necessary to gather the information to assist in determining eligibility.
- The additional documentation requirements for specific learning disabilities (SLDs) eligibility lend themselves to using the ERP process to determine what data the IEP Team already has and what additional data the IEP Team needs.

While the ERP process is not required for an initial evaluation, and it is up to the LEA to determine when it is "appropriate" for an initial evaluation, it is best practice to collect and review all existing evaluation data on a student before beginning an initial evaluation.

ERP Process for Reevaluations

The ERP may be conducted anytime during the 36-month period, but **the evaluation must be completed by the date identified and documented by the IEP Team** and in no case later than 12 months of the ERP. Kent ISD does not recommend conducting an ERP at the second annual IEP review because data obtained at that time will not be current when eligibility and present level of performance are determined at the next IEP Team meeting. It is recommended that ERPs be held at a time when present level data will result in current information for the IEP Team meeting. If an IEP Team meeting is held prior to the 36-month anniversary of the IEP that determined eligibility (third annual IEP review), an IEP Team may determine eligibility at that time. If the IEP Team chooses not to determine eligibility at that IEP Team meeting, they must reconvene an IEP Team meeting within 36 months of the last determination of eligibility.

Data Sufficient – A reevaluation is required every three years unless the parent and the LEA agree that a reevaluation is unnecessary. Even though an IEP Team may determine that an evaluation is not required every three years, an ERP and an IEP that determines eligibility must be held every three years.

Data Not Sufficient – If the ERP determines that a comprehensive evaluation is indicated, the MET members must follow the Michigan rule requirements for each suspected eligibility area, document their conclusions and determine a recommendation of eligibility in a MET report and *Eligibility Recommendation* form. If the ERP determines that eligibility is not a question and a comprehensive evaluation is not required, but specific information needs to be collected for present levels or program/service requirements, the summary of the data used to make that determination should be documented in a written report to the IEP Team.

EVALUATION REVIEW AND PLAN (ERP) PROCESS AND REEVALUATIONS

Change of Eligibility – Michigan rules specify that a determination of eligibility shall be based upon a comprehensive evaluation by a MET. Members of the IEP Team must conduct an ERP for a reevaluation, develop an evaluation plan, and attempt to obtain parental consent. Data for determination of eligibility should be based on current assessment data. If an IEP Team changes an existing eligibility or adds an additional eligibility, the 36-month clock starts at the most recent IEP. The IEP Team must consider the existing eligibility, the new or additional eligibility, and document their conclusion. **Note: Each eligibility or ineligibility decision must be documented in a written MET report and an Eligibility Recommendation form.**

ERP Process for Termination of Eligibility

The IEP Team must conduct an ERP to determine what, if any, additional information is needed to determine that the student is no longer a student with a disability or no longer in need of special education programs or services. A LEA/PSA is not required to conduct additional assessments in order to terminate a student's eligibility. However, if the ERP indicates a need for additional assessment, the identified assessments must be completed prior to the IEP meeting where the determination of eligibility will be made.

An evaluation is not required before graduation from secondary school with a regular diploma or exceeding the age of eligibility. However, in both instances, the school must provide the student with a summary of his/her academic achievement and functional performance and recommendations on how to assist the student to meet his/her postsecondary goals.

Parent Consent for Reevaluations (on ERP Form)

In 1997, IDEA began requiring parent consent for all types of reevaluations. Kent ISD's ERP form also "doubles" as the parent consent form for reevaluations. Whether or not an ERP is used for an **initial evaluation**, parent consent for initial special education evaluations must be obtained on the **Consent for Initial Special Education Evaluation** form (see page 6).

School personnel must document multiple attempts to obtain parental consent for a reevaluation. However, a LEA/PSA may proceed with reevaluations after making multiple, reasonable attempts to obtain consent. Staff must document these attempts to obtain consent. Parental consent for an evaluation is not required for reviewing existing data as part of the evaluation or reevaluation, or for administering a test or other evaluation administered to all children.

If the parent refuses consent for a reevaluation, such refusal does not release the LEA/PSA from the requirement to conduct a reevaluation. The LEA/PSA may either take the parent to a hearing (or mediation) or complete the reevaluation based on the data that they have available to them. If the data are not sufficient to determine eligibility, then the LEA may find the student ineligible based on the current data available. The LEA is held harmless if they do not pursue consent through mediation or a hearing.

Adding or Removing Special Education Services

An IEP Team may determine what programs and services a student requires without an evaluation, except for speech and language services. If the parent or teacher requests a service and/or the IEP Team agrees that an evaluation is necessary to determine the need for an additional service, parent consent must be obtained through documentation and signature on the IEP or through completing an ERP and obtaining a parent signature. An IEP or addendum must be held within a reasonable amount of time after the request and consent to evaluate for the additional special education service received. A reasonable amount of time has been interpreted by the Michigan Department of Education (MDE) to mean 30 school days. If an ERP form is used to obtain parent consent, a date that is beyond 30 school days may be recorded and agreed upon on the ERP form.

The 36-month clock for holding an IEP Team meeting to determine continued eligibility is not reset based on an IEP to add or remove a service. The IEP Team must consider the whole student when making a determination to add a service. The IEP Team should look at the service requested in light of the other programs and services the student is currently receiving and the proximity to the most recent evaluation of the student.

EVALUATION REVIEW AND PLAN (ERP) FORM

This process and form must be completed for all types of reevaluations (e.g. 3-year reviews, evaluations for specific related services, second opinion evaluations) and for initial evaluations when appropriate. If an ERP is used for an initial evaluation, a **Consent for Initial Special Education Evaluation** must also be completed.

PARTICIPANT SIGNATURES

A. Even though the *Evaluation Review and Plan (ERP)* can be completed via a process **OR** a meeting, the required IEP Team participants (see **Appendix A**) must sign this form. Parent input must be solicited and documented.

PURPOSE

B. Check **initial** eligibility only for the occasional situations in which an *ERP* is completed for a new referral.

C. Check **ongoing** eligibility for students who will be receiving a 3-year redetermination.

D. A **change** in eligibility could include an evaluation for a different disability (such as performing an EI evaluation on an LD student). A **change** in eligibility might also include evaluations for potential termination of special education eligibility.

E. A **change in programs or services** in special education could include evaluations to add or discontinue a related service, to plan a functional behavior assessment, or to modify a behavior plan.

EVALUATION REVIEW

F. Be sure to check all areas, review listed information, and record titles of documents reviewed.

EVALUATION NEEDS

G. If no new information is needed: (1) check "no" and explain; then (2) skip to

EVALUATION REVIEW AND PLAN
Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Initiation Date for Evaluation Review _____
 Birthdate _____ Age _____ School District _____

PARTICIPANTS

The following persons have participated in the development of this review/plan. (*Sign or list participant and describe method of participation*)

Parent/Guardian _____ Eval Team Rep _____
 General Ed Teacher _____ School District Rep _____
 Special Ed Provider _____ Other/Title _____

PURPOSE

The purpose of this process is to determine the information we have and what is needed by the IEP Team to decide: (*Check all that apply*)

An initial eligibility for special education A change in eligibility for special education
 An ongoing eligibility for special education Appropriate programs or services in special education

EVALUATION REVIEW

For the purpose(s) indicated above, the following information must be reviewed: (*Check and specify all*)

Previous evaluation team findings _____
 State/local academic achievement measures _____
 Classroom-based assessments and observations _____
 Input from teachers/providers of related services _____
 Evaluations and information provided by parents _____

EVALUATION NEEDS

In determining eligibility for special education, is additional information or evaluation needed?
 Yes No (*Explain*) _____

Indicate any of the following reasons for which additional evaluation is needed. (*Check all that apply*)

This student's present level of academic achievement and functional performance
 This student's need for new or continuing special education programs/services
 The need to modify special education programs/services for this student to meet goals and progress in the general or modified curriculum
 Comprehensive evaluation requirements

EVALUATION PLAN

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

<u>Assessment Area</u>	<u>Information Needed</u>
<input type="checkbox"/> Achievement	_____
<input type="checkbox"/> Adaptive Skills	_____
<input type="checkbox"/> Cognitive Ability	_____
<input type="checkbox"/> Motor Ability	_____
<input type="checkbox"/> Observation	_____
<input type="checkbox"/> Social/Emotional/Behavior	_____
<input type="checkbox"/> Speech and Language Skills	_____
<input type="checkbox"/> Other	_____

The results of this evaluation plan will be reviewed at an IEP Team meeting to be held on or before: _____

CONSENT

I, as parent/guardian/student, **1**) have received a copy of the *Special Education Parent Handbook*, **2**) understand the contents of this plan, **3**) understand that I may request a comprehensive evaluation related to the disability of my child and: (*Choose one*)

I consent to the proposed evaluation plan.
 I do not consent to the proposed evaluation plan. (*Explain concerns*) _____

Parent/Guardian/Student _____ Date _____

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Consent since no further details for evaluation planning are needed.

If more evaluation information is needed, document needs by one or more of the applicable boxes below.

EVALUATION PLAN

H. Check and describe the type of information needed. Avoid specifying specific evaluation instruments to allow for changes in instruments as needed for an assessment area during the evaluation process.

CONSENT

I. Parent must be given a copy of the *Special Education Parent Handbook With Procedural Safeguards* at the same time they are given the *ERP*.

Note: The *ERP* must be filled out based on input from all participants **prior** to having the parent sign the consent section. Once parent consent is obtained, the form may not be changed.

TRANSFER OF STUDENT WITH DISABILITY

When a student moves into a school and the district becomes aware that the student was in the process of an initial evaluation (which has not been completed), the receiving district must proceed with the evaluation as expeditiously as possible. The district is not bound to the original 30-school-day rule when the referral started in another district. However, **the district and parent must come to an agreement on a time line to complete the evaluation.** Districts should have procedures in place for transfer student registration to identify students with existing IEPs and those who are in the process of being evaluated.

Placement of Transfer Student with Disability form is for students enrolling in your district from another district or from out-of-state, e.g., move-ins. **Be sure to verify the student's special education status from the previous school.**

Per state and federal law, there are two options for initial provision of educational programs/services available, presented here as Options A and B.

- Option A:** This option may be used only when **all** of the following are true:
1. The student transferring comes from within Michigan;
 2. The receiving district immediately implements the current IEP **exactly as written** (such as a center program student who moves to another district);
 3. An annual review for the previous IEP is not overdue; and
 4. Parent consent is obtained.

Note:

- An *IEP Addendum* may be used to make IEP adjustments for an initial placement as allowable within the guidelines for using an *IEP Addendum*.
- Using Option A or an *IEP Addendum* does not reset the annual review due date from the previous IEP.

Option B: In all cases, the receiving district temporarily provides a different but comparable education plan as specified on this form. A new IEP Team meeting is held within 30 school days of the temporary placement to develop a new IEP.

- State rules allow a district-determined placement if the parent consent is

7/09 PLACEMENT OF TRANSFER STUDENT WITH DISABILITY Kent Intermediate School District, Grand Rapids, Michigan

Student Name _____ Date of Temporary Placement Request _____
 Birthdate _____ Age _____ Receiving School District _____

CURRENT STUDENT INFORMATION

Student Address _____ City _____ Zip Code _____
 Gender _____ Race _____ Native Language of Student _____
 Parent/Guardian _____ Native Language of Family _____
 Home Address _____ City _____ Zip Code _____
 Home Phone _____ Work Phone _____

SENDING SCHOOL INFORMATION

Previous School District _____ Contact Person _____
 Previous School Building _____ Teacher _____ Grade _____
 School Address _____
 School Phone _____ School Fax _____
 Verified Primary Disability of Student _____ Verified Secondary Disability, If Any _____
 Date of the most recent eligibility recommendation form/reports _____ Are the most recent eligibility recommendation form/reports attached? Yes No
 Date of the most recent IEP _____ Is the most recent IEP attached? Yes No
 Special Education Program Provisions _____
 Accommodations, Related Services and Transportation Provisions* _____

**For changes in goals, accommodations, related services or transportation provisions only, use an IEP Addendum.*

IMPLEMENTATION OPTIONS

This student has been verified as eligible for special education programs/services and: (Choose one)

Option A: With parent/guardian/student consent, the provisions of the most recent (*Must be current*) Michigan IEP will be fully implemented by the receiving school district.

OR

Option B: An IEP Team meeting will be held within 30 school days, on or before _____, until this meeting, this student will be supported through: (Choose one)

- The following provisions (*Describe below*) _____
- The provisions of the most recent IEP _____

Receiving School _____ Teacher _____ Grade _____
 Address _____

CONSENT

I, as parent/guardian/student, **1**) agree with the placement option and provisions listed above and **2**) give permission for placement in the described special education programs/services.

Parent/Guardian/Student _____ Date of Consent _____
 Administrator Receiving Consent Statement _____ Date Received _____

Signature of consent was not provided. Option B provisions are described above. An IEP Team meeting will be held within 30 school days.

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A

B

obtained. If consent cannot be obtained, check the box in **Consent** section and log reasonable attempts to obtain parent consent.

- Option B is required for transfers from out-of-state. When students move from outside Michigan, temporarily provide a comparable education plan. Evaluate and consider the evaluation to be like an initial evaluation, except that an *Evaluation Review and Plan* must be used to determine which pieces of existing information meet Michigan criteria, and which new pieces need to be gathered. **This type of evaluation requires data no more than 12 months old.**

- Any required components missing in the out-of-state evaluation must be included in the determination of eligibility. An IEP is required within 30 school days of the temporary placement.
- **Note:** The IEP held within 30 school days for Option B resets the due date for the next annual review.

Previous IEP	Options Available	
	Parent Consent	No Consent
Michigan IEP	A, B, or IEP Addendum	B only
Out-of-State IEP	B only	B only
Any overdue annual reviews	B only	B only

REDETERMINATION OF SPECIAL EDUCATION ELIGIBILITY FOR A NONPUBLIC SCHOOL STUDENT

The three-year time line for redetermination of students eligible for special education also applies to students enrolled by parents in a nonpublic school and for whom all special education services have been declined. The purpose of this form is to document the **offer** of the redetermination.

PUBLIC DISTRICT LOCATION OF NONPUBLIC SCHOOL

A. For students known to be eligible from its own records, the geographic local district is responsible for providing the offer of redetermination. The nonpublic school should be consulted about redetermination for nonpublic students evaluated in other local districts (if any) and not known to the current local public district. **(Note:** Responsibility for public school of location begins when the nonpublic students enter kindergarten. Special education evaluations and services for nonpublic **preschool students** are the responsibility of the **resident public school district.**)

PURPOSE

B. Be sure to provide the parent with a copy of Kent ISD's *Special Education Parent Handbook with Procedural Safeguards*.

PARENT RESPONSE

C. The district has met its notice obligation regardless of the parent response. When there is no response from the parent, the district should document its attempts at correspondence and reoffer a redetermination of special education eligibility 36 months later. If the parent requests a reevaluation, the 36-month time line starts with the completion of the evaluation and/or IEP.

CONTACT INFORMATION

D. Be sure to include contact information should parent questions arise.

B

C

REDETERMINATION OF SPECIAL EDUCATION ELIGIBILITY FOR A NONPUBLIC SCHOOL STUDENT

Kent Intermediate School District (ISD), Grand Rapids, Michigan

Student Name _____ Date _____
 Birthdate _____ Age _____ Current Nonpublic School _____
 Date of Last IEP _____ Public District Location of Current Nonpublic School _____

A

PURPOSE

Dear _____

Our information indicates that your child was previously determined to be eligible for special education at an Individualized Education Program (IEP) team meeting on the date given above. Our information also indicates that:

- special education programs and services were not provided following the previous evaluation, and that
- your child is now enrolled in a nonpublic school.

Pursuant to state and federal laws for special education, the purpose of this follow-up letter is:

- to make a timely offer to reconsider eligibility for special education from a public district; and
- to seek your preference to follow through with a redetermination of the eligibility of the student for special education; and
- to inform you that a copy of Kent ISD's *Special Education Parent Handbook with Procedural Safeguards*, including an explanation of the special education and related services available in schools throughout Kent ISD, is enclosed.

Please indicate in the PARENT RESPONSE section below your preference for a redetermination for special education for your child.

Note: If a redetermination finds the student to be eligible for special education, a parent may elect to continue enrollment in a nonpublic school. The district in which the nonpublic school is located may provide supportive special education related services for the student to the extent permitted under state law (subject to parent consent).

PARENT RESPONSE

I do not want a reevaluation for special education eligibility for my child at this time

I want to help plan a reevaluation for eligibility for special education and *(choose one below)*:

I do not want to follow through with an IEP team meeting with public school staff.
 I want to follow through with a redetermination for eligibility and an IEP Team meeting with public school staff.

Parent/Guardian Signature: _____ Date: _____

EVALUATION REVIEW AND PLAN

If you indicate a desire to pursue a redetermination of special education eligibility for your child, staff from a public district will contact you soon to review existing evaluation data and plan the reevaluation.

CONTACT INFORMATION

Questions may be directed to:

D

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EVALUATIONS FROM NON-SCHOOL AGENCIES

A frequent question from evaluation teams is the extent to which schools may use psychological, social work, and/or other evaluations conducted by other public or private agencies. When parents present evaluations from outside agencies, IDEA requires evaluation and IEP Teams to consider the information. In some situations, it may be appropriate to use one or more outside evaluations as part of a MET report.

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 MET. If outside evaluations were conducted, it is strongly recommended that an *Evaluation Review and Plan* be developed 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 MET report. 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. Special education administrators may contact Kent ISD if they need technical assistance about how to proceed with IEE procedures and/or forms.

ONLINE RESOURCES

Kent ISD – www.kentisd.org – Click on Special Education. **Forms and Manuals** page contains this manual and all forms.

Local District / ISD / State Data

- **MICIS** – Michigan Compliance Information System – <http://www.micis.org> - Data Portrait reports (available from the home page) contain important information about prevalence of students with disabilities in your district compared to other districts, Kent ISD, and the state.
- **EDCharts** – Interagency Information Systems - <http://www.mi-iis.com> – Click on EDCharts to download and install a program that constructs various local/ISD/state trend charts from past special education December 1 counts. Data is available back to the 2001 count. The site also has support information for MICIS.

Response to Intervention (Rtl)

- **MIBLSI** – Michigan's Behavior and Learning Initiative – <http://www.cenmi.org/miblsi/Home.aspx> State initiative in over 250 MI schools (9 in Kent ISD) that features a whole-school approach to early intervening with student behavior and reading performance.
- **MAASE Online Resources** – Michigan Association for Administrators of Special Education <http://maase.pbworks.com/Response-to-Intervention> - contains numerous links and resources for Rtl.

Student Progress Data

- **DIBELS** – Dynamic Indicators of Basic Early Literacy Skills home page - <https://dibels.uoregon.edu/>
- **AIMSWeb** - <http://www.aimsweb.com/>
- **Yearly Progress Pro** - http://www.ctb.com/mktg/ypp/ypp_index.jsp
- **EdCheckup** - <http://www.edcheckup.com/>

FEEDBACK

Please use this page to contact us with any questions, suggestions, or comments regarding:

- This or any other form/manual used in special education
- www.kentisd.org pages on which our materials appear: e.g., Forms/Manuals, *Early On*, Transition, eLibrary, Assistive Technology, PASE

Contact: Joan Meyer

- Email: joanmeyer@kentisd.org
- Phone: (616) 365-2299
- Fax: (616) 447-2440
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Suggestions – Mail or fax a copy of a form/manual or web page with notations, or mail/fax this page with comments in the space below: