SPECIAL EDUCATION EVALUATION AND ELIGIBILITY MANUAL

2009-10

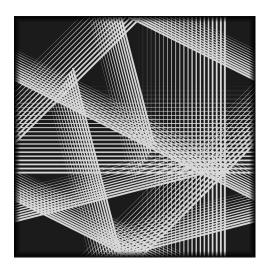




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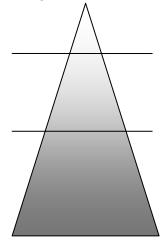
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INTRODUCTION

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 administer 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.

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.

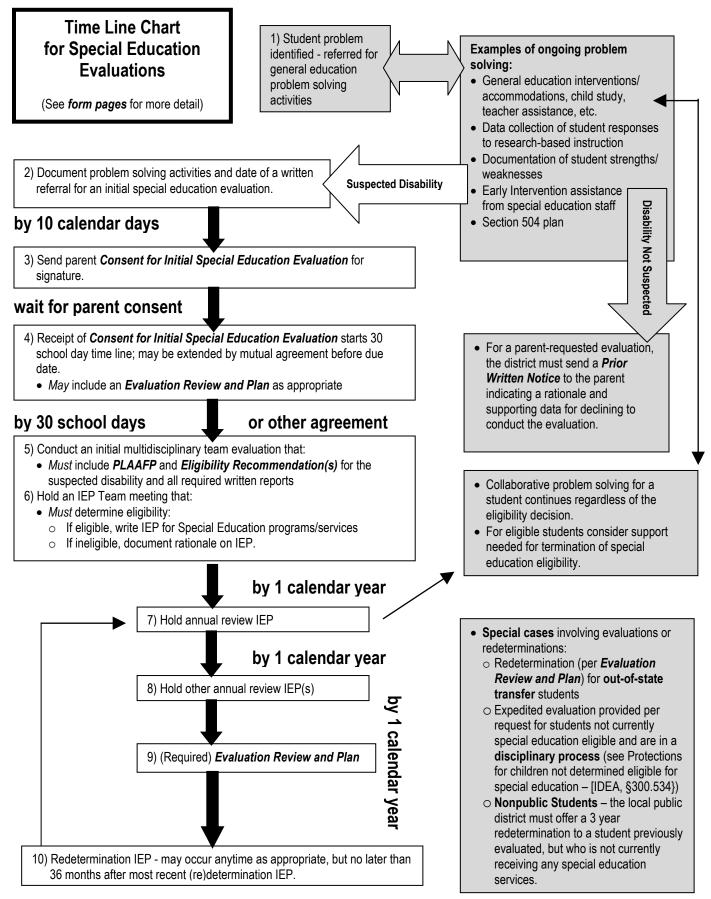
The core principles of this integrated, research-based approach, aimed at enhancing educational outcomes for all children, include:

- 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



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.

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

Child's Name		chool District, Grand Rapids, Date Given/Sent to	•	ian	
	Age				்ட
		LD INFORMATION			-
Address of Child		City		Zip Code	
		Native Language of	Child		
School Building		Teacher		G	rade
Parent/Guardian		Native Language of	Family		
Address		City		Zip Code	
Home Phone		Work Phone			
		PURPOSE			
for these services and/or programs, we ar Person Making Referral Reason for Referral			()	Date	
The person(s) indicated may be involved		PARTICIPANTS			
Speech/Language Pathologist	Psycholog	•	Other		
Teacher/Teacher Consultant	School So		Other		
		EVALUATION			
The assessment area(s) indicated may by Achievement Level — The skill le Adaptive Skils — The skills used Cognitive Ability — The capacity Motor Ability — The ability to mov. Personality — The accuracy with Social/Emotional Adjustment — 1 Speech and Language Skils — Other (<i>Explain</i>) Cother (<i>Explain</i>)	evel in school subjects such as t in the school or home environ to think and learn ve in a coordinated, purposeful which one perceives self, othe The skills to build and maintain	math, reading and writing ment manner ers and the environment appropriate interpersonal relati			
· · · ·		CONSENT			
I, as parent/guardian, 1) have received a		Parent Handbook, 2) understa	nd the contents of this	notice and: (Choos	e one)
 I consent to the proposed evaluation I do not consent to the proposed 		s)			
Parent/Guardian Signature					<u>۱</u> ۲ノ
School Personnel Receiving Consent					
BEFORE RETURNING T			ROMPTLY SIGN		
	oformation divan above	School Address			
 Check/correct the child and parent in 	0	-			
 Check/correct the child and parent in Check/correct the native language in Complete, sign and date this form. 	0				

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.

BOR CIRCLE COUNSELING SERVICES, 1115 Ball Avenue NE, Building C, Grand Rapids, MI 49505, 456-751; www.arborarde.org BOR CIRCLE HOME-BASED SERVICES, 1101 Ball Avenue NE, Grand Rapids, MI 49505, 456-6571; www.arborarde.org SOCIATION FOR THE BLIND AND VISUALLY IMPAIRED, 456 Cherry Street SE, Grand Rapids, MI 49503, 458-1187 or 1-800-468-8084; www. abvinibigan org SOCIATION FOR THE BLIND AND VISUALLY IMPAIRED, 456 Cherry Street SE, Grand Rapids, MI 49503, 458-1187 or 1-800-468-8084; www. abvinibigan org ITISM SOCIETY OF KIENT COUNTY (ASK), PO Box 150348, Grand Rapids, MI 49515-0348; 752-8577; www.autismsocietyof kentcounty.org ITISM SOCIETY OF MICHIGAN (ASM), 1213 Center Street, Suite B, Lansing, MI 49500; 1-800-223-6722 or 1-517-882-2800; www.autism-mi org IILD AND FAMILY RESOURCE COUNCIL, 118 Commerce Avenue SW, Suite 220, Grand Rapids, MI 49503; 454-4673; www.chidresource.cc ILDREN AND ADULTS WITH ADHD (CHADD), 7269 DeCosta Drive NE, Rockford, MI 49341; 874-5662; www.chadd.org IILDREN'S SPECIAL HEALTH CARE SERVICES, Kent County Health Department, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 632-7066; www.michigan.govicehss TIZENS ALLIANCE TO UPHOLD SPECIAL EDUCATION (CAUSE), 6945 Madison Avenue SE, Grand Rapids, MI 49548; 455-8719 or 1-800-715-5820; www.causeonline.org MPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49505; 559-1054; www.dabidyeducates us WMPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49505; 451-2021; www.dabidyeducates us WMPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49505; 451-2021; www.dabidyeducates us WMPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49505; 451-2021; www.dabidyeducates us WMPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49506; 451-2021; www.dabidyeducates us WM SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Grand Rapids, MI 49506; 451-2021; www.dabidyeducates us WM SYNDROME ASSOCIATION OF WEST MICHIGAN, 200 Avenue SW, Suite 100, G
E ARC KENT COUNTY, 629 Michigan Street NE, Grand Rapids, MI 49503, 459-3339, www.arckent.org SOCIATION FOR THE BLIND AND VISUALLY IMPAIRED, 456 Cherry Street SE, Grand Rapids, MI 49503, 458-1187 or 1-800-466-8084; www. abvinichigan.org TISM SOCIETY OF KENT COUNTY (ASK), PO Box 150348, Grand Rapids, MI 49515-0348; 752-8577; www.autismsocietyof.kentcounty.org TISM SOCIETY OF MICHIGAN (ASM), 1213 Center Street, Suite B, Lansing, MI 48906; 1-800-223-6722 or 1-517-882-2800; www.autismsocietyof.kentcounty.org TISM SOCIETY OF MICHIGAN (ASM), 1213 Center Street, Suite B, Lansing, MI 48906; 1-800-223-6722 or 1-517-882-2800; www.autismsocietyof.kentcounty.org TISM SOCIETY OF MICHIGAN (ASM), 1213 Center Street, Suite B, Lansing, MI 49304; 1-874-5662; www.chadd.org IILD AND FAMILY RESOURCE COUNCIL, 118 Commerce Avenue SW, Suite 220, Grand Rapids, MI 49503; 454-4673; www.childresource.cc ILDREN AND ADULTS WITH ADHD (CHADD), 7289 DeCosta Drive NE, Rockford, MI 49341; 874-5662; www.chadd.org IILDREN'S SPECIAL HEALTH CARE SERVICES, Kent County Health Department, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 452-8719 or 1-800-715-5820; www.causeonline.org MPREHENSIVE THERAPY CENTER (GTC), 2505 Ardmore Street SE, Grand Rapids, MI 49506; 559-1054; www.chrapycenter.org STICF IBROSIS FOUNDATION, 551 36th Street SE, Grand Rapids, MI 49506; 559-1054; www.dblodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49507; 248-1000; www.rdisajan.gov/dbs SABILITY ADVOCATES OF KENT COUNTY, 300 Carrilopus Drive SE, Grand Rapids, MI 49568; 964-1100; www.dblodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49568; 964-1000; www.rdisabiliyadvocates us WIN SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888 164, Grand Rapids, MI 49568; 964-3086 n 1-806-655-7451; www.dsawm.org <i>RLY OWO</i> KENT COUNTY, 1800 Leffingwell Avenue NE, Grand Rapids, MI 49503; 632-7100; www.acesskent.com ARNING DISABILITIES ASSOCIATION OF MICHIGAN, 1200 Unuseum Drive, Suite 100, Grand Rapids, MI 49503; 459-6281; www.weybe
SOCIATION FOR THE BLIND AND VISUALLY IMPAIRED, 456 Cherry Street SE, Grand Rapids, MI 49503; 458-1187 or 1-800-466-8084; www. abvinichigan.org TISM SOCIETY OF KENT COUNTY (ASK), PO Box 150348, Grand Rapids, MI 49515:0348, 752-8577; www.autismscoietyof kentcounty.org TISM SOCIETY OF KENT COUNTY (ASK), PO Box 150348, Grand Rapids, MI 49515:0348, 752-8577; www.autismscoietyof kentcounty.org TISM SOCIETY OF KENT COUNTY (ASK), PO Box 150348, Grand Rapids, MI 49503; 452-4673; www.autismscoietyof kentcounty.org IILD AND FAMILY RESOURCE COUNCIL, 118 Commerce Avenue SW, Suite 220, Grand Rapids, MI 49503; 454-4673; www.autismscoietyof kentcounty org IILD REN ND ADULTS WITH ADHD (CHADD), 7289 DeCosta Drive NE, Roddord, MI 49341; 874-5662; www.chadd.org IILDREN ND ADULTS WITH ADHD (CHADD), 7289 DeCosta Drive NE, Roddord, MI 49341; 874-5662; www.chadd.org IILDREN SPECIAL HEALTH CARE SERVICES, Kent County Health Department, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 455-8719 or 1-800-715-5820; www.causeonine.org MPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49506; 559-1054; www.therap.center.org STIC FIBROSIS FOUNDATION, 551 36th Street SE, Suite C, Grand Rapids, MI 49507; 248-1000; www.richiorg A. BLODGETT FOR CHILDREN, Contact: Dynetta Clark, 805 Leonard Street NE, Grand Rapids, MI 49504; 946-1100; www.deabilityadvocates us WIN SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Grand Rapids, MI 49564; 946-1100; www.deabilityadvocates us WIN SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Grand Rapids, MI 49564; 946-100; www.websitelingan.org ART OF WEST MICHIGAN, INC., 4065 Saladin Drive SE, Grand Rapids, MI 49525; 365-2310; www.kentisd.org/earlyon STER SEALS MICHIGAN, INC., 4065 Saladin Drive SE, Grand Rapids, MI 49563; 774-2000; www.insipanic.center.org NT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 774-2020; www.inspanic.enter.org NT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue NW, Suite 100, Grand Rapids, MI 49503; 774-2020; www.inspanic.center.org NT
abvinichigan.org TISM SOCIETY OF KENT COUNTY (ASK), PO Box 150348, Grand Rapids, MI 49515-0348, 752-8577; www.autismsocietyof kentcounty.org TISM SOCIETY OF MICHIGAN (ASM), 1213 Center Street, Suite B, Lansing, MI 49501, F30-023-6722 or 1-517-882-2800; www.autism-mi.org IILD AND FAMILY RESOURCE COUNCIL, 118 Commerce Avenue SW, Suite 220, Grand Rapids, MI 49503; 454-4673; www.childresource.cc IILDREN AND ADULTS WITH ADHD (CHADD), 7280 PcCosta Drive NF, Roddrof, MI 49341; 874-5662; www.chald.org IILDREN'S SPECIAL HEALTH CARE SERVICES, Kent County Health Department, 700 Fuller Avenue NE, Grand Rapids, MI 49503, 632-7066; www.michigan.gov/cshcs TIZENS ALLIANCE TO UPHOLD SPECIAL EDUCATION (CAUSE), 6945 Madison Avenue SE, Grand Rapids, MI 49548; 455-8719 or 1-800-715-5820; www.causeonline.org MPREHENSVE THERRAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49506; 559-1054; www.therapycenter.org STIC FIBROSIS FOUNDATION, 551 36th Street SE, Suite C, Grand Rapids, MI 49548; 241-2100; www.deforg A, BLODGETT FOR CHILDREN, Contact: Dyneta Clark, 805 Leonard Street NE, Grand Rapids, MI 49505; 451-2021; www.dablodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49548; 949-1100; www.deablodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49549; 949-1100; www.deablodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49549; 949-1100; www.deablodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49549; 949-1100; www.deablodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49549; 949-1100; www.deablodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49549; 949-1100; www.deablodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49549; 949-1100; www.deablodgett.org PARTMENT OF HUMAN SERVICES, 410 Franklin Street SE, Grand Rapids, MI 49549; 949-1100; www.deablodgett.org PARTMENT OF HUMAN SERVICES, 4100 Chand, 200 Carelat Drive SE,
TISM SOCIETY OF KENT COUNTY (ASK), PO Box 150348, Grand Rapids, MI 49515-0348, 752-8577; www.autismsocietyof.kentcounty.org TISM 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 ILD AND FAMILY RESOURCE COUNCIL, 118 Commerce Avenue SW, Suite 220, Grand Rapids, MI 49503; 454-4673; www.childresource.cc IILDREN AND ADULTS WITH ADHD (CHADD), 7269 DeCosta Drive NE, Rodkford, MI 49341; 874-5662; www.chadd.org IILDREN'S SPECIAL HEALTH CARE SERVICES, Kent County Health Department, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 632-7066; www.michigan.gov/cshcs TIZENS ALLIANCE TO UPHOLD SPECIAL EDUCATION (CAUSE), 6945 Madison Avenue SE, Grand Rapids, MI 49548; 455-8719 or 1-800-715-5820; www.causeonline.org MPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49546; 559-1054; www.therapycenter.org STIC FIBROSIS FOUNDATION, 551 36th Street SE, Suite C, Grand Rapids, MI 49548; 241-2100; www.cflorg A. BLODGETT FOR CHILDREN, Contact: Dynetta Clark, 805 Leonard Street NE, Grand Rapids, MI 49569; 457-12021; www.disabilityadvocates us WIN SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Crand Rapids, MI 49548; 949-1100; www.disabilityadvocates us WIN SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Grand Rapids, MI 49548; 949-200; www.wisemicie.grand RAPY dv OF KENT COUNTY, 1800 Leffingwell Avenue NE, Grand Rapids, MI 49546; 942-2010; www.wesmichigan.org ART OF WEST MICHIGAN, ING., 4065 Saladin Drive SE, Grand Rapids, MI 49546; 942-2010; www.wesmichigan.org ART OF WEST MICHIGAN, NINC, 4065 Saladin Drive SE, Grand Rapids, MI 49503; 774-0077, 3257; www.assentician.org NT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue SW, Suite 100, Grand Rapids, MI 49503; 742-0200; www.hispanic-center.org NT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue SW, Suite 100, Grand Rapids, MI 49503; 742-0201; www.linganic-center.org NT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue SW, Suite 400, Grand Rapids, MI 49503; 774-0672; www.lega
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www.michigan.gov/cshcs TIZENS ALLIANCE TO UPHOLD SPECIAL EDUCATION (CAUSE), 6945 Madison Avenue SE, Grand Rapids, MI 49548; 455-8719 or 1-800-715-5820; www.causeonline.org MPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49506; 559-1054; www.therapycenter.org STIC FIBROSIS FOUNDATION, 551 36th Street SE, Suite C, Grand Rapids, MI 49548; 241-2100; www.cff.org A. BLODGETT FOR CHILDREN, Contact: Dynetta Clark, 805 Leonard Street NE, Grand Rapids, MI 49507; 428-1000; www.michigan.gov/dhs SABULITY ADVOCATES OF KENT COUNTY, 3600 Carnelot Drive SE, Grand Rapids, MI 49507; 248-1000; www.michigan.gov/dhs SABULITY ADVOCATES OF KENT COUNTY, 3600 Carnelot Drive SE, Grand Rapids, MI 49548; 949-1100; www.disabilityadvocates.us WN SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Grand Rapids, MI 49588; 956-3488 or 1-866-665-7451; www.dsawm.org <i>RLY OW</i> OF KENT COUNTY, 1800 Leffingwell Avenue NE, Grand Rapids, MI 49525; 365-2310; www.kentisd.org/earlyon STER SEALS MICHIGAN, INC., 4065 Saladin Drive SE, Grand Rapids, MI 49546; 942-2081 or 1-800-757-3257; www.essmichigan.org ART OF WEST MICHIGAN, UNITED WAY, 118 Commerce Avenue SW, Suite 100, Grand Rapids, MI 49503; 459-6281; www.waybetterunitedway.org SPANIC CENTER OF WESTERN MICHIGAN, 1204 Grandville Avenue SW, Grand Rapids, MI 49503; 742-0200; www.hispanic-center.org NT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 632-7100, www.accesskent.com ARRING DISABILITIES ASSOCIATION OF MICHIGAN, 200 Museum Drive, Suite 101, Lansing, MI 48933; 1-517-485-8160 or 1-888-597-7809; Idadmichigan.org GAL AID OF WESTERN MICHIGAN, 89 Ionia Avenue NW, Suite 400, Grand Rapids, MI 49503; 774-0672; www.legalaidwestmich.org TE GUIDANCE SERVICES, 3351 Claystone Street SE, Grand Rapids, MI 49504; 954-1991; www.lifeguidanceservices.org FRCY RESPITE CENTER (HOPE NETWORK WEST MICHIGAN), 1530 East Fulton Street, Grand Rapids, MI 48503, 458-4559; www.hopenetwork.or CHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH, REHABILITATION SER
TIZENS ALLIANCE TO UPHOLD SPECIAL EDUCATION (CAUSE), 6945 Madison Avenue SE, Grand Rapids, MI 49548; 455-8719 or 1-800-715-5820; www.causeonline.org MPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49506; 559-1054; www.therapycenter.org STIC FIBROSIS FOUNDATION, 551 30th Street SE, Suite C, Grand Rapids, MI 49506; 459-1054; www.therapycenter.org PARTMENT OF CHILDREN, Contact: Dynetta Clark, 805 Leonard Street NE, Grand Rapids, MI 49506; 451-2021; www.dablodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49507; 248-1000; www.michigan.gov/dhs Sability ADVOCATES OF KENT COUNTY, 3000 Carnelot Dive SE, Grand Rapids, MI 49546; 949-1100; www.dablityadvocates.us WN SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Grand Rapids, MI 49588; 956-3488 or 1-866-665-7451; www.dsawm.org <i>RLY OW</i> OF KENT COUNTY, 1800 Leffingwell Avenue NE, Grand Rapids, MI 49546; 942-2081 or 1-800-757-3257; www.essmichigan.org ART OF WEST MICHIGAN, INC., 4065 Saladin Drive SE, Grand Rapids, MI 49546; 942-2081 or 1-800-757-3257; www.essmichigan.org ART OF WEST MICHIGAN UNITED WAY, 118 Commerce Avenue SW, Grand Rapids, MI 49503; 742-0200; www.hispanic-center.org NT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 632-7100, www.accesskent.com ARNING DISABILITIES ASSOCIATION OF MICHIGAN, 200 Museum Drive, Suite 101, Lansing, MI 48933; 1-517-485-8160 or 1-888-597-7809; Idadmichigan.org GAL AID OF WESTERN MICHIGAN, 89 Ionia Avenue NW, Suite 400, Grand Rapids, MI 49503; 774-0672; www.legalaidwestmich.org TE GUIDANCE SERVICES, 3351 Claystone Street SE, Grand Rapids, MI 49564; 954-1991; www.lfeguidanceservices.org FRCY RESPITE CENTER (HOPE NETWORK WEST MICHIGAN), 1530 East Fulton Street, Grand Rapids, MI 49503; 458-4559; www.hopenetwork.c CHIGAN 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 CHIGAN DEPARTMENT OF LABOR AND
1-800-715-5820; www.causeonline.org MPREHENSIVE THERAPY CENTER (CTC), 2505 Ardmore Street SE, Grand Rapids, MI 49506; 559-1054; www.therapycenter.org STIC FIBROSIS FOUNDATION, 551 36th Street SE, Suite C, Grand Rapids, MI 49506; 459-1054; www.therapycenter.org STIC FIBROSIS FOUNDATION, 551 36th Street SE, Suite C, Grand Rapids, MI 49507; 248-1000; www.cff.org A. BLODGETT FOR CHILDREN, Contact: Dynetta Clark, 805 Leonard Street NE, Grand Rapids, MI 49507; 451-2021; www.dablodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49507; 248-1000; www.cff.org SABILITY ADVOCATES OF KENT COUNTY, 3600 Camelot Drive SE, Grand Rapids, MI 49548; 949-1100; www.disabilityadvocates.us Wrn SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Grand Rapids, MI 49548; 956-3488 or 1-866-657451; www.dsawm.org <i>RLY ON</i> OF KENT COUNTY, 1800 Leffingwell Avenue NE, Grand Rapids, MI 49546; 942-2081 or 1-800-757-3257; www.essmichigan.org STER SEALS MICHIGAN, INC., 4065 Saladin Drive SE, Grand Rapids, MI 49546; 942-2081 or 1-800-757-3257; www.essmichigan.org BART OF WEST MICHIGAN UNITED WAY, 118 Commerce Avenue SW, Grand Rapids, MI 49503; 742-0200; www.hispanic-center.org SPANIC CENTER OF WESTERN MICHIGAN, 1204 Grandwille Avenue SW, Grand Rapids, MI 49503; 742-0200; www.hispanic-center.org NT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 632-7100; www.accesskent.com ARNING DISABILITIES ASSOCIATION OF MICHIGAN, 200 Museum Drive, Suite 101, Lansing, MI 48933; 1-517-485-8160 or 1-885-597-7809; Idadmichigan.org GAL AID OF WESTERN MICHIGAN, 89 Ionia Avenue NW, Suite 400, Grand Rapids, MI 49503; 774-0672; www.legalaidwestmich.org 7E GUIDANCE SERVICES, 3351 Claystone Street SE, Grand Rapids, MI 49504; 954-1991; www.lifeguidanceservices.org 7E GUIDANCE SERVICES, 3351 Claystone Street SE, Grand Rapids, MI 49504; 954-1991; www.lifeguidanceservices.org 7E OV Box 30008, Lansing, MI 48909; 1-517-373-0923; www.michigan.gov/Mrde CHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH, REHABI
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STIC FIBROSIS FOUNDATION, 551 30th Street SE, Suite C, Grand Rapids, MI 49548, 241-2100, www.cff.org A. BLODGETT FOR CHILDREN, Contact: Dynetta Clark, 805 Leonard Street NE, Grand Rapids, MI 49505; 451-2021; www.dablodgett.org PARTMENT OF HUMAN SERVICES, 415 Franklin Street SE, Grand Rapids, MI 49507; 248-1000; www.michigan.gov/dhs SABILITY ADVOCATES OF KENT COUNTY, 3600 Camelot Drive SE, Grand Rapids, MI 49548; 949-1100; www.disabilityadvocates.us WN SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Grand Rapids, MI 49548; 949-1100; www.disabilityadvocates.us WN SYNDROME ASSOCIATION OF WEST MICHIGAN, PO Box 888164, Grand Rapids, MI 49548; 956-3488 or 1-866-665-7451; www.dsawm.org <i>RLY ON</i> OF KENT COUNTY, 1800 Leffingwell Avenue NE, Grand Rapids, MI 49565; 352-2310; www.kentisd.org/earlyon STER SEALS MICHIGAN, INC., 4065 Saladin Drive SE, Grand Rapids, MI 49566; 942-2081 or 1-800-757-3257; www.essmichigan.org ART OF WEST MICHIGAN UNITED WAY, 118 Commerce Avenue SW, Suite 100, Grand Rapids, MI 49503; 459-6281; www.waybetlerunitedway.org SPANIC CENTER OF WESTERN MICHIGAN, 1204 Grandville Avenue SW, Grand Rapids, MI 49503; 632-7100; www.accesskent.com ARNING DISABILITIES ASSOCIATION OF MICHIGAN, 200 Museum Drive, Suite 101, Lansing, MI 48933; 1-517-485-8160 or 1-888-597-7809; Idaofmichigan.org GAL AID OF WESTERN MICHIGAN, 891onia Avenue NW, Suite 400, Grand Rapids, MI 49503; 774-0672; www.legalaidwestmich.org FIGUIDANCE SERVICES, 3351 Claystone Street SE, Grand Rapids, MI 49504; 954-1991; www.lifeguidanceservices.org FRCY RESPITE CENTER (HOPE NETWORK WEST MICHIGAN), 1530 East Fulton Street, Grand Rapids, MI 49503; 458-4559; www.hopenetwork.c CHIGAN DEPARTMENT OF LABORA AND ECONOMIC GROWTH, REHABILITATION SERVICES, Grand Rapids Central District, 700 Front Street NW, Suite 211, Grand Rapids, MI 49504; 242-6450; www.michigan.gov CHIGAN DEPARTMENT OF LABORA AND ECONOMIC GROWTH, REHABILITATION SERVICES, Grand Rapids Central District, 700 Front Street NW, Suite 211, Grand Rapids, MI 49504; 242-6450
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RLY ONOF KENT COUNTY, 1800 Leffingwell Avenue NE, Grand Rapids, MI 49525; 365-2310; www.kentisd.org/earlyon STER SEALS MICHIGAN, INC., 4085 Saladin Drive SE, Grand Rapids, MI 49546; 942-2081 or 1-800-757-3257; www.essmichigan.org ART OF WEST MICHIGAN UNITED WAY, 118 Commerce Avenue SW, Suite 100, Grand Rapids, MI 49503; 459-6281; www.waybetterunitedway.org SPANIC CENTER OF WESTERN MICHIGAN, 1204 Grandville Avenue SW, Grand Rapids, MI 49503; 742-0200; www.hispanic-center.org NT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 632-7100; www.accesskent.com ARNING DISABILITIES ASSOCIATION OF MICHIGAN, 200 Museum Drive, Suite 101, Lansing, MI 48933; 1-517-485-8160 or 1-888-597-7809; Idadmichigan.org GAL AID OF WESTERN MICHIGAN, 89 Ionia Avenue NW, Suite 400, Grand Rapids, MI 49503; 774-0672; www.legalaidwestmich.org TE GUIDANCE SERVICES, 3351 Claystone Street SE, Grand Rapids, MI 49546; 954-1991; www.lifeguidanceservices.org RCC RESPITE CENTER (HOPE NETWORK WEST MICHIGAN), 1530 East Fulton Street, Grand Rapids, MI 49503; 458-4559; www.hopenetwork.or CHIGAN DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION AND EARLY INTERVENTION SERVICES, PO Box 30008, Lansing, MI 48909; 1-517-373-0923; www.michigan.gov/Mrde CHIGAN DEPARTMENT OF LABOR AND ECONDOMIC GROWTH, REHABILITATION SERVICES, Grand Rapids Central District, 750 Front Street NW, Suite 211, Grand Rapids, MI 49504; 242-6450; www.michigan.gov CHIGAN POTECTION AND ADVOCACY, 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; www.mpas.org
STER SEALS MICHIGAN, INC., 4065 Saladin Drive SE, Grand Rapids, MI 49546; 942-2081 or 1-800-757-3257; www.essmichigan.org ART OF WEST MICHIGAN UNITED WAY, 118 Commerce Avenue SW, Suite 100, Grand Rapids, MI 49503; 459-6281; www.waybetlerunitedway.org SPANIC CENTER OF WESTERN MICHIGAN, 1204 Grandville Avenue SW, Grand Rapids, MI 49503; 742-0200; www.hispanic-center.org NT COUNTY HEALTH DEPARTMENT, 700 Fuller Avenue NE, Grand Rapids, MI 49503; 632-7100; www.accesskent.com ARNING DISABILITIES ASSOCIATION OF MICHIGAN, 200 Museum Drive, Suite 101, Lansing, MI 48933; 1-517-485-8160 or 1-888-597-7809; Idaofmichigan.org GAL AID OF WESTERN MICHIGAN, 89 Ionia Avenue NW, Suite 400, Grand Rapids, MI 49503; 774-0672; www.legalaidwestmich.org TE GUIDANCE SERVICES, 3351 Claystone Street SE, Grand Rapids, MI 49546; 954-1991; www.lifeguidanceservices.org RCCY RESPITE CENTER (HOPE NETWORK WEST MICHIGAN), 1530 East Fulton Street, Grand Rapids, MI 49503; 458-4559; www.hopenetwork.c CHIGAN 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 CHIGAN 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 CHIGAN PROTECTION AND ADVOCACY, 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; www.mpas.org
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TWORK 180 ACCESS CENTER, 833 Lake Drive SE, Grand Rapids, MI 49506; 336-3909; www.network180.org
UROFIBROMATOSIS SUPPORT GROUP OF WEST MICHIGAN, Contact: Rosemary Anderson, PO Box 6026, Grand Rapids, MI 49516;
RENT ADVISORS FOR SPECIAL EDUCATION (PASE), Contact: Kent ISD, 2930 Knapp Street NE, Grand Rapids, MI 49525; 365-2297;
www.kentisd.org/Special_Education/pase/
ECTRUM COMMUNITY SERVICES, 3353 Lousma Drive SE, Wyoming, MI 49548; 241-6258; www.spectumhuman.org
PMICHIGAN, 4970 Northwind Drive. Suite 102, East Lansing, MI, 48823; 1-800-828-2714; www.ucpmichgan.org
ST MICHIGAN INCLUSION NETWORK (WIN), PO box 889, Ada, MI 49301; 889-3808; www.wmin.org

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 Mutidiscplinary 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.

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)

This form must be completed as part of all initial and reevaluations. Attach this page to one or more Eligibility Recommendation forms.

The PLAAFP is a description of the student's academic achievement and functional performance (academic subjects, functional areas such as selfcare, social skills, behavior, adaptive functioning). The following information needs to be included in the PLAAFP:

- Baseline assessment data (such as ٠ achievement tests, classroom performance data, documented observations);
- A narrative summary of need areas • that is **specific** enough to serve as the starting point for instruction when writing goals and short-term objectives;
- An explanation of the extent to which the student can be involved in the general curriculum (for preschool children, the extent to which the child can be involved in age-appropriate activities);
- Any other needs arising from the student's disability that will require accommodations and modifications.

Student Name Date Page ∩f PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE Describe this student's present level of academic achievement and functional performance. Include the following information: 1) baseline data and sources. 2) a detailed starting point for instruction and 3) a description of how the disability affects this student's progress in the general education curriculum and involvement in age-appropriate activities. (For preschool-age children, describe how the disability affects involvement in age-level activities)

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 Mutidiscplinary 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.

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Psychologist/Psychiatrist E Other/Role C	Encompassi Apparent infl Stereotyped This student does not have a or emotional impairment. State Massachart The suspected disability ion or a lack of appropriate instru- components of reading. This student requires special Determination may include u sensory stimuli. The evaluation learn 1) finds all of the dag determined eligible for special education p	exible adherence to specific, nonfur and repetitive motor mannerisms (s eoccupation with parts of objects primary diagnosis of schizophrenia (Continued DIAGNOSTIC / Statement t due to limited English proficiency ction in math or the essential education programs/services. nusual or inconsistent response to ELLIGIBILITY F prostic assurance statements to be f rograms/services under the autism s ant level statement)	Inclonal routines or rituals Unclusted as hand flapping or complex whole-body on following page) INSSURANCES (Cont'd) Report and Date RECOMMENDATION True and 2) recommends, based on the evalu pectrum disorder rule (R340.1715). No (Proceed to the Participant Sign	y movements)
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Speech/Language Pathologist E 🗆 🖬 Other/Role 🗆	Encompassi Apparent infl Stereotyped Persisten tp or emotional impairment. Assurance The suspected disability is no or a lack of appropriate instru components of reading. This student requires special Determination may include u sensory stimuli. The evaluation learn 1) finds all of the dag determined eligible for special education p Yes (Complete and attach a press	exible adherence to specific, nonfur and repetitive motor mannerisms (s eoccupation with parts of objects primary diagnosis of schizophrenia (Continued DIAGNOSTIC / Statement t due to limited English proficiency ction in math or the essential education programs/services. nusual or inconsistent response to ELIGIBILITY F prostic assurance statements to be i rograms/services under the autisms ant level statement) PARTICIPA	Inclonal routines or rituals Unchashand flapping or complex whole-body on following page) INSSURANCES (Cont'd) Report and Date RECOMMENDATION Inve and 2) recommends, based on the evalu pectrum disorder rule (R340.1715). NO (Proceed to the Participant Sign NT SIGNATURES a with the eligibility recommendation: (Sign and Sign and S	y movements)
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School Social Worker 🛛 💭 🖸 Other/Role	Encompassi Apparent infl Stereotyped This student deen so thave a or emotional impairment. Assurance The suspected disability is no or a lack of appropriate instru components of reading. This student requires special Determination may include u sensory stimuli. The evaluation team 1) finds all of the dag determined eligible for special education p Yes (Complete and attach a press As a member of the evaluation team, my in	exible adherence to specific, nonfur and repetitive motor mannerisms (s eoccupation with parts of objects primary dagnosis of schizophrenia (Continued DIAGNOSTIC / Statement t due to limited English proficiency ction in math or the essential education programs/services. Inusual or inconsistent response to ELIGIBILITY F prostic assurance statements to be I rograms/services under the autism s ant level statement) PARTICIPA	Inclonal routines or rituals Unchas hand flapping or complex whole-body on following page) INSSURANCES (Conf d) Report and Date EECOMMENDATION True and 2) recommends, based on the evaluperturn disorder rule (R340.1715). IN (Proceed to the Participant Sign IN SIGNATURES a with the eligibility recommendation: (Sign and O Other/Role	y movements) Section/Page Justion findings, that this student be latures section) Ind check below/

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 Mutidiscplinary 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.

Student Name	Kent Intermediate School L	District, Grand Rapids, Michigan	Daga	of
Student Name	Grade	_ Date School District	Page	0
		RPOSE		
This form is used by the evaluation team to recom A multidisciplinary evaluation for initial el A multidisciplinary evaluation for a chang A redetermination evaluation for ongoing	igibility (Behind this page atta le in eligibility (Behind this pa	ach copies of all referenced reports an age attach copies of all referenced rep	orts and of the Evaluat	ion Review Plan)
	EVALUATION I	DOCUMENTATION		
The following information and documentation is re	quired to determine eligibility f	for special education as a student with	a cognitive impairmen	ıt
Required Informa	tion	Doc	ument and Date	
Intellectual assessment/description of cognitiv	ve development		-	
Description of adaptive behavior				
Reading and math scores (If applicable)			(в)	
Educationally relevant medical information (If	none, write "None")			
Information from parents				
	DIAGNOSTIC	CASSURANCES		
The evaluation team must consider the following a	assurance statements before r	making a recommendation regarding t	his student's eligibility:	
Assurance Staten	nent	Report and Date		Section/Page
Tow False To the extent that his/her educational affected, this student manifests all of characteristics:	the following behavioral			
 A developmental rate of two below the mean as determin assessment Scores approximately within standardized test in reading 	ed through intellectual the lowest six percentiles on a	a		
 developmentally appropriate 3) A lack of development prima 4) An impairment of adaptive bill) rily in the cognitive domain			
The suspected disability is not due to or a lack of appropriate instruction in components of reading.	limited English proficiency			
This student requires special education	on programs/services.			
	ELIGIBILITY R	ECOMMENDATION		
The evaluation team 1) finds all of the diagnostic a determined eligible for special education programs Yes (Complete and attach a present leve	s/services under the cognitive		.	at this student be
		IT SIGNATURES		
As a member of the evaluation team, my input is in			ian and aboat baland	
As a member of the evaluation team, my input is in	riciuded in writing and Lagree	with the eligibility recommendation: (S	ign and check below)	Ye
Psychologist		Other/Role		
Other/Role	0	Other/Role		

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 Mutidiscplinary 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.

Kent ISD Special Education Evaluation and Eligibility Manual - August, 2009

	ent Intermediate School D	istrict, Grand Rapids, Micf	5		
Student Name	Grade	_ Date School District		Page	of
This form is used by the evaluation team to recomm					
A multiclisciplinary evaluation team to recomme A multiclisciplinary evaluation for initial eliginary A multiclisciplinary evaluation for a change A redetermination evaluation for ongoing e	bility (Behind this page atta in eligibility (Behind this pa	ch copies of all referenced re ge attach copies of all referei	ports and of the Cor nced reports and of t	the Evaluation	n Review Plan)
	EVALUATION [OCUMENTATION			
The following information and documentation is requ	ired to determine eligibility f	or special education as a stu	dent with deaf-blindn	iess:	
Required Information	<u>n</u>		Document and	Date	
Ability/achievement level					
Relevant behavior observations			$- \frown$		
Audiological Information			_ В)	
Vision Information			$-\mathbf{\nabla}$	/	
Educationally relevant medical information (If no	ne, write "None")				
Information from parents					
		ASSURANCES			
The evaluation team must consider the following as		•		s eligibility:	
True False Assurance Stateme	<u>nt</u>	Report a	nd Date		Section/Pag
impairment resulting in severe commun developmental and educational needs l accommodated in special education pro address the needs specific to deaf-blind	hat cannot be ograms without supports to				
This student manifests hearing and visu individually, may not meet the requirem or visual impairment but considered tog student's educational performance.	ents for hearing impairment				
Based upon responses to auditory and environment or evident during hearing a student functions as if having both a he	and vision evaluations, this				
The suspected disability is not due to lin or a lack of appropriate instruction in me components of reading.	ath or the essential				
This student requires special education					
	ELIGIBILITY RE	COMMENDATION			
The evaluation team 1) finds all of the diagnostic as			ed on the evaluation	findings, that	this student be
determined eligible for special education programs/s Yes (Complete and attach a present level s		No (Proceed to the P	articinant Signaturos	contion	
		T SIGNATURES	аныран экупалыз	Jocaony	
As a member of the evaluation team, my input is inc			lation: (Sign and she	ock bolow)	
	Yes No	0 /		,	
Teacher of Hearing Impaired		Physician			
Teacher of Visually Impaired	00	Other/Role			

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 Mutidiscplinary 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.

		ECOMMENDATIC District, Grand Rapids, Mich		
			Page	of
This form is used by the evaluation team to recommend elic			201	
A multicksciplinary evaluation for initial eligibility (/ A multicksciplinary evaluation for a change in eligit A redetermination evaluation for ongoing eligibility	Behind this page atta bility (Behind this pa	ach copies of all referenced re ige attach copies of all refere	, ports and of the Consent for Ini nced reports and of the Evaluati	on Review Plan)
	EVALUATION	DOCUMENTATION		
The following information and documentation is required to	determine eligibility f	or special education as a stu	dent with an early childhood dev	elopmental delay
Required Information			Document and Date	
Achievement/developmental level			-	
Relevant behavior observations			— (в)—	
Educationally relevant medical information (If none, write	e "None")		\°/	
Information from parents				
	DIAGNOSTI	CASSURANCES		
The evaluation team must consider the following assurance	statements before i	making a recommendation re	garding this student's eligibility:	
True False		Report a	nd Date	Section/Pag
This student is seven years of age or less with	a primary delay that			
cannot be defined through the criteria set for	th in any other	-		
disability area (R340.1705 through R340.1710 340.1717).	or R340.013 throug	h		
 This student manifests a delay in one or more a 	aroon of			
development that is equal to or greater than of				
expected development.				
The suspected disability is not due to limited Er				
or a lack of appropriate instruction in math or th components of reading.	e essential			
 The suspected disability adversely affects this stu 	dent's educational pe	rformance and requires specia	leducation programs/services.	
		ECOMMENDATION	, 3	
The evaluation team 1) finds all of the diagnostic assurance			ed on the evaluation findings, the	at this student be
determined eligible for special education programs/services	under the early child	dhood developmental delay r	ule (R340.1711).	
Yes (Complete and attach a present level statemer	nt)	No (Proceed to the P	articipant Signatures section)	
	PARTICIPAN	IT SIGNATURES		
As a member of the evaluation team, my input is included in		with the eligibility recommend	lation: (Sign and check below)	
Eval Team Rep		Other/Role		
Other/Role				
al Team Rep	writing and I agree	with the eligibility recommend Other/Role		

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 El 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

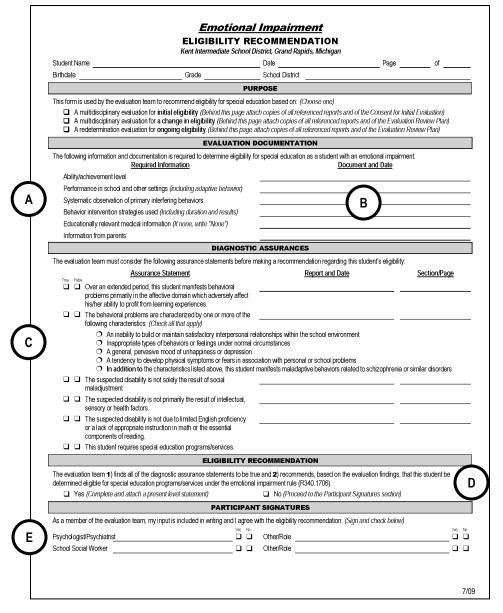
C. A check box is necessary but insufficient to document diagnostic assurances. MDE has clarified that diagnostic assurances must be supported by narrative and/or data.

ELIGIBILITY RECOMMENDATION

D. The Mutidiscplinary 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.



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 Mutidiscplinary 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.

Birthdate	Student Name		Date	Page	of
This form is used by the evaluation team to recommend eligibility (<i>Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation</i> A multidisciplinary evaluation for initial eligibility (<i>Behind this page attach copies of all referenced reports and of the Evaluation Review Ptan</i>) A multidisciplinary evaluation for ongoing eligibility (<i>Behind this page attach copies of all referenced reports and of the Evaluation Review Ptan</i>) Redetermination evaluation for ongoing eligibility (<i>Behind this page attach copies of all referenced reports and of the Evaluation Review Ptan</i>) EVALUATION DOCUMENTATION The following information and documentation is required to determine eligibility (<i>Behind this page attach copies of all referenced reports and of the Evaluation Review Ptan</i>) Ability/achievement level Relevant behavior observations Audiogical 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 Megior and Date Section/Page This student manifests a type or degree of hearing loss that interfrees with development or adversely affects educational performance. The suspected disability is not due to limited English proficiency or or a lack of appropriate linstruction in math or the essential components of reading. ELIGBILITY RECOMMENDATION The evaluation team tait a digited is appearies to be true and 2) recommends, based on the evaluation findings, that this student be As a member of the evaluation programs/services. PARTICIPANT SIGNATURES As a member of the evaluation team, my input is induded in writing and agree with the eligibility recommendation: (<i>Sign and check below</i>) The adding state and and and agrees with the eligibility and check below) The evaluation team, my input is induded in writing and agree with the eligibility recommendation: (<i>Sign and check below</i>) The adding statement or adversely and a	Birthdate	Grade			
A multidisciplinary evaluation for initial eligibility (Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation Andtidisciplinary evaluation for a change in eligibility (Behind this page attach copies of all referenced reports and of the Evaluation Review Plan) Andtidisciplinary evaluation for ongoing eligibility (Behind this page attach copies of all referenced reports and of the Evaluation Review Plan) EVALUATION DOCUMENTATION Required Information is required to determine eligibility (or special education as a student with a hearing impairment: <u>Required Information</u> Document and Date Ability/achievement level Relevant behavior observations Audidogical 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 Assurance Statement Report and Date Section/Page </u>			PURPOSE		
	 A multidisciplinary evaluation for in A multidisciplinary evaluation for a 	nitial eligibility (Behind this pag change in eligibility (Behind th	e attach copies of all referenced i is page attach copies of all refere	reports and of the Consent for In enced reports and of the Evaluat	ion Review Plan)
Required Information Document and Date Ability/lachievement level Relevant behavior observations Audiological Information		EVALUATIO	ON DOCUMENTATION	,	
Required Information Document and Date Ability/lachievement level Relevant behavior observations Audiological Information	The following information and documentati	ion is required to determine eligit	ility for special education as a stu	udent with a hearing impairment:	
Relevant behavior observations Audiclogical 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: Assurance Statement Report and Date Section/Page In its student mainfests a type or degree of hearing loss that interferes with development or adversely affects educational performance. In the suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading. ILIGIBILITY 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 faitely 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 induded in writing and largee with the eligibility recommendation: (Sign and check below) "" " Other/Rede Complete and attach a present level statement) In Participant Signatures sect	-				
Audidogical Information Educationally relevant medical information Information from parents	Ability/achievement level				
Educationally relevant medical information Information from parents	Relevant behavior observations			\frown	
Information from parents	Audiological Information			(в)	
	Educationally relevant medical information	ation			
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 Image: Assurance Statement Image: Assurance Statement Section/Page Image: Assurance Statement Image: Assurance Statement Image: Assurance Statement Image: Assurance Statement Image: Assurance Statement Image: Assure Statement Image: Assure Statement <td< td=""><td>Information from parents</td><td></td><td></td><td></td><td></td></td<>	Information from parents				
Assurance Statement Report and Date Section/Page Audioogis Assurance Statement Report Repo		DIAGNO	STIC ASSURANCES		
	The evaluation team must consider the foll	owing assurance statements be	ore making a recommendation r	egarding this student's eligibility:	
This student manifests a type or degree of hearing loss that interferes with development or adversely affects educational performance. The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading. 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 tatermined 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 lagree with the eligibility recommendation: (Sign and check below) Yes Yes Yes Yes Yes Yes Yes Ye	Assurance	Statement	Report .	and Date	Section/Page
ELIGIBILITY RECOMMENDATION The evaluation leam 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 induded in writing and lagree with the eligibility recommendation: (Sign and check below) Audiologist Yes *********************************	interferes with development o performance. The suspected disability is no or a lack of appropriate instruc	r adversely affects educational t due to limited English proficienc	у		
The evaluation leam 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) PARTICIPANT SIGNATURES As a member of the evaluation team, my input is induded in writing and lagree with the eligibility recommendation: (Sign and check below) Audiologist Yes Yes Yes Yes Yes Yes Yes Y		education programs/services.			
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 induded in writing and lagree with the eligibility recommendation: (Sign and check below) Audiologist Yes *** Audiologist Yes ***		ELIGIBILIT	RECOMMENDATION		
PARTICIPANT SIGNATURES As a member of the evaluation team, my input is induced in writing and l agree with the eligibility recommendation: (Sign and check below) Audiologist	determined eligible for special education p	, rograms/services under the hear	ing impairment rule (R340.1707)		at this student be
Audiologist Other/Role	, , ,	PARTICI	PANT SIGNATURES	, , ,	
Audiologist Other/Role	As a member of the evaluation team, my in	nput is included in writing and I a	aree with the eligibility recommer	dation: (Sian and check below)	
	Audiologiet				Yes

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. Г

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 Mutidiscplinary 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.

			MENDATION rand Rapids, Michigan		
Student Name		Date		Page	of
Birthdate	Grade	Schoo	District		
		PURPOSE			
This form is used by the evaluation team	n to recommend eligibility for spe	cial education based o	n: (Choose one)		
 A multidisciplinary evaluation for A multidisciplinary evaluation for A redetermination evaluation for 	r a change in eligibility (Behind	í this page atlach copi	es of all referenced reports and o	f the Evaluation Review	w Plan)
	EVALU	ATION DOCUM	ENTATION		
The following information and document	ation is required to determine eli	gibility for special educ	ation as a student with a specific	learning disability:	
<u>Requi</u>	red Information		Docum	ent and Date	
Ability level and achievement level					
Classroom observation (Including n	,	vernent)	/	\frown	
Supplementary intervention/instruct	1 5 1 5 1			в ј	
Educationally relevant medical infor	mation (If none, write "None")				
Information from parents					
		SNOSTIC ASSU			
The evaluation team must consider the t	-	efore making a recorr		t's eligibility:	0 10
True False	ance Statement		Report and Date		Section/Page
This student was provided personnel in the general er		•d			-
🗆 🖵 This student was provided	•				
	not due to limited English profici truction in math or the essential o			·	
nor of an economic, culture	otional, visual, hearing or motor i al or environmental disadvantage	mpairment			
The suspected disability of following rationale: (Check	all that apply)				
state approved gr O This student did r intervention.	ade level standards.	·	nce, achievement or both relative ved grade level standards in resp		
	ted disability in at least one of the				
Basic Re	eading Skill Rea	ding Fluency	Reading Comprehens		Expression
Mathem	atics Calculation Mat	rematics Reasoning	Listening Comprehens	sion Oral Ex	pression
	,	ILITY RECOMM			
The evaluation team 1) finds all of the d eligible for special education programs/s	ervices under the specific learning	g disability rule (R340			dent be determined
	PAR	TICIPANT SIGN	ATURES		
As a member of the evaluation team, my	/input is included in writing and I		y recommendation: (Sign and ch	eck below)	
Eval Team Rep		Yes No	Role		Yes No
		_	Role		

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 Mutidiscplinary 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.

Student Name Date Page of	Kent Intermed		COMMENDATION strict, Grand Rapids, Michigan		
Birthdate			, , ,	Page	of
This form is used by the evaluation team to recommend eligibility for special education based on: (Choose one) A multidisciplinary evaluation for a change in 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 multidisciplinary evaluation for a change in eligibility (Behind this page attach copies of all referenced reports and of the Evaluation Review Plan) A multidisciplinary evaluation for a change in 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 Cocument 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: <u>Assurance Statement</u> <u>Assurance Statement</u> The Student's problem, this student manifests I imited strength, vitality or alertness to the educational environment that adversely impacts his/her educational performance. The suspected dasability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading. 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. ELIGBELITY RECOMMENDATION As a member of the evaluation finding and largere with the eligibility recommendation: (Sign and check below) Physician Physician Physician Physician Physician Physician Physician Physician			School District		
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Required Information Document and Date Ability/achievement level Relevant behavior observations Educationally relevant medical information	EVA	LUATION D	OCUMENTATION		
Ability/achievement level Relevant behavior observations Educationally relevant medical information Information from parents	The following information and documentation is required to deterr	nine eligibility fo	r special education as a student wit	h an other health impairmen	t
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Educationally relevant medical information Information from parents				(в)——	
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Assurance Statement Report and Date SectionPag Assurance Statement Report and Date SectionPag Assurance Statement Report and Date SectionPag Due to a chronic or acute health problem, this student manifests Iimited strength, vitality or aderthess to the educational environment that adversely impacts his/her educational performance. The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading. The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading. ELIGIBILITY RECOMMENDATION The evaluation team 1) finds all of the dagnostic 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	Di	IAGNOSTIC	ASSURANCES		
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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 Mutidiscplinary 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.

			COMMENDATION strict, Grand Rapids, Michiga			
Student Name			Date		Page	of
Birthdate	Grade		School District			
			POSE			
This form is used by the evaluation	team to recommend eligibility fo	r special educ	ation based on: (Choose one)			
A multidisciplinary evaluation	on for initial eligibility (Behind t on for a change in eligibility (B on for ongoing eligibility (Behir	lehind this pag	e atlach copies of all referenced	l reports and of	the Evaluation	Review Plan)
	EVAL	UATION D	DCUMENTATION			
The following information and docu	mentation is required to determine	ne eligibility fo	special education as a student	with a physical	impairment	
Req	uired Information			Document and	l Date	
Ability/achievement level						
Relevant behavior observation	s			_ С в		
Educationally relevant medical	information					
Information from parents						
	DIA	GNOSTIC	ASSURANCES			
The evaluation team must consider	r the following assurance statem	ents before m	aking a recommendation regard	ling this studen	's eligibility:	
Ass True False	urance Statement		Report and	Date		Section/Page
This student manifests	a severe orthopedic impairmen	it that				
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	e instruction in math or the esser					
components of reading	g.					
This student requires s	energial adjucation programe/convi	inne				
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The evaluation team 1) finds all of determined eligible for special educ Yes (Complete and attach As a member of the evaluation tean Physician	ELIGII the diagnostic assurance statem ation programs/services under t a present level statement) PAT m, my input is included in writing	BILITY REC nents to be true the physical im RTICIPANT and I agree w Yes No 2 0	and 2) recommends, based o pairment rule (R340.1709). No (Proceed to the Partic SIGNATURES th the eligibility recommendatio Other/Rde	ipant Signature n: (Sign and ch	s section) eck below)	Yes
The evaluation team 1) finds all of determined eligible for special educ Yes (Complete and attach As a member of the evaluation tean Physician	ELIGII the diagnostic assurance statem ation programs/services under t a present level statement) PAT m, my input is included in writing	BILITY REC nents to be true the physical im RTICIPANT and I agree w Yes No 2 0	and 2) recommends, based o pairment rule (R340.1709). No (Proceed to the Partic SIGNATURES th the eligibility recommendatio Other/Rde	ipant Signature n: (Sign and ch	s section) eck below)	Yes
The evaluation team 1) finds all of determined eligible for special educ Yes (Complete and attach As a member of the evaluation tean Physician	ELIGII the diagnostic assurance statem ation programs/services under t a present level statement) PAT m, my input is included in writing	BILITY REC nents to be true the physical im RTICIPANT and I agree w Yes No 2 0	and 2) recommends, based o pairment rule (R340.1709). No (Proceed to the Partic SIGNATURES th the eligibility recommendatio Other/Rde	ipant Signature n: (Sign and ch	s section) eck below)	Yes
The evaluation team 1) finds all of determined eligible for special educ Yes (Complete and attach As a member of the evaluation tean Physician	ELIGII the diagnostic assurance statem ation programs/services under t a present level statement) PAT m, my input is included in writing	BILITY REC nents to be true the physical im RTICIPANT and I agree w Yes No 2 0	and 2) recommends, based o pairment rule (R340.1709). No (Proceed to the Partic SIGNATURES th the eligibility recommendatio Other/Rde	ipant Signature n: (Sign and ch	s section) eck below)	Yes
The evaluation team 1) finds all of determined eligible for special educ Yes (Complete and attach As a member of the evaluation tean Physician	ELIGII the diagnostic assurance statem ation programs/services under t a present level statement) PAT m, my input is included in writing	BILITY REC nents to be true the physical im RTICIPANT and I agree w Yes No 2 0	and 2) recommends, based o pairment rule (R340.1709). No (Proceed to the Partic SIGNATURES th the eligibility recommendatio Other/Rde	ipant Signature n: (Sign and ch	s section) eck below)	Yes
The evaluation team 1) finds all of determined eligible for special educ Yes (Complete and attach As a member of the evaluation tean Physician	ELIGII the diagnostic assurance statem ation programs/services under t a present level statement) PAT m, my input is included in writing	BILITY REC nents to be true the physical im RTICIPANT and I agree w Yes No 2 0	and 2) recommends, based o pairment rule (R340.1709). No (Proceed to the Partic SIGNATURES th the eligibility recommendatio Other/Rde	ipant Signature n: (Sign and ch	s section) eck below)	Yes
The evaluation team 1) finds all of determined eligible for special educ Yes (Complete and attach As a member of the evaluation tean Physician	ELIGII the diagnostic assurance statem ation programs/services under t a present level statement) PAT m, my input is included in writing	BILITY REC nents to be true the physical im RTICIPANT and I agree w Yes No 2 0	and 2) recommends, based o pairment rule (R340.1709). No (Proceed to the Partic SIGNATURES th the eligibility recommendatio Other/Rde	ipant Signature n: (Sign and ch	s section) eck below)	Yes
The evaluation team 1) finds all of determined eligible for special educ Yes (Complete and attach As a member of the evaluation tean Physician	ELIGII the diagnostic assurance statem ation programs/services under t a present level statement) PAT m, my input is included in writing	BILITY REC nents to be true the physical im RTICIPANT and I agree w Yes No 2 0	and 2) recommends, based o pairment rule (R340.1709). No (Proceed to the Partic SIGNATURES th the eligibility recommendatio Other/Rde	ipant Signature n: (Sign and ch	s section) eck below)	Yes
The evaluation team 1) finds all of determined eligible for special educ Yes (Complete and attach As a member of the evaluation tean Physician	ELIGII the diagnostic assurance statem ation programs/services under t a present level statement) PAT m, my input is included in writing	BILITY REC nents to be true the physical im RTICIPANT and I agree w Yes No 2 0	and 2) recommends, based o pairment rule (R340.1709). No (Proceed to the Partic SIGNATURES th the eligibility recommendatio Other/Rde	ipant Signature n: (Sign and ch	s section) eck below)	Yes

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. Γ

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 Mutidiscplinary 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.

	RECOMMENDATION		
	ool District, Grand Rapids, Michigan	_	
Student Name	Date	Page	of
Birthdate Grade			
	PURPOSE		
This form is used by the evaluation team to recommend eligibility for special A multiclospinary evaluation for initial eligibility (Behind this page A multiclospinary evaluation for a change in eligibility (Behind this page A redetermination evaluation for ongoing eligibility (Behind this page Change Change Chan	attach copies of all referenced reports a is page attach copies of all referenced re	eports and of the Evaluation	n Review Plan)
EVALUATIO	N DOCUMENTATION		
The following information and documentation is required to determine eligib	ility for special education as a student w	ith a severe multiple impain	ment:
Required Information	Do	ocument and Date	
Intellectual assessment/description of cognitive development		\sim	
Audiological information (If none, write "None")		-(в)—	
Vision information (If none, write "None")		ペ ノ	
Medical/health information (If none, write "None")			
Information from parents			
DIAGNOS	TIC ASSURANCES		
The evaluation team must consider the following assurance statements before	ore making a recommendation regarding	g this student's eligibility:	
Inse Fake	Report and Da	te	Section/Page
Two to three standard deviations below the mean and has tw more of the impairments listed below: OR Three or more standard deviations below the mean and has o or more of the impairments listed below:			
(Check and specify all that apply)			
 A hearing impairment so severe that the auditory chains optimary means of developing speech and language skills A vision impairment so severe that the visual channe not sufficient to guide independent mobility A physical impairment so severe that the activities of daily living cannot be achieved without assistance A health impairment so severe that this student is medically a trisk. 	ais		
The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	y		
The suspected disability adversely affects this student's education	tional performance and requires special	education programs/servic	es.
ELIGIBILITY	RECOMMENDATION		
The evaluation team ${\bf 1}$) finds all of the diagnostic assurance statements to be determined eligible for special education programs/services under the several education programs/services and the several education of the several education educatio	re multiple impairment rule (R340.1714)		this student be
Yes (Complete and attach a present level statement)	No (Proceed to the Participation)	ant Signatures section)	
	ANT SIGNATURES		
As a member of the evaluation team, my input is included in writing and I ac		(Sign and check below)	
Psychologist	No		Ye

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 Mutidiscplinary 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.

	GIBILITY			Rapids, Michigan			
Student Name				,	Page		of
	le			ct			
		PUR	OSE				
This form is used by the evaluation team to recommend A multiclisciplinary evaluation for initial eligibility A multiclisciplinary evaluation for a change in el A redetermination evaluation for ongoing eligib	(Behind this pag igibility (Behind t	ie attach his page	copies of all i attach copies	referenced reports a s of all referenced re	ports and of the Eva	luation Reviev	v Plan)
5 5 5	EVALUATI	·	,	,			
The following information and documentation is required	to determine eligi	bility for	special educa	tion as a student wi	th a speech and land	quage impairm	ent
Required Information	0	,			cument and Date		
Ability/achievement/developmental level							
Relevant behavior observations							
Speech/language level					-7 ⊾ Y		
Spontaneous language sample					<u><u></u>, , , ,</u>		
Educationally relevant medical information (If none,	write "None")				\sim		
Information from parents							
	DIAGNO	STIC	ASSURAN	CES			
The evaluation team must consider the following assurar	ice statements be	fore ma	king a recomr	mendation regarding	g this student's eligib	ility:	
Assurance Statement				Report and Da	te	Sectio	on/Page
True False	· · · · · · · · · · · · · · · · · · ·				-		
The educational performance of this student by a communication disorder in the following (Check all that apply)		cied .					
 Articulation 	O Language			O Fluency		\boldsymbol{O} Voice	
The suspected disability is not due to limited or a lack of appropriate instruction in math o components of reading.		cy .					
This student requires special education program	rams/services.						
	ELIGIBILIT	Y REC	OMMEND	ATION			
The evaluation team 1) finds all of the diagnostic assural determined eligible for special education programs/servic	es under the spe		language imp	airment rule (R340			dent be
	PARTICI	PANT	SIGNATU	RES			
As a member of the evaluation team, my input is include			h the eligibility	recommendation:	(Sign and check bel	ow)	
Speech/Language Pathologist		No I	Other/Role				Yes
Other/Role							

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 Mutidiscplinary 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.

Kent	Intermediate School Dis	COMMENDAT strict, Grand Rapids, N		
Student Name				Page of
Birthdate Gra	de	School District		
	PUR	POSE		
This form is used by the evaluation team to recommend	eligibility for special educa	ation based on: (Choose	e one)	
 A multidisciplinary evaluation for initial eligibilit A multidisciplinary evaluation for a change in el A redetermination evaluation for ongoing eligibilit 	igibility (Behind this page	e atlach copies of all refe	erenced reports and of th	he Evaluation Review Plan)
	EVALUATION D	OCUMENTATION		
The following information and documentation is required	to determine eligibility for	special education as a	student with a traumatic	brain injury:
Required Information			Document and	Date
Ability/achievement level				
Relevant behavior observations			(_ \	·
Educationally relevant medical information			— Г ^в /	/
Information from parents				
	DIAGNOSTIC	ASSURANCES		
The evaluation team must consider the following assurate	nce statements before ma	aking a recommendatior	regarding this student's	eligibility:
True False Assurance Statement		Repo	rt and Date	Section/Pag
 The suspected disability was caused by an resulting in an injury to the brain that advers educational performance due to total or par and/or psychosocial impairment. This student manifests an open or closed h impairment in one or more of the following a (Check all that apply) 	ely affects this student's tial functional disability ead injury resulting in			
O Attention	O Information	n Processing	O Physical	Functions
O Behavior	O Language		 Reasonir 	ıg
O Cognition	O Memory		O Speech	
The suspected disability is not due to a bra congenital, degenerative or induced by birth	n trauma.			
The suspected disability is not due to limited or a lack of appropriate instruction in math or components of reading.				
This student requires special education program	grams/services.			
	ELIGIBILITY REC	COMMENDATION		
The evaluation team 1) finds all of the diagnostic assura determined eligible for special education programs/servio				indings, that this student be
Yes (Complete and attach a present level state)	ment)	No (Proceed to the second s	e Participant Signatures	section)
	PARTICIPANT	SIGNATURES		
As a member of the evaluation team, my input is include	d in writing and I agree wi	th the eligibility recomm	endation: (Sign and che	ck below)
Physician	Yes No	Other/Role		
Other/Role				

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 Mutidiscplinary 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

	t Name	Kent intermediate Scr		r ict, Grand Rapids, Michigan Date		000	of
Birthdat		Grade		School District		.gc	01
Direroad			PURP				
	m is used by the evaluation team to A multidisciplinary evaluation for in A multidisciplinary evaluation for a (itial eligibility (Behind this pag	ial educati ge attach (on based on: (Choose one) copies of all referenced reports			
	A redetermination evaluation for or				orts and of the Eva	luation Rev	iew Plan)
Th - 6-11				CUMENTATION			
I ne toilo	owing information and documentation		Dility for s				
61-7	Required In		4	<u>L</u>	ocument and Da	te	
	ility/achievement level (May include a	a tuncuonal visual assessment,) _		\frown		
	levant behavior observations		-		(в)-		
	entation and mobility recommendation		-		ベ ノ-		
	ucationally relevant medical informat	ion (If none, write "None")	-				
Into	ormation from parents						
				SSURANCES			
The eva	aluation team must consider the follo	÷	store mak	° °	•	gibility:	
True	Assurance S	Statement		Report Title D	ate		Section/Page
	This student manifests a visual development and constructions.		۱ –				
	 development or adversely affect This student manifests one or in 						
-	(Check all that apply)	nore of the following.					
_	 A peripheral field of vis A diagnosed progress 	for near or far point vision of 20 sion restricted to not more than ively deteriorating eye condition	n 20 degre n		e refractive correcti	on	
	The suspected disability is not or a lack of appropriate instruct components of reading.	tion in math or the essential	cy _				
	This student requires special e	ducation programs/services.					
		ELIGIBILIT	Y RECO	OMMENDATION			
	aluation team 1) finds all of the diagr ined eligible for special education pro Yes (Complete and attach a prese	ograms/services under the visu	ual impairr			-	his student be
determi				SIGNATURES	5	,	
determi							
determin				the eligibility recommendation	: (Sian and check	below	
determin D As a me	ember of the evaluation team, my in	put is included in writing and I a	agree with				Yes
determin As a me Ophthal		put is included in writing and I a	agree with ◎ №	the eligibility recommendation Other/Role Other/Role			Yes

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.

Student Name			Page of
Birthdate	Age	School District	
		INVITATION	
A written invitation/notice, including p	ourpose of meeting, role of participan	ts and procedural safeguards was sent f	o parent/guardian/student:
Ву		Date	
Additionally, the following efforts wer	e made to arrange a mutually agreea	ble time and place of meeting:	
Method		By	Date
Method		By	Date
Vative Language of Family		Native Language of Student	
	PARTIC	IPANT SIGNATURES	
Signatures below indicate participatio	on in the IEP Team meeting:		
Student		Parent/Guardian	
General Ed Teacher		Parent/Guardian	
Special Ed Provider		School District Rep	
		Other/Title	
Other/Title		Other/Title	
	s student's eligibility for special educa vising this student's individualized edu		
 Other 	nong the statistics individualized ou	addadir program	
	STUDENT P	ROFILE AND ELIGIBILITY	
		ROFILE AND ELIGIBILITY rvices, the IEP Team must consider eac	h of the following:
n determining both eligibility and nee	ed for special education programs/se	rvices, the IEP Team must consider eac	0
n determining both eligibility and nee	ed for special education programs/se		0
n determining both eligibility and nee	ed for special education programs/se	rvices, the IEP Team must consider eac	0
n determining both eligibility and nee	ed for special education programs/se	rvices, the IEP Team must consider eac	0
determining both eligibility and nee Student Strengths Parent Concerns	ed for special education programs/se	rvices, the IEP Team must consider eac	0
and determining both eligibility and nee and strengths and the st	ed for special education programs/se	nvices, the IEP Team must consider eac	
an determining both eligibility and nee Student Strengths Parent Concerns Current Evaluations (Include Based upon 1) this student's current	ed for special education programs/se e applicable state and districtivide ass I functioning, 2) the most recent eval	nvices, the IEP Team must consider eac	and 3) any additional
an determining both eligibility and nee Student Strengths Parent Concerns Current Evaluations (Include Based upon 1) this student's current sessement information, do the IEP	ed for special education programs/se e applicable state and districtwide ass f functioning, 2) the most recent eval Team members determine that this s	vices, the IEP Team must consider eac sessments) uation findings dated tudent has a disability that requires spe-	and 3) any additional
an determining both eligibility and nee Student Strengths Parent Concerns Current Evaluations (Include Based upon 1) this student's current sessement information, do the IEP	ed for special education programs/se e applicable state and districtivide ass I functioning, 2) the most recent eval	vices, the IEP Team must consider eac sessments) uation findings dated tudent has a disability that requires spe-	and 3) any additional
an determining both eligibility and nee Student Strengths Parent Concerns Current Evaluations (<i>include</i> Based upon 1) this student's current sessement information, do the IEP No (Explain)	ed for special education programs/se e applicable state and districtwide ass functioning, 2) the most recent eval Team members determine that this s	vices, the IEP Team must consider eac	and 3) any additional
n determining both eligibility and nee Student Strengths Parent Concerns Current Evaluations (<i>Include</i> Based upon 1) this student's current sessement information, do the IEP No (<i>Explain</i>) Yes (<i>Indicate primary disabil</i>	ed for special education programs/se e applicable state and districtwide as: functioning, 2) the most recent eval Team members determine that this s lify below with a "4" and any second	vices, the IEP Team must consider eac sessments) uation findings dated tudent has a disability that requires spec- ary disability with a "2")	and 3) any additional
an determining both eligibility and nee Student Strengths Parent Concerns Current Evaluations (Include Caurent Evaluations (Include Based upon 1) this student's current sessesment information, do the IEP No (Explain) Yes (Indicate primary disable Cognitive impact Cognitive impact Cognitive impact	ed for special education programs/se e applicable state and districtwide ass functioning, 2) the most recent eval Team members determine that this s lifty below with a "1" and any second mity below with a "1" and any second mity mitor (R340, 1715) irment (R340, 1705)	vices, the IEP Team must consider eac bessments) uation findings dated tudent has a disability that requires spec- ary disability with a '\$') Other Health Impairm Physical Impairment	and 3) any additional ial education programs/services? ient (R340.1709a) (R340.1709)
determining both eligibility and nee Student Strengths Parent Concerns Current Evaluations (<i>include</i> Based upon 1) this student's current sessesment information, do the IEP No (<i>Explain</i>) Yes (<i>indicate primary disabi</i> Cognitive impa Cognitive imp	ed for special education programs/se e applicable state and districtwide asc functioning, 2) the most recent eval Team members determine that this s lify below with a " 1 " and any second im Disorder (R340.1715) rment (R340.1705) (R340.170)	vices, the IEP Team must consider eac sessments) uation findings dated tudent has a disability that requires spect any disability with a '2') Other Health Impairm Other Health Impairm Other Health Impairm Other Health Impairm	and 3) any additional ial education programs/services? ent (R340.1709a) (R340.1709) mment (R340.1714)
	ed for special education programs/se e applicable state and districtwide ass functioning, 2) the most recent eval Team members determine that this s ifly below with a * 7 * and any second m Disorder (R340, 1715) irment (R340, 1705) (R340, 1717) J Developmental Delay (R340, 1711) irment (R340, 1706)	vices, the IEP Team must consider eac seesments)	and 3) any additional ial education programs/services? ent (R340.1709a) (R340.1709) irment (R340.1714) je Impairment (R340.1710) (R340.1716)
determining both eligibility and nee Student Strengths Parent Concerns Current Evaluations (<i>Include</i> Resed upon 1) this student's current No (<i>Explain</i>) Yes (<i>Indicate primary disabi</i> Cartism Spectru Coef Blinchee Early Childron	ed for special education programs/se e applicable state and districtwide as: functioning, 2) the most recent eval Team members determine that this s lify below with a "1" and any second im Disorder (R340.1715) irment (R340.1705) (R340.1717) Joevelopmental Delay (R340.1711)	vices, the IEP Team must consider eac sessments) uation findings dated tudent has a disability that requires spect any disability with a '2') Other Health Impairm Other Health Impairm Other Health Impairm Other Health Impairm	and 3) any additional ial education programs/services? ent (R340.1709a) (R340.1709) irment (R340.1714) je Impairment (R340.1710) (R340.1716)

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.

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 El 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

Student Name	Initiation Date for Evaluation Review
Student Name Age	School District
	PARTICIPANTS
The following persons have participated in the development of this r	reviewlplan: (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	e 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 l	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 informa	tion or evaluation needed?
Yes No (Explain)	
Indicate any of the following reasons for which additional evaluation	
 This student's present level of academic achievement and This student's need for new or continuing special education 	
The need to modify special education programs/services for	or 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	
Assessment Area	Information Needed
Achievement	
Adaptive Skills	
Cognitive Ability	
Motor Ability	
Observation Social/Emotional/Behavior	
Social Emotional/Benavior Speech and Language Skills	
Speech and Language Skins Other	
The results of this evaluation plan will be reviewed at an IEP To	eam meeting to be held on or before.
The results of a lis evaluation plan will be reviewed at affice in	CONSENT
	ial Education Parent Handbook, 2) understand the contents of this plan, 3) understand that

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.

7/09

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;

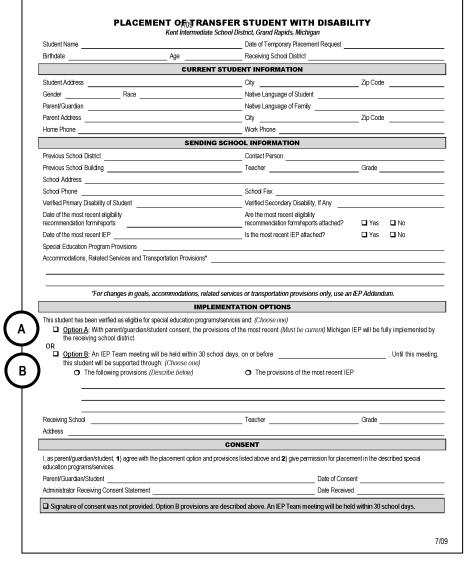
2. The receiving district immediately implements the current IEP **exactly as written** (such as a center program student who moves to another district);

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



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.

	Options Available			
Previous IEP	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.

REDE	FOR A NONPUBL	PECIAL EDUCATION ELIGIBILITY IC SCHOOL STUDENT District (ISD), Grand Rapids, Michigan
Student Name		Date
Birthdate	Age	Current Nonpublic School
Date of Last IEP		Public District Location ofCurrent Nonpublic School
		PURPOSE
Dear		
Program (IEP) team meeting	on the date given above. Our info	ined to be eligible for special education at an Individualized Education rmation also indicates that: pvided following the previous evaluation, and that
	nrolled in a nonpublic school.	wided following the previous evaluation, and that
	I laws for special education, the pu	
		al education from a public district; and ermination of the eligibility of the student for special education; and
		tion Parent Handbook with Procedural Safeguards, including an
		ices available in schools throughout Kent ISD, is enclosed.
Please indicate in the PARE	NT RESPONSE section below you	r preference for a redetermination for special education for your child
school. The district in which t		ecial education, a parent may elect to continue enrollment in a nonput y provide supportive special education related services for the studen
•	PARE	NT RESPONSE
do not want a reev	aluation for special education eligib	ility for my child at this time
I want to help plan a	reevaluation for eligibility for specia	I education and (choose one below):
	blow through with an IEP team me	eting with public school staff. igibility and an IEP Team meeting with public school staff.
	0	
Parent/Guardian Signatu	re:	Date :
	EVALUATIO	N REVIEW AND PLAN
	pursue a redetermination of special g evaluation data and plan the reev	education eligibility for your child, staff from a public district will conta raluation.
		TINFORMATION
Questions may be directed	to:	
		$\overline{}$

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 determinate 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 – <u>www.kentisd.org</u> – Click on Special Education. **Forms and Manuals** page contains this manual and all forms.

Local District / ISD / State Data

- MICIS Michigan Compliance Information System <u>http://www.micis.org</u> 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 <u>http://www.mi-iis.com</u> 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 <u>http://www.cenmi.org/miblsi/Home.aspx</u> 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 <u>http://maase.pbworks.com/Response-to-Intervention</u> - 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 <u>http://www.aimsweb.com/</u>
- Yearly Progress Pro http://www.ctb.com/mktg/ypp/ypp_index.jsp
- EdCheckup <u>http://www.edcheckup.com/</u>

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
- <u>www.kentisd.org</u> 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
- •

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: