

**Johnston Public Schools
Evaluation Team Summary – Eligibility Determination**

Student: _____	DOB: _____	Meeting Date: _____
School: _____	Grade: _____	

Evaluations completed by the school district _____			New Referral _____			Re-Evaluation _____		
ASSESSMENT	DATE		ASSESSMENT	DATE				
Psychological			FBA					
Educational			Medical					
Social History			Vocational					
Speech			Physical Therapy					
Language			Occupational Therapy					
Clinical Psychological			APE					
Psychiatric			Other:					

Evaluations considered from other sources:

	ASSESSMENT	EVALUATOR/AGENCY	DATE

- Based on the evaluations completed, the Evaluation Team has made the determination:**
- ___ *The evaluation has been reviewed and information considered for students' program (eligibility remains).*
- ___ *This child does not have a disability which adversely impacts school performance and requires special education services.*
- ___ *This child has a disability which adversely impacts school performance and requires special education services in the following area:*

	DISABILITY		DISABILITY		DISABILITY
	Autism Spectrum Disorder		Deaf-Blindness		Developmental Delay
	Emotional Disturbance		Hearing Impairment		Intellectual/Developmental Disability
	Multiple Disability		Orthopedic Impairment		Other Health Impaired
	*Specific Learning Disability		Speech/Language		Traumatic Brain Injury
	Visual Impairment				

**Complete LDID Form when determining a Specific Learning Disability*

Signature of the Participants	Role	Opinion	
		Yes	No
	Parent		
	Parent		
	LEA Representative		
	Student Support Coordinator		
	Psychologist		
	Special Educator		
	General Educator		
	Social Worker		
	Speech/Language Pathologist		
	Student (if appropriate)		
	OT/PT		
	Other		

Name _____ D.O.B. _____ Date _____

Summary of Evaluation Team Results:

Initial Eligibility/Evaluation Compliance

Was this evaluation completed within the 60 calendar days of receipt of parental consent?

YES _____ NO _____

If NO, check off one of the following two acceptable reasons for non-compliance.

- _____ 1. The parent of a child repeatedly fails or refuses to produce the child for the evaluation; or
- _____ 2. A child enrolls in a school of another public agency after the relevant timeframe in paragraph (c) of this section has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability under 300.8.

*** documentation must be attached to verify parent agrees for extended timeline.**

(e) the exception in paragraph (d) (2) of this section applies only if the subsequent public agency is making sufficient progress to ensure a prompt completion of the evaluation, and the parent and subsequent public agency agree to a specific time when the evaluation will be completed.

