

Student Name:

Date:

D.O.B.:

**ELIGIBILITY DETERMINATION  
(ALL DISABILITIES OTHER THAN SPECIFIC LEARNING DISABILITY)**

**DETERMINANT FACTORS**

The determinant factor for the student's suspected disability is:

- Yes  No Lack of appropriate instruction in reading, including the essential components of reading instruction (Evidence Provided) \_\_\_\_\_
- Yes  No Lack of appropriate instruction in math (Evidence Provided) \_\_\_\_\_
- Yes  No Limited English Proficiency (Evidence Provided) \_\_\_\_\_

If any of the above answers is "yes," the student is not eligible for services under IDEA and the team must complete Step 1 and 4 below. If all of the answers are "no," complete Steps 1-4

**COMPLETE FOR STUDENTS SUSPECTED OF HAVING A DISABILITY UNDER IDEA**

**STEP 1 -  
DISABILITY**

- No Disability Identified** (Complete Step 4 **and** write "Not Eligible for Special Education Services" in the Disability section of the Conference Summary Report page.)
- Disability Identified**  
Based on the team's analysis, identify the disability(s):

Primary		Secondary	
<input type="checkbox"/> Autism (O)	<input type="checkbox"/>	<input type="checkbox"/> Multiple Disabilities (M)	<input type="checkbox"/>
<input type="checkbox"/> Cognitive Disability (A)	<input type="checkbox"/>	<input type="checkbox"/> Orthopedic Impairment (C)	<input type="checkbox"/>
<input type="checkbox"/> Deaf/Blindness (H)	<input type="checkbox"/>	<input type="checkbox"/> Other Health Impairment (L)	<input type="checkbox"/>
<input type="checkbox"/> Deafness (G)	<input type="checkbox"/>	<input type="checkbox"/> Speech or Language Impairment (I)	<input type="checkbox"/>
<input type="checkbox"/> Developmental Delay (3-9) (N)	<input type="checkbox"/>	<input type="checkbox"/> Traumatic Brain Injury (P)	<input type="checkbox"/>
<input type="checkbox"/> Emotional Disability (K)	<input type="checkbox"/>	<input type="checkbox"/> Visual Impairment Including Blindness (E)	<input type="checkbox"/>
<input type="checkbox"/> Hearing Impairment (F)	<input type="checkbox"/>		

**Step 2 - ADVERSE EFFECTS**

- No Adverse Effect Identified** (Complete Step 4 **and** write "Not Eligible for Special Education Services" in the Disability section of the Conference Summary Report page.)
- Adverse Effect Identified** For each disability identified, describe how the disability adversely affects the student's education performance.

**STEP 3 - EDUCATIONAL NEEDS**

State to what extent the student requires special education and related services to address educational needs.

**STEP 4 -  
ELIGIBILITY**

Based on the steps above, the student is entitled to special education and related services.

- No (**Not Eligible**)
- Yes (**Eligible**)