

**ELIGIBILITY COMMITTEE REPORT**

\_\_\_\_\_ County Schools

**Student's Full Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**School** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Parent(s)/Guardian(s)** \_\_\_\_\_

**WVEIS#** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**City/State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Initial

Re-Evaluation

Other \_\_\_\_\_

**The Eligibility Committee (EC) considered the following multi-disciplinary reports and other relevant information.**

Academic Information

Developmental Skills

Social Skills

Achievement

Health \_\_\_\_\_

Transition Assessments

Classroom Performance

Hearing

Functional Vocational Evaluation

Teacher Report

Information from the Parents

Vocational Aptitudes

Adaptive Skills

Intellectual Ability

Interests/Preferences

Assistive Technology

Motor Skills

Vision

Behavioral Performance

Observation(s)

Orientation and Mobility

Functional Behavioral Assessment

Perceptual-Motor

Other \_\_\_\_\_

Communication

**A student cannot be identified as a student in need of special education services if the primary reason for the decision is due to any of the following:**

- A lack of appropriate instruction in the essential components of reading; or
- A lack of instruction in mathematics; or
- Limited English proficiency

**For initial evaluation or reevaluation, the student meets the three-prong test of eligibility:**

- Meets the eligibility requirements for one of the specific exceptionalities; **and**
- Experiences an adverse effect on educational performance; **and**
- Needs special education.

**For reevaluation only:**

If a student no longer meets the eligibility criteria in one of the designated exceptionalities, the EC must provide the justification for continued eligibility. \_\_\_\_\_

**The Eligibility Committee has determined the student's primary area of exceptionality is (only one):**

Autism (AU)

Exceptional Gifted (EG)

Developmental Delay (PS)

Emotional/Behavioral Disorders (BD)

Gifted (GF)

Specific Learning Disability (LD)

Blindness and Low Vision (VI)

Mental Impairment (MM MD MS)

Speech/Language Impairment (CD)

(Check appropriate eligibility code)

Deaf-Blindness (DB)

Orthopedic Impairment (PH)

Traumatic Brain Injury (TB)

Deafness (DF)

Other Health Impairment (OH)

None

Hard of Hearing (HI)

Additional evaluation data are needed in the following areas: \_\_\_\_\_

The Eligibility Committee has determined the student is not eligible for special education and submits the following recommendations for consideration by the school team: \_\_\_\_\_

**Eligibility Committee Members**

**Signature and Date**

**Position**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrator/Principal/Designee  
Evaluator/Specialist  
General and/or Special Education Teacher  
Parent  
Student  
Other