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| **STUDENT NAME:** | | | **SIMS:** |
| **PARENT/GUARDIAN NAME:** | | | **MEETING DATE:** |
| **SCHOOL DISTRICT:** | | **SCHOOL:** | |
| **DOB:** | **AGE:** | | **GRADE:** |
|  | | | |

Initial Determination of Eligibility

Re-determination of Eligibility

Basis for making eligibility determination is drawn from a variety of sources, (which may) include aptitude (ability) and achievement, parent input and teacher recommendations, as well as information about the student’s physical condition, social or background, and adaptive behavior.

The evaluation team will examine the evaluation results, other factors, the suspected disabilities, the adverse effects of the disability and if the student requires specialized instruction before determining if the student requires special education services.

**Summary of Evaluation Reports used for determination of Eligibility**

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| **Data Source** | **Date Administered** | **Test Scores/Results** |
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Insert

Suspected

Disability Category Sheets

Here

Below is a list of the disability categories.

They can be found at <https://doe.sd.gov/sped/IEP.aspx> in the Referral/Eligibility table.

500-Deaf Blindness

505-Emotional Disability

510-Cognitive Disability

515-Hearing Loss

525-Specific Learning Disability

535-Orthopedic Impairment

540-Vision Loss

545-Deafness

550-Speech/Language Impairment

555-Other Health Impaired

560-Austim Spectrum Disorder

565-Tramatic Brain Injury

570-Developmental Delay

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| **Other Factors Considered:** |

Is the underachievement of the student due to the lack of instruction in Reading or Math, or limited English proficiency?

Yes No – Reading

Yes No – Math

Yes No – Limited English Proficiency

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| **Eligibility Determination:** |

1. Yes No - has a diagnosed disability;
2. Yes No - the disability adversely affects the student’s educational performance; and

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| List the adverse effects of the disability on student’s educational performance: |

1. Yes  No - the student requires specially designed instruction to receive a free appropriate public education.

The team determined this student meets eligibility criteria under the following category: (check the category that will be reported on student count)

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| Deaf-Blindness - 500 | Vision Loss - 540 |
| Emotional Disability - 505 | Deafness – 545 |
| Cognitive Disability - 510 | Speech/Language- 550 |
| Hearing Loss - 515 | Other Health Impairment – 555 |
| Specific Learning Disability – 525 | Traumatic Brain Injury – 565 |
| Multiple Disabilities – 530 | Developmental Delay - 570 |
| Orthopedic Impairment – 535 | Autism Spectrum Disorder - 560  Social Communication Severity Level: \_\_\_\_\_\_  Behavior Severity Level: \_\_\_\_\_\_\_\_ |

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| **Multiple Disabilities– 530 ARSD: 24:05:24.01:12** |

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| The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation: | | |
|  | Concomitant impairments (such as a cognitive disability-blindness or a cognitive disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.  List Categories for Multiple Disabilities:  Category 1:  Category 2:  Category 3: |

**This page is to be used when applicable to student.**

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| **Related Service(s): Student therapy needs to be determined during IEP program development**  **ARSD 24:05:27:22 , 24:05:27:23, 24:05:27:24, 24:05:27:25, and 24:05:27:16** |

**Criteria for Occupational Therapy Services**

1. The student has a disability and requires special education;

No – Stop Here  Yes – Proceed to the next question:

1. The student must demonstrate performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean in one or more of the following areas: fine motor skills, sensory integration, or visual; and

No – Stop Here  Yes – Proceed to the IEP team meeting and team will determine the following:

1. The student needs occupational therapy to benefit from special education.

**Criteria for Physical Therapy Services**

1. The student has a disability and requires special education;

No – Stop Here  Yes – Proceed to the next question:

1. The student must demonstrate performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean on a standardized motor assessment instrument; and

No – Stop Here  Yes – Proceed to the IEP team meeting and team will determine the following:

1. The student needs physical therapy to benefit from special education.

**Speech – Language Pathology**

1. The student has a disability and requires special education;

No – Stop Here  Yes – Proceed to the IEP team meeting and team will determine the following:

1. To be provided as a related service, the IEP team must determine that the related service is required in order for the student to benefit from the special education program

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| **Transition: For student that are eligible for special education services, transition must be in effect no later than age 16. ARSD 24:05:27:13.02 and 24:05:27:01.03** |

Transition

1. The student is eligible for special education and requires a transition plan.

No – Stop Here

Yes – Proceed to the IEP team meeting and complete the transition services section.