

Eligibility Meeting Date:

ALBEMARLE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
401 McINTIRE ROAD
CHARLOTTESVILLE, VIRGINIA 22902
(434) 296-5885

Initial
 Re-Evaluation
 Transfer
 Other: _____

SPECIAL EDUCATION ELIGIBILITY SUMMARY

Student: _____ SSN: _____

School: _____ Grade _____ DOB: _____

Sources considered for eligibility determination: (check appropriate areas considered):

<input type="checkbox"/> Psychological Testing	<input type="checkbox"/> Achievement Testing	<input type="checkbox"/> Hearing Screening	<input type="checkbox"/> Other
<input type="checkbox"/> Teacher Recommendations	<input type="checkbox"/> Standardized Testing	<input type="checkbox"/> State Assessments	_____
<input type="checkbox"/> Academic Record	<input type="checkbox"/> Speech / Language Eval.	<input type="checkbox"/> Classroom Assessments	_____
<input type="checkbox"/> Socio-Cultural Assessment	<input type="checkbox"/> Adaptive Behavior	<input type="checkbox"/> Information Provided by the Parents	_____
<input type="checkbox"/> Local Assessments	<input type="checkbox"/> Parent / Family Input	<input type="checkbox"/> Developmental Testing	_____
<input type="checkbox"/> Response to Interventions	<input type="checkbox"/> Observations	<input type="checkbox"/> Medical Evaluation	_____

I. ESSENTIAL DELIBERATIONS:

Note the essential deliberations including any evaluation results and considerations that were critical to the committee coming to its decision regarding eligibility.

A. Does this student meet the criteria for a disability using Albemarle County guidelines?

(Summarize the essential deliberations including any evaluation results and considerations that were critical to the committee coming to its decision regarding eligibility)

- No (Stop Here- This student does not qualify for special education services.)
 Yes (Proceed to "B")

B. Does the disability impair the student's ability to achieve adequately in order to meet the standards that apply to all children?

- No (Stop Here- This student does not qualify for special education services.)
 Yes (Complete the information below, then proceed to "C".)

If "Yes". Explain how the disability interferes with this student's ability to meet standards that apply to all children and the data that supports this conclusion.

Describe what interventions have been implemented with this student and the data collected regarding their effectiveness.

NOTE: Eligibility cannot be based on a lack of English proficiency or a lack of instruction in math or reading

C. Does this student require special education to make adequate progress to meet the standards that apply to all children?

- No (Stop Here-This student does not qualify for special education services.)
 Yes (Complete the information below.)

Describe the area(s) identified in the evaluation which should be a priority to be addressed in planning an educational program for this student.

II. RESPONSE TO INTERVENTION

Did the child participate in a Response to Intervention (SBIT) process:

Yes

If "YES" please confirm the following by choosing one of the boxes below:

- The instructional strategies used are described or included / attached in this report
- The student centered data that was collected is included / attached in this report
- The instructional strategies used and student centered data were previously added to the student's educational record as part of the student's referral packet.

If "Yes" please confirm that the parents were informed of the following during the RTI process:

- The state policies about child performance data that was collected
- The general education services that would be provided
- Strategies to support the child's rate of learning
- Parent's right to request an evaluation at any time (Procedural Safeguards Notice).

No

Explain why:

(Go to Part III)

Not Applicable - this is a re-evaluation.

III. FINDINGS

Eligible

_____ Primary Disability
_____ Secondary Disability
_____ Tertiary Disability

Ineligible *(If previously eligible for special services, "Parental Consent for Termination of Special Education" is required.)
(Parent consent is required for any change in the identification of special education and related services)*

IV. PRIOR NOTICE

The school division proposes to implement the eligibility decision as written. This decision is based upon a review of current records, current assessments and the student's performance as documented in the attached reports as well as in the essential deliberations noted on this, the eligibility summary. Other options considered, if any, the reason for their rejection, and other factors, if any, that are relevant to this proposal will be included in a Prior Written Notice Document (Form 60.07), or can be found in the essential deliberations section of this eligibility meeting summary. You have protection under the procedural safeguards. If you, the parent(s) and/or adult student, need a copy of the procedural safeguards or need assistance in understanding this information please contact _____ at (_____) _____ or e-mail me at _____.

V. PARENT/ADULT STUDENT CONSENT:

Indicate your response by checking the appropriate box, and sign below.

I AGREE with the conclusions and consent to eligibility determination / findings.

I DO NOT AGREE with the conclusions and DO NOT consent to eligibility determination / findings.

Parent Signature

Date

VI. COMMITTEE MEMBERS:

Signature reflects member's agreement with conclusion above.
Dissents are indicated by asterisk (*) -opinion attached.

_____ Chairperson / Title	_____ Date	_____ Special Education Teacher	_____ Date
_____ LEA / Designee	_____ Date	_____ Regular Education Teacher	_____ Date
_____ Title	_____ Date	_____ Title	_____ Date
_____ Title	_____ Date	_____ Title	_____ Date

VII. FOR STUDENTS DETERMINED ELIGIBLE FOR SPECIAL EDUCATION AND RELATED SERVICES CURRENTLY ENROLLED BY THEIR PARENTS IN A PRIVATE OR HOME SCHOOL PROGRAM:

Indicate your response by checking the appropriate box, and sign below.

- Not Applicable.
- My intent is to have my child remain in a private or home school program.
- My intent is to seek services with the public school system of residence that my child may attend. I, the parent will notify the base school of residence of my intention. I understand that Albemarle County Public Schools cannot release information to another public school system without my consent.

Parent Signature

Date

(Protocols used in this evaluation will be destroyed one year from the date of this eligibility meeting.)

CC: Parent / Guardian, IEP Team

**ELIGIBILITY ADDENDUM -
PARENTAL CONSENT FOR TERMINATION
OF SPECIAL EDUCATION AND RELATED SERVICES**

**This portion of this form is appropriate only for a student previously eligible for special education services who has now been determined to be ineligible for special education and related services.
Consent for termination of all special education and related services is required prior to the student's services being terminated.**

Parental consent below:

I, (PRINT PARENT NAME)_____ give consent to the termination of special education and related services for my child (PRINT STUDENT NAME)_____.

Parent Signature

Date