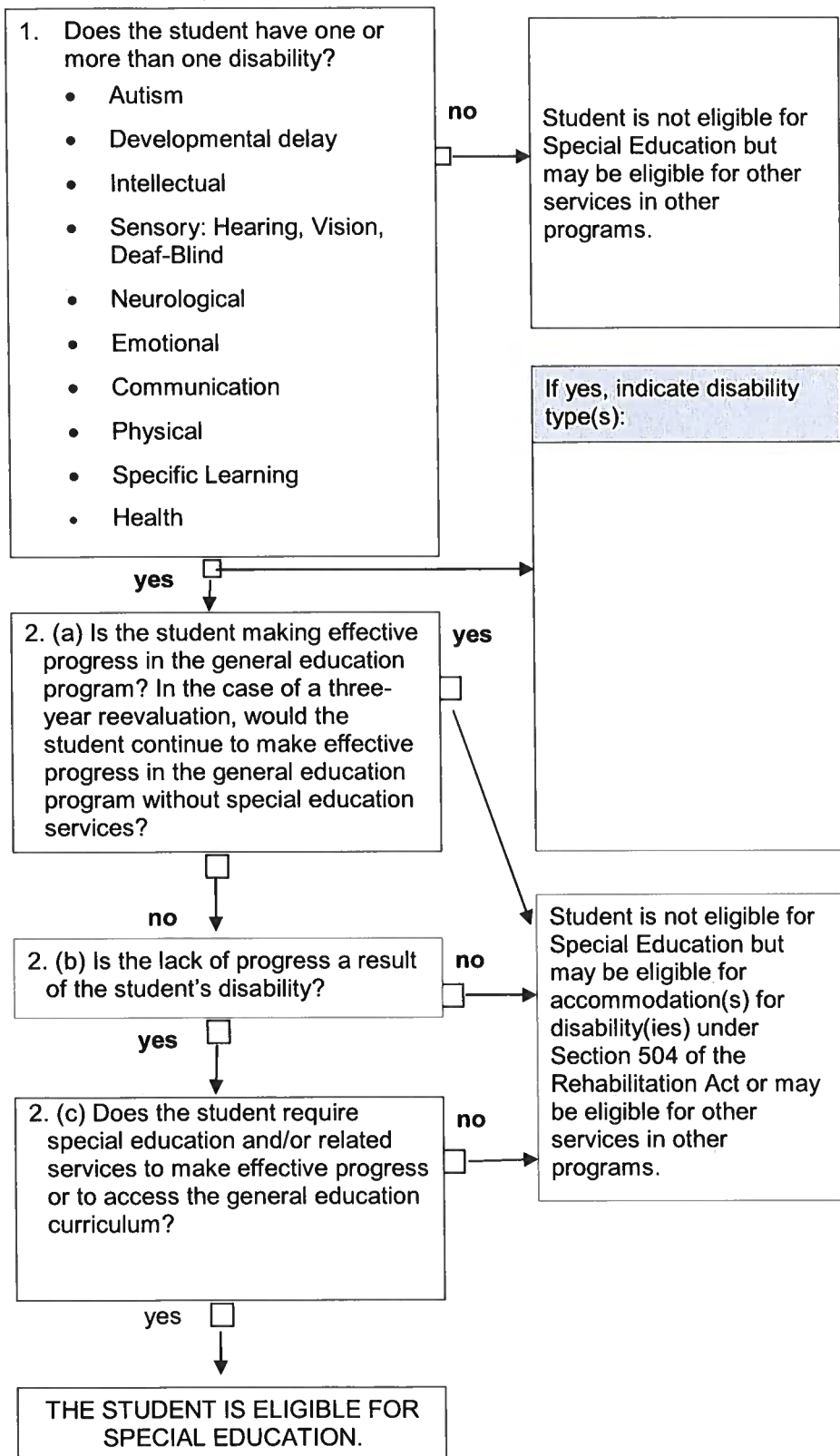


School District Name:	
School District Address:	
School District Contact Person/Phone #:	

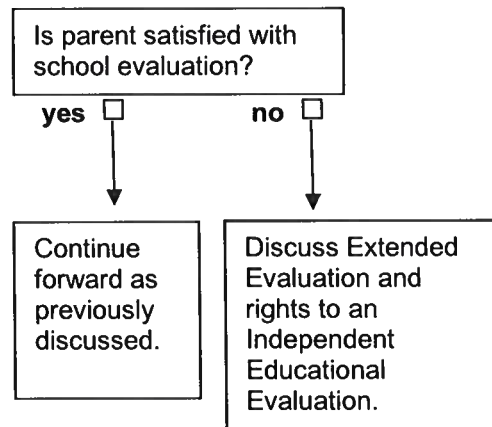
Special Education Eligibility/Initial and Reevaluation Determination

Student Name:		DOB:		ID#:		Date:	
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A. Proceed through the flowchart until an eligibility determination is reached.



B. Answer this question for all students.



KEY EVALUATION FINDINGS AND/OR NEXT STEPS