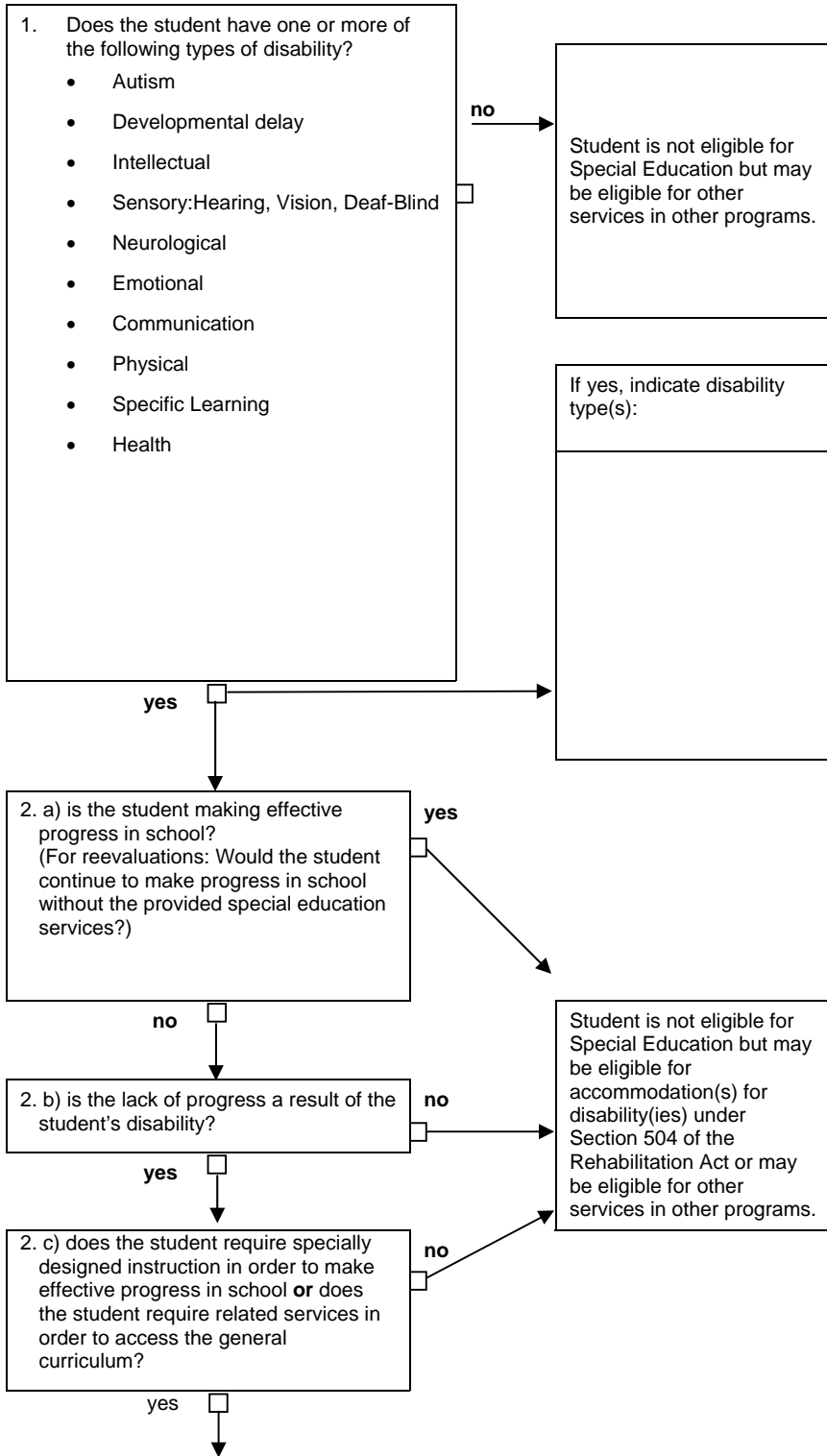


School District Name:
 School District Address:
 School District Contact Person/Phone #:

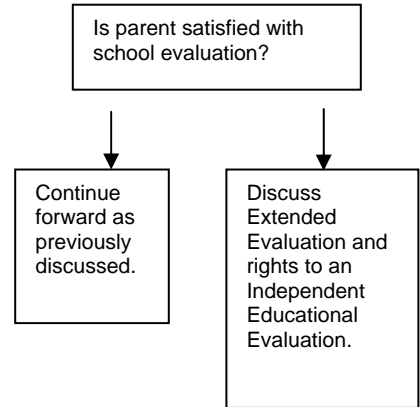
Special Education Eligibility/Initial and Reevaluation Determination

Student Name: _____ DOB: _____ ID#: _____ Date: _____

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**

THE STUDENT IS ELIGIBLE FOR
SPECIAL EDUCATION.