



Student:	Student UID#	DOB:
School:	Grade:	Age:

ELIGIBILITY DETERMINATION

I. Disability Determination

Based on the information from a variety of sources that have been documented and carefully considered, the IEP Team has determined:

<input type="checkbox"/>	Student MEETS the criteria for one or more of the fourteen (14) disabling conditions described in the <i>NC Policies Governing Services for Children with Disabilities</i> .
<input type="checkbox"/>	Student DOES NOT MEET the criteria for one or more of the fourteen (14) disabling conditions described in the <i>NC Policies Governing Services for Children with Disabilities</i> .

Primary Disability		Secondary Disability	
Autism	Multiple Disabilities	Autism	Multiple Disabilities
Deaf-Blindness	Orthopedic Impairment	Deaf-Blindness	Orthopedic Impairment
Deafness	Other Health Impairment	Deafness	Other Health Impairment
Developmental Delay	Specific Learning Disability	Developmental Delay	Specific Learning Disability
Emotional Disability	Speech or Language Impairment	Emotional Disability	Speech or Language Impairment
Hearing Impairment	Traumatic Brain Injury	Hearing Impairment	Traumatic Brain Injury
Intellectual Disability	Visual Impairment (including Blindness)	Intellectual Disability	Visual Impairment (including Blindness)

II. Adverse Effect on Educational Performance

The IEP Team has determined the student's educational performance **is not** primarily caused by:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	a lack of appropriate instruction in reading, including the essential components of reading instruction; <i>The term "essential components of reading instruction" means explicit and systematic instruction in: phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills), and reading comprehension strategies.</i>
<input type="checkbox"/>	<input type="checkbox"/>	a lack of appropriate instruction in math; and
<input type="checkbox"/>	<input type="checkbox"/>	a limited English proficiency.

The disability has an adverse effect on educational performance. **Yes** **No**

III. Instructional Requirement

The IEP Team has determined that the student:

<input type="checkbox"/>	REQUIRES specially designed instruction and related services <i>(if applicable)</i> .
<input type="checkbox"/>	DOES NOT REQUIRE specially designed instruction and related services.



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IV. Eligibility Determination

In order to be eligible for special education and related services, the student must:

- meet the criteria for a disability in Section I;
- have a disability that has an adverse effect on educational performance documented in Section II;
AND
- require specially designed instruction and related services *(if applicable)* in Section III.

<input type="checkbox"/>	YES , the student meets all three of the eligibility criteria <i>(Sections I-III)</i> required for special education and related services.
<input type="checkbox"/>	NO , the student did not meet all three of the eligibility criteria <i>(Sections I-III)</i> required for special education and related services.

The IEP Team members below include the parent/guardian/student and professionals qualified to determine whether the student is a child with a disability and whether or not the student is eligible for special education and related services.

The following individuals were present and participated in the IEP Team decision. (A Request to Excuse Required IEP Team Member(s) has been obtained if any of the below participants are identified as excused. Note with an asterisk (*) any team member who used alternative means to participate.)

Name/Signature	Position	Date	Agree/Disagree (SLD Only)	
	Parent/Guardian/Student		Agree	Disagree
	Parent/Guardian/Student		Agree	Disagree
	Parent/Guardian/Student		Agree	Disagree
	LEA Representative		Agree	Disagree
	Special Education Teacher		Agree	Disagree
	General Education Teacher		Agree	Disagree
	Interpreter of Instructional Implications of Evaluations		Agree	Disagree
			Agree	Disagree
			Agree	Disagree
			Agree	Disagree

For SLD only – If an IEP Team member disagrees, he/she must submit a separate statement of their reason for disagreement.

Explanation of team participants/absence of participants (if needed)



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V. Procedural Safeguards

A copy of the *Parent Rights and Responsibilities in Special Education: Notice of Procedural Safeguards* has been provided to the parent/guardian/student.

A copy of the Eligibility Determination, evaluation report(s), eligibility worksheet(s), and a Prior Written Notice has been provided to the parent/guardian/student.

Signature:

Date:

EC Case Manager:
Email:

School:
Phone: