

Documentation of Determination Eligibility Report

Name _____ Date of Birth _____ Age _____
 Race _____ Male _____ Female _____ School _____ Grade _____
 Parent/ Guardian _____ Phone _____
 Mailing Address _____ City _____, MS Zip Code _____
 Date _____ Reevaluation _____

Based on the Comprehensive Assessment, the Multidisciplinary Team's decision is that :

1. _____'s disability adversely affects his/ her educational performance and **DOES** support the need for special education and/or related services with a ruling as indicated.

- Autism (AU) Pervasive Developmental Disorder Autistic Disorder Asperger Disorder Rett's Disorder
- _____ Pervasive Developmental Disorder-Not Otherwise Specified Childhood Disintegrative Disorder
- Deaf-Blind (DB)
- Developmentally Delayed (DD)
- Emotional Disability (EmD)
- Hearing Impaired (HI)
- Language and Speech Impairment (LS) Articulation Voice Fluency Language
- Mental Retardation (MR) Educable Trainable Severe/Profound
- Multiple Disabilities (MD)
- Orthopedic Impairment (OI)
- Other Health Impairment (OHI) Attention Deficit/Hyperactive Disorder Other _____
- Specific Learning Disability (SLD) Reading Fluency Reading Comprehension Basic Reading Skills Oral Expression
- _____ Math Problem Solving Written Expression Listening Comprehension
- Traumatic Brain Injury (TBI)
- Visually Impaired (VI)

2. The data does **NOT** support a disability for _____. Describe how the data fails to support the criteria needed for the disability ruling(s) noted above. _____

Team Members	Title	Agree	Disagree
_____	Parent/ Guardian	_____	_____
_____	Agency Representative	_____	_____
_____	Special Education Teacher	_____	_____
_____	General Education Teacher	_____	_____
_____	School Psychologist/ Psychometrist	_____	_____
_____	Speech Pathologist	_____	_____
_____	Other	_____	_____
_____	Other	_____	_____
_____	Other	_____	_____