

FSM DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM

Statement of Eligibility Determination

Name of Student:	Grade:	DOB:	Date:
-------------------------	---------------	-------------	--------------

Demographics

Based on the information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior, the Team has determined that:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	The child was evaluation accordance with §300.304 through §300.311 as having _____ (Attach Disability Eligibility Worksheet)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The student's disability has an adverse impact on the student's educational performance

Is the primary factor due to lack of appropriate instruction in reading, including the essential components of reading instruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the primary factor due to lack of instruction in math?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the primary factor due to limited English proficiency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(If you checked "YES" to any of the above questions, provide evidence to support response.)

Initial Evaluation (Use information from worksheet):

- The child IS IN need of special education and related services as a result of the disability.
- The child IS NOT in need of special education and related services as a result of the disability.

Reevaluation:

- The child continues to need of special education and related services as a result of the disability.
- The child is no longer in need of special education and related services as a result of the disability.

Signature of Team Members	Title	Agree	Disagree
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

A Copy of the evaluation report and the eligibility statement is given to the parent(s)