

Student: _____

Meeting Date: _____

(Section B Continued)

Student Strengths:

Parent/Guardian Concerns

Health issues, vision, hearing and other educationally relevant medical findings: (Vision and hearing test results needed for initial and re-evaluations)

Describe how the child's disability affects involvement and progress in general curriculum. For preschool children describe how the disability affects the child's participation in appropriate activities:

For initial placements, document the consideration of and prior use of regular education resources prior to a special education referral:

Section C.

Eligibility Determination

Student meets the eligibility criteria of one or more of the following: YES NO (If yes, indicate [1] for primary, [2] for secondary)

- Mentally Retarded
- Visually Impaired
- Learning Disabled

- Hearing Impaired
- Emotionally Disturbed
- Deaf-Blind

- Deaf
- Orthopedically Impaired
- Autism

- Speech/Language Impaired
- Other Health Impaired
- Traumatic Brain Injury
- Established Medical Condition

Student requires special education: YES NO