

DATE \_\_\_\_\_

ADDENDUM

AMENDMENT

TO ARD OF \_\_\_\_\_

**Education Co-op of Central Texas**  
**P.O. BOX 1970 2400 FRANKLIN**  
**WACO, TEXAS 76703-1970**  
**(254) 756-1974**

Change Disability  DAEP

Change IA  Add \_\_\_\_\_

Delete \_\_\_\_\_

\_\_\_\_\_  
COORDINATOR

**ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING**

STUDENT \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ GRADE \_\_\_\_\_

SS# \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DISTRICT \_\_\_\_\_ CAMPUS \_\_\_\_\_

CATEGORY(IES) OF DISABILITY (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

ADA ELIG:  ELIGIBLE  ELIGIBLE-HALF DAY  TRANSFER  TRANSFER-HALF DAY  INELIGIBLE

ADMISSION START DATE \_\_\_\_\_  REVIEW:  ANNUAL  OTHER \_\_\_\_\_

DISMISSAL:  GEN ED  MD  DO  OTHER \_\_\_\_\_ STOP DATE \_\_\_\_\_

IA \_\_\_\_\_ SPEECH THERAPY \_\_\_\_\_ RESOURCE CLASSES:  READING  ENGLISH/LANG ARTS  MATH

CHANGE FROM \_\_\_\_\_ TO \_\_\_\_\_ START DATE \_\_\_\_\_

RELATED SERVICES:  TRANS  OT  PT  COUNSELING  DEAF ED INTERPR  AUDIOLOG SERVICES

O&M  VISION SERVICES  NURSE SERVICES  OTHER \_\_\_\_\_

MULTIPLY DISABLED  MEDICALLY FRAGILE  ASSIST TECHNOLOGY  BEHAVIOR INTERVENTION PLAN

**REVIEW OF EVALUATION DATA**

Evaluation reports:

FULL AND INDIVIDUAL EVALUATION:

SPEECH LANGUAGE EVALUATION

PSYCHOLOGICAL EVALUATION

MEDICAL EVALUATION

OTHER

DATE(S) OF REPORT(S) \_\_\_\_\_

ISD/CO-OP if not RBEC \_\_\_\_\_

Date of Report \_\_\_\_\_

Date of Report \_\_\_\_\_

Date of Report \_\_\_\_\_

Date of Report \_\_\_\_\_

Evaluation Data includes consideration of aptitude, achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.

**DETERMINATION OF ELIGIBILITY AND NEED FOR SPECIAL EDUCATION** (check ( ) if applicable)

Based on the evaluation data reviewed, the ARD committee has determined that the student:

does not meet eligibility criteria  does not demonstrate an educational need for special education services

meets the following category(ies) of disability:  has a need for special education and related services

learning disability

speech impairment

emotional disturbance

mental retardation

autism

other health impairment

visual impairment

auditory impairment

deaf-blindness

orthopedic impairment

traumatic brain injury

noncategorical early child

Copy to \_\_\_\_\_

Copy to \_\_\_\_\_

Parent requests copy of ARD

Copy to \_\_\_\_\_

Copy to \_\_\_\_\_

Copy of ARD sent to parent

Copy to \_\_\_\_\_

Copy to \_\_\_\_\_

Copy to \_\_\_\_\_