

Evaluation Report and Determination of Initial Eligibility
(IEP Team Summary)

| | |
|-------------------------|--|
| Student's Name: _____ | Date: _____ |
| Residence School: _____ | Grade: _____ |
| Service County: _____ | |
| Service School: _____ | |
| SASID: _____ | Date of Birth: _____ |
| Local Student ID: _____ | |
| | Date of Parent Consent for Initial Assessment: _____ |
| Date of Referral: _____ | |

The IEP team met on _____. The purpose of the meeting was to review evaluation data to determine if the child meets eligibility requirements to receive services through an IEP as a student with a disability under IDEA.

INITIAL ELIGIBILITY PRIOR TO AGE 3

- Eligibility not determined due to withdrawal of consent, moved from district, child unavailable as a result of chronic condition or illness.
- Initial evaluation prior to age 3
If evaluation for child prior to age 3 was delayed, indicate reason(s) for delay:
 - Parent repeatedly failed or refused to make the child available
 - Parent refusal to provide consent caused delay in evaluation or initial services
 - Parent requested delay: Parent and IEP team extend the timeframe by mutual written agreement
 - School/facility closure
 - Other:
 - Inclement weather
 - Staffing issues
 - Paperwork error
 - Other, please specify: _____
 - Inconclusive testing results

INITIAL ELIGIBILITY FOR STUDENT AGES 3-21

- Eligibility not determined due to withdrawal, i.e., transfer, dropout, parent withdrew consent.
- Initial evaluation for student ages 3-21
If evaluation for student ages 3-21 was delayed, indicate reason(s) for delay:
 - Parent repeatedly failed or refused to make the child available
 - Student is enrolled after 60-day timeframe began and prior to determination by LSS. Receiving LSS made sufficient progress to complete the evaluation and parent and LSS agreed to a specific time to complete the evaluation (All conditions must be met)
 - Parent requested delay: Parent and IEP team extend the timeframe by mutual written agreement
 - School/facility closure
 - Other:
 - Inclement weather
 - Child not available (not parent failure)/child refusal
 - Paperwork error
 - Staffing issues
 - Inconclusive testing results
 - Other, please specify: _____

Identify area(s) impacted by student's suspected disability: _____

Discussion to support decision: _____

Summary of Assessment Data

Academic _____ (Document student's academic achievement and functional performance levels in academic areas, as appropriate)

Source(s): _____
(Consider private, state, local school system, and classroom based assessments, as applicable.)

Instructional Grade Level Performance: _____

Summary of Assessment findings (including dates of administration): _____

Does this area impact the student's academic achievement and/of functional performance? Yes No

Health _____

Source(s): _____
(Consider private, state, local school system, and classroom based assessments, as applicable.)

Level of Performance: _____

Summary of Assessment findings (including dates of administration): _____

Does this area impact the student's academic achievement and/of functional performance? Yes No

Physical _____

Source(s): _____
(Consider private, state, local school system, and classroom based assessments, as applicable.)

Level of Performance: _____

Summary of Assessment findings (including dates of administration): _____

Does this area impact the student's academic achievement and/of functional performance? Yes No

Behavioral _____

Source(s): _____
(Consider private, state, local school system, and classroom based assessments, as applicable.)

Level of Performance: _____

Summary of Assessment findings (including dates of administration): _____

Does this area impact the student's academic achievement and/of functional performance? Yes No

Present Level of Academic Achievement and Functional Performance

Parental input regarding the student's educational program: _____

Student strengths, interest areas, significant personal attributes, and personal accomplishments: _____

Statewide Assessment Results

Maryland Model for School Readiness (MMSR) Kindergarten Assessment

Date of Administration _____

- PROFICIENT
- IN PROCESS
- NEEDS DEVELOPMENT

Is the student limited English proficient? Yes No

Assessing Comprehension and Communication in English State-to-State for English Language Learners

Assessment Date _____ Score _____ ENTERING EMERGING DEVELOPING EXPANDING BRIDGING REACHING

| MSA Assessment Date of Administration _____ | | Scale Score (Check Mod, if appropriate) | |
|--|------------------------------|---|---|
| Reading | <input type="checkbox"/> Mod | _____ | <input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Advanced |
| Math | <input type="checkbox"/> Mod | _____ | <input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Advanced |
| Science | <input type="checkbox"/> Mod | _____ | <input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Advanced |

| HSA Assessments Date of Administration _____ | Passing Score | Student's 1st Score | Student's 2nd Score | Student's Highest Score | Meets Standards | Bridge Plan Participant | Mod-HSA+ Participant |
|--|---------------|---------------------|---------------------|-------------------------|---|--|--|
| Algebra/Data Analysis <input type="checkbox"/> Mod | 412 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Biology <input type="checkbox"/> Mod | 400 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| English <input type="checkbox"/> Mod | 396 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Government <input type="checkbox"/> Mod | 394 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Combined Score with Gov't | 1602 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Combined Score w/out Gov't | 1208 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Alt-MSA Assessments Date of Administration _____ | | % of Mastery Objective | |
|---|--|------------------------|---|
| Reading | | _____ | <input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Advanced |
| Math | | _____ | <input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Advanced |
| Science | | _____ | <input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Advanced |

Is a determinant factor of the student's lack of academic progress the result of:
 a) a lack of appropriate instruction in reading, including essential components of reading instruction? Yes No

- b) lack of instruction in math? Yes No
 c) limited English proficiency? Yes No

(If yes to any of the above, the student must otherwise meet the eligibility criteria as a student with an identified disability.)

Does the student require specially designed instruction in order to make adequate progress in school? Yes No

Initial Eligibility (prior to age 3)

- Child is eligible for preschool special education and related services through an IEP

Indicate primary disability:

- | | | |
|--|--|---|
| <input type="radio"/> Autism | <input type="radio"/> Hearing Impairment | <input type="radio"/> Speech or Language Impairment |
| <input type="radio"/> Deaf | <input type="radio"/> Intellectual Disability | <input type="radio"/> Traumatic Brain Injure |
| <input type="radio"/> Deaf-Blindness | <input type="radio"/> Orthopedic Impairment | <input type="radio"/> Visual Impairment |
| <input type="radio"/> Developmental Delay | <input type="radio"/> Other Health Impaired | <input type="radio"/> Multiple Disabilities |
| <input type="radio"/> Emotional Disability | <input type="radio"/> Specific Learning Disability | <input type="checkbox"/> Cognitive (specify) _____ |
| | | <input type="checkbox"/> Sensory (specify) _____ |
| | | <input type="checkbox"/> Physical (specify) _____ |

Date of Parent Consent-Continue Early Intervention Services through an IFSP _____

- Child is not eligible for preschool special education and related services through an IEP

Initial Eligibility (students ages 3-21)

- Child is eligible as a student with a disability for special education and related services

If student considered as a student with Specific Learning Disability additional documentation is required. See attached.

Indicate primary disability:

- | | | |
|--|--|---|
| <input type="radio"/> Autism | <input type="radio"/> Hearing Impairment | <input type="radio"/> Speech or Language Impairment |
| <input type="radio"/> Deaf | <input type="radio"/> Intellectual Disability | <input type="radio"/> Traumatic Brain Injure |
| <input type="radio"/> Deaf-Blindness | <input type="radio"/> Orthopedic Impairment | <input type="radio"/> Visual Impairment |
| <input type="radio"/> Developmental Delay | <input type="radio"/> Other Health Impaired | <input type="radio"/> Multiple Disabilities |
| <input type="radio"/> Emotional Disability | <input type="radio"/> Specific Learning Disability | <input type="checkbox"/> Cognitive (specify) _____ |
| | | <input type="checkbox"/> Sensory (specify) _____ |
| | | <input type="checkbox"/> Physical (specify) _____ |

- Child is not eligible as a student with a disability for special education and related services

Document basis for decision(s): _____

As parents of a child with a disability, you are entitled to certain procedural safeguards as outlined in the enclosed brochure entitled "Parents Rights - Maryland Procedural Safeguard Notice." Your rights include the right to request mediation or file a due process complaint if you disagree with proposed and/or refused decision(s).

If you have any questions about the information provided, please call _(NAME)_____, _Title_____ at _(NUMBER)_____. If you need additional information concerning your rights, you may contact the local Partners for Success Center at _(NUMBER)_____, Parents' Place of Maryland, Inc. at (410-768-9100), or the Maryland State Department of Education, Division of Special Education/Early Intervention Services at 410-767-0264.