

Name of Student:

Date:

Eligibility for Special Education and Related Services

Adverse Effect Describe how each disability identified in the last section affects this student's educational performance.

Educational Needs For each adverse effect, identify the student's specific educational needs that require special education and related services. (Write so IEP Goal Statements can be derived directly from this section)

Eligibility The student is eligible for special education and related services. Yes No

Indicate areas of eligibility below:

Primary Secondary

Primary Secondary

<input type="checkbox"/>	<input type="checkbox"/>	Autism	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Disabilities
<input type="checkbox"/>	<input type="checkbox"/>	Deaf-Blindness	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic Impairment
<input type="checkbox"/>	<input type="checkbox"/>	Deafness	<input type="checkbox"/>	<input type="checkbox"/>	Other Health Impairment
<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	Specific Learning Disability
<input type="checkbox"/>	<input type="checkbox"/>	Emotional Disability	<input type="checkbox"/>	<input type="checkbox"/>	Speech or Language Impairment
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	<input type="checkbox"/>	Cognitive Disability	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment