THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

J. E. HALL EDUCATIONAL SERVICES CENTER
40 East Texar Drive
Pensacola, FL. 32503, PH. 850/432-6121
https://ecsd-fl.schoolloop.com

STAFFING COMMITTEE ELIGIBILITY RECOMMENDATIONS

Student: _____
(legal name) Last **First** **Middle**

Student #: _____ **DOB:** _____ **Grade:** _____ **DATE OF MEETING:** _____

Teacher: _____ **School:** _____

Parent(s): _____ **Phone:** _____

Address: _____

Dear Parent or Guardian: The school district is required to evaluate any child who may have a disability or be gifted and need exceptional student education (ESE) services, and to conduct periodic reevaluations of students with disabilities.

The following type of evaluation was conducted:

_____	Conduct an initial evaluation to determine eligibility for ESE services – Disability Only (D) (includes out-of-state transfer student for whom the District determined an evaluation was required)
_____	Conduct an initial evaluation to determine eligibility for ESE services – Giftedness Only (G) (includes out-of-state transfer students for whom the District determined an evaluation was required)
_____	Conduct an initial evaluation to determine eligibility for ESE services – Disability and Giftedness (M) (includes out-of-state transfer student for whom the district determined evaluation was required
_____	Reevaluation—Formal evaluation procedures conducted

Evaluations were conducted in the following areas:

_____Academic Achievement
(mark all that apply):

- _____Reading – Basic
- _____Reading-Fluency
- _____Reading-Comprehension
- _____Math-Calculation
- _____Math-Problem Solving
- _____Written Expression
- _____Other:_____

_____Health/Medical Examination or Physician Statement

_____Developmental/Early Childhood

_____Gifted Characteristics

_____Language

_____Physical Therapy

_____Autism Spectrum Rating Scales

_____Intellectual/Cognitive Skills

_____Occupational Therapy

_____Orientation and Mobility

_____Functional Behavior Assessment

_____Social/Developmental History

_____Speech (articulation, fluency, voice)

_____Other: _____

_____Interview(s)

_____Assistive technology

_____Observations

_____Hearing/Audiological

_____Functional Hearing

_____Adaptive Behavior

_____Functional Vision

_____Vision (Medical)

_____Learning Media Assessment

_____Social Development or Emotional/Behavioral Skills

_____Response to Intervention
(mark all that apply to be collected concurrently with evaluation if appropriate):

- _____ RtI: Reading - Basic
- _____ RtI: Reading - Fluency
- _____ RtI; Reading - Comprehension
- _____ RtI: Math – Calculation
- _____ RtI: Math – Problem Solving
- _____ RtI: Written Expression
- _____ RtI: Language
- _____ RtI: Behavior

Summary of Evaluation Results

Eval Date	Description* (See below)	Name of Tests, Procedures or Reports

Descriptions (choose the label that describes the test reported): Academic Testing, Adaptive Behavior, Articulation, Assistive Technology, Audiological, Behavioral Evaluation, Fluency, Functional Vision, Gifted Characteristics, Intellectual, Language, Medical, OT Evaluation, Personality, Process Testing, PT Evaluation, Voice, etc.

STAFFING COMMITTEE ELIGIBILITY RECOMMENDATIONS

Student: _____ Student #: _____

Relevant Factors considered in addition to evaluation information

____	The committee considered the effects of the student's age, culture, gender, ethnicity, attendance patterns and English proficiency
____	There were no other relevant factors requiring consideration
	The following additional relevant factors were also considered: _____

In accordance with SBER 6A-6.0331(2) and Special Programs and Procedures for Exceptional Student Education (ESE), a committee met and reviewed your child's performance as described above. In order to meet his/her educational needs, this committee recommends the following proposed action(s):

____	**Continued Eligibility:** the student **continues to be eligible** for ESE services under the following exceptionality(ies) (list all programs with continued eligibility): _____ Other ESE program(s) were the options considered and rejected because your child did not meet eligibility criteria for any other ESE program(s).
____	**New Eligibility:** Based on currently available data, the student is **newly determined to meet eligibility** criteria for ESE services under the following exceptionality(ies): _____ Other ESE program(s) were considered and rejected because they did not provide the most comprehensive description of your child's disability.
____	**Discontinuation:** The student continues to be eligible for ESE services, but **no longer meets the eligibility criteria for**, and will be discontinued from, the following disability category(ies): _____ Continuation of your child's current program(s) was the option considered and rejected. Your child is in need of a change in program(s) to benefit from his/her education or no longer requires this program to benefit from his/her education.
____	**Dismissal:** The **student no longer meets eligibility criteria for ESE services** and is being dismissed from the exceptional student education program. Continuation of special services was an option considered and rejected because your child's performance demonstrates that he/she no longer needs or is no longer eligible for special education services.
____	**Not Eligible:** The student **does not meet eligibility criteria** for any exceptional student education program at this time. Exceptional Student Education program(s) eligibility was the option that was considered and rejected because your child did not meet eligibility criteria for any Exceptional Student Education program(s).

Parental Rights and Procedural Safeguards

As a parent of a student who may have a disability or be gifted, you have rights under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, Florida Administrative Code.	
____	A copy of your procedural safeguards was provided with the meeting invitation.
____	A copy of your procedural safeguards was provided with this notice.
____	Other: _____

If you need assistance in understanding the provisions of IDEA and Florida statutes and rules pertaining to exceptional student education, please contact:

Name/Title:	**Phone/Email:**
Name/Title:	**Phone/Email:**

ESE Designee/District Office Use only:	
Documentation and eligibility compliance reviewed by:	**Date Reviewed:** _____

STAFFING COMMITTEE RECOMMENDATIONS

Student: _____ Student #: _____

Acknowledgement of Participation

IEP Committee (Signatures Indicate Attendance): **DATE OF MEETING**: _____

Section 1002.20, Florida Statutes, states that parents may be accompanied by another adult of their choice at a meeting with school district personnel. School district personnel may not object to the attendance of such adult or discourage or attempt to discourage, through an action, statement, comment, or other means, the parents of students with disabilities from inviting someone of their choice. Prohibited actions include attempted or actual coercion or harassment, retaliation, or threats of consequence. The statute requires parents of students with disabilities and school district personnel to sign a document at the end of the meeting stating whether anyone from the district prohibited, discouraged, or attempted to discourage you from inviting a person of your choice.

Parent or Guardian: When signing below, please check the appropriate box in response to the following question:

Did any school personnel prohibit, discourage or attempt to discourage you from inviting a person of your choice to today's meeting?

Participant Name (Printed)	**No**	**Yes**	**Participant Signature**	
Parent/Guardian (print)			Parent/Guardian Signature	Date
Parent/Guardian (print)			Parent/Guardian Signature	Date
Student (print)			Student Signature	Date

School District Personnel in Attendance: When signing below, please check the appropriate box in response to the question:

Did any school personnel prohibit, discourage or attempt to discourage the parents from inviting a person of their choice to today's meeting?

Participant Name (Printed)	**No**	**Yes**	**Participant Signature**	
School District Representative (LEA) (print)			School District Representative (LEA) Signature	Date
General Education Teacher (print)			General Education Teacher Signature	Date
Evaluation Specialist/ESE Teacher (print)			Evaluation Specialist/ESE Teacher Signature	Date
Other Name/Title (print)			Other Name/Title Signature	Date
Other Name/Title (print)			Other Name/Title Signature	Date
Other Name/Title (print)			Other Name/Title Signature	Date
Other Name/Title (print)			Other Name/Title Signature	Date