

Wakulla County Schools
 Exceptional Student Education
ELIGIBILITY DETERMINATION and PLACEMENT STAFFING FORM

Student: _____ DOB: _____ Sex: M F Race: _____

Grade: _____ Present School: _____

Parent: _____

ELIGIBILITY RECOMMENDATIONS	<p>The School Eligibility Staffing Committee, which reviewed educational information about the student, met on _____ to consider your child's eligibility. This was the purpose of the meeting and this notice explains why the committee proposes or refuses to take the actions listed.</p> <p><input type="checkbox"/> Meets eligibility criteria for _____.</p> <p><input type="checkbox"/> Meets criteria for the related service(s) of: _____.</p> <p><input type="checkbox"/> Transferred from out-of-district and meets criteria for: _____.</p> <p><input type="checkbox"/> Is recommended for change in identification from _____ to _____.</p> <p><input type="checkbox"/> Is already enrolled in _____ and does/does not meet current procedures for _____.</p> <p><input type="checkbox"/> Does not meet eligibility criteria for an Exceptional Student Education program at this time.</p> <p><input type="checkbox"/> Based on reevaluation data and an IEP meeting, is recommended for dismissal from Exceptional Student Education.</p> <p><input type="checkbox"/> Based on evaluation data and IEP meeting, is recommended for discontinuation from _____.</p>
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EVALUATION	NAME OF EVALUATION INSTRUMENT(S)	DESCRIPTION	DATE
	Developmental Assessment	Adaptive, social, communication and cognitive skills	
	Psycho-educational	Intellectual, academic, behavioral, language	
	Vision/Hearing	Visual/hearing ability	
	Speech/Language	Language ability, articulation, fluency, voice quality	
	Social	Social and Behavioral ability	
	Analysis of Response to Intervention	Increasing interventions summary	
	Motor/Physical/Medical	Fine and Gross Motor skills/Physical evaluation	
	Other: _____		

COMMITTEE	Parent/Guardian: _____ ESE Director/Designee: _____ ESE Teacher: _____ Regular Teacher: _____ Psychologist/Eval Specialist: _____	Parent/Guardian: _____ Principal/Designee: _____ Speech/Language Therapist: _____ OT/PT Therapist: _____ Other: _____
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REVIEW	Eligibility is based on ESE Director/Designee review of evaluation data and the staffing committee's recommendations. Comments: _____ Reevaluation Date: _____ <input type="checkbox"/> Reviewed _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> ESE Director/Designee Date </div> <input type="checkbox"/> Parent received copy of report
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PLACEMENT	In order to meet the child's needs, the district proposes to place your child as recommended by the IEP team and indicated on the Individual Education Plan. All of the following placement options were considered.	
	Final recommendation is indicated by checks: <input type="checkbox"/> Regular Class <input type="checkbox"/> Resource Room <input type="checkbox"/> Separate Class <input type="checkbox"/> Special Day School <input type="checkbox"/> Individual instruction in a home or hospital <input type="checkbox"/> Other (specify) _____	Other placements were refused because: <input type="checkbox"/> Did not provide the least restrictive environment <input type="checkbox"/> Did not provide appropriate program <input type="checkbox"/> Student not eligible for ESE Other: _____ Other factors relevant to this proposal may include: _____

INITIAL	Consent for placement is required the first time the student is placed in an ESE program. I understand that parent/guardian consent is required only before initial assignment. We the undersigned parent(s)/guardian(s) of above named student.
	1) <input type="checkbox"/> AGREE to his/her placement in the Exceptional Student Education Program. 2) <input type="checkbox"/> DO NOT AGREE to his/her placement in the Exceptional Student Education Program.
	_____ Parent/Guardian Signature Date
	As parent(s) of a child with disabilities you have protections under the attached Procedural Safeguards of the Individuals with Disabilities Education Act. Further explanation and copies may be obtained from the Exceptional Student Education office at (850) 926-0065 or school counselor _____, phone number _____. For a gifted student, you have protections under the Procedural Safeguards under Rule 6A-6.03310.FAC.