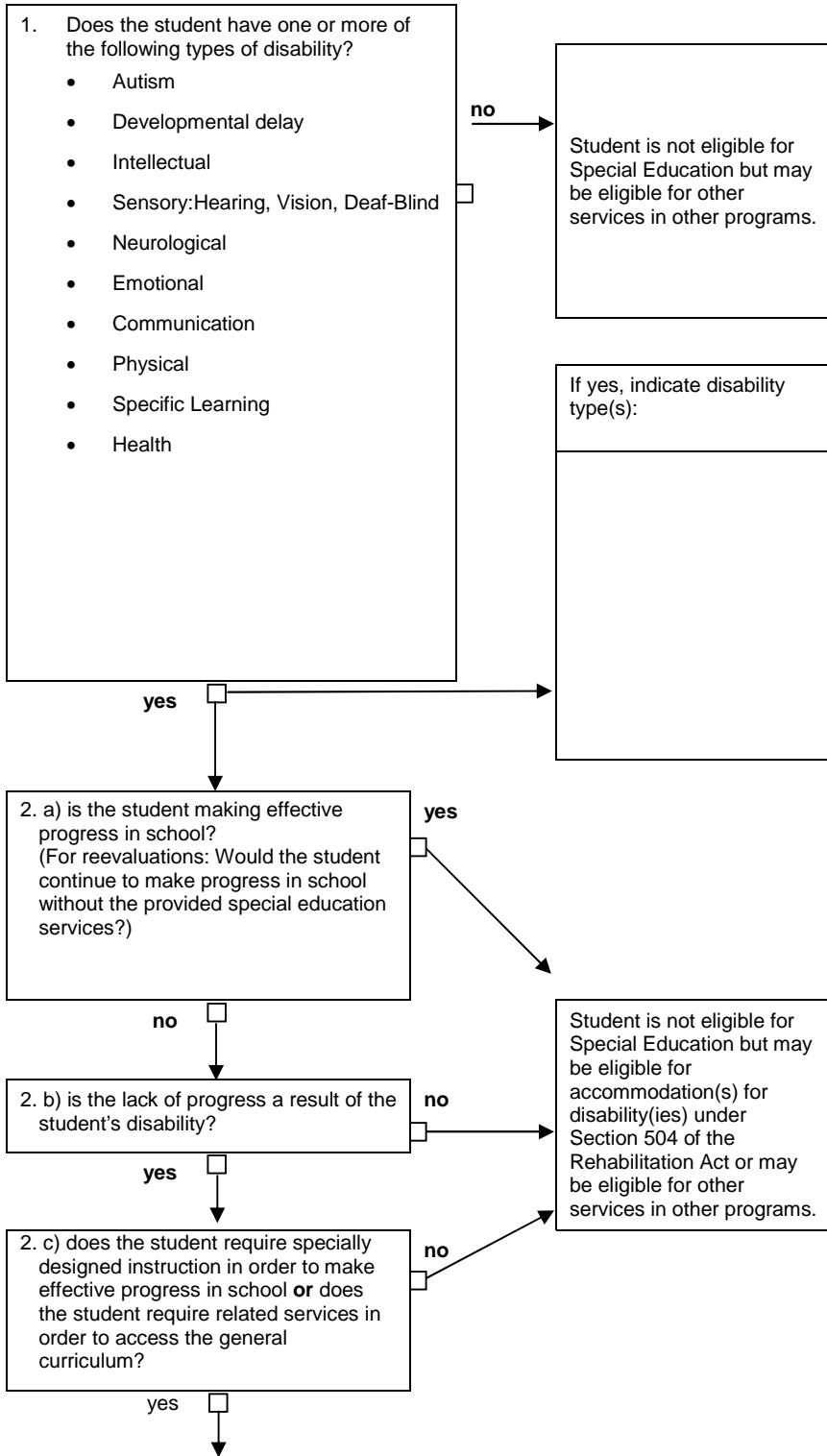


School District Name:  
 School District Address:  
 School District Contact Person/Phone #:

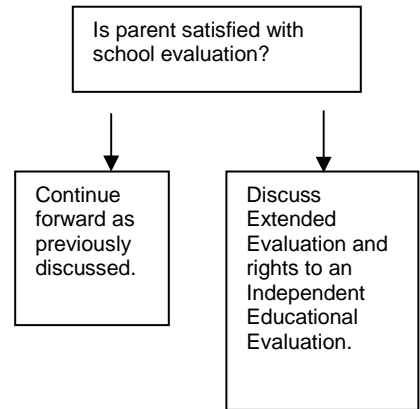
## Special Education Eligibility/Initial and Reevaluation Determination

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Proceed through the flowchart until an eligibility determination is reached..**



**B. Answer this question for all students.**



**KEY EVALUATION FINDINGS  
AND/OR NEXT STEPS**

THE STUDENT IS ELIGIBLE FOR  
SPECIAL EDUCATION.

