

**LELAND SCHOOL DISTRICT
ELIGIBILITY DETERMINATION REPORT**

PERSONAL DATA		
Child's Name:	MSIS #:	DOB:
District:	School:	Grade:

Initial

Out-of-State

Reevaluation

Based on the attached (re)evaluation report(s) completed, the Multidisciplinary Evaluation Team (MET) or Individual Education Program (IEP) Committee determines that:

- The child meets the criteria for the presence of _____*
- The child meets the criteria for the presence of a Language/Speech Impairment (LS) that is not the primary disability but requires language and/or speech services as a related service _____.*
- The child does not meet the criteria for the presence of a disability due to:*
 - failure to meet required criteria: _____*
 - exclusionary factors: _____*

Attach any applicable eligibility determination checklists and required statements from professionals.

Date of Meeting:

<i>By signing below, I certify that this report DOES reflect my conclusions.</i>		<i>By signing below, I certify that this report DOES NOT reflect my conclusions. I will submit a separate statement with my conclusions.</i>	
Signature	Position	Signature	Position
	MET Chairperson		MET Chairperson
	General Educator		General Educator
	Special Educator		Special Educator
	Parent/Guardian		Parent/Guardian
	Parent/Guardian		Parent/Guardian
	Child		Child
	Language/Speech Pathologist/Therapist		Language/Speech Pathologist/Therapist
	School Psychologist/Psychometrist		School Psychologist/Psychometrist
	Administrator		Administrator
	Other: _____		Other: _____
	Other: _____		Other: _____

LELAND SCHOOL DISTRICT