

EVALUATION/PROGRAMMING CONFERENCE  
DECISION FORM / NOTICE OF DECISION

Child: \_\_\_\_\_ Conference Date: \_\_\_\_\_

Public Agency: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

**I. ELIGIBILITY**

**A. Summary of Evaluation Data**

Social/medical History: \_\_\_\_\_

Sensory: 1) Hearing \_\_\_\_\_ 2) Vision: \_\_\_\_\_

Educational History: \_\_\_\_\_

Individual Intelligence: \_\_\_\_\_

Communicative Abilities: \_\_\_\_\_

Social/Emotional (Adaptive Behavior): Formal assessment tools and/or functional assessment of behavior, as needed \_\_\_\_\_

Individual Achievement: Must include both norm-referenced and relevant assessment in the regular curriculum \_\_\_\_\_

Additional Components as required, including Related Services Provider Data: \_\_\_\_\_

**B. Determination of Disability (check one)**

A child shall not be determined to be a child with a disability if the determinant factor is a lack of Instruction in reading or math or limited English proficiency.

Evaluation data substantiate the existence of a disability consistent with state and federal regulations implementing IDEA. This child has been determined to have the disability of:

\_\_\_\_\_  
\_\_\_\_\_

Evaluation data do not substantiate the existence of a disability consistent with state and federal regulations implementing IDEA.

**C. Description of Adverse Affect on Educational/Developmental performance:**

\_\_\_\_\_  
\_\_\_\_\_

**D. Corresponding Need for Specially-Designed Instruction (Check one)**

Special Education services appropriate     Special Education services not appropriate

**II. PROGRAMMING**

**A. Recommendations**

If special education and related services are appropriate, the committee must develop an individualized education program (IEP) before considering placement. Describe special education and related services:

---

---

---

**B. Placement for delivery of Special Education services:**

---

---

**C. Professional(s) designated responsible for implementing decision:**

---

---

**D. Receipt of Evaluation Report:**

A copy of the evaluation report and documentation of the determination of eligibility for special education services has been received by:

\_\_\_\_\_  
Parent/guardian signature

Evaluation/Programming Conference Committee Members:

Signature	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Public Agency Official/Designee

Notification Date: \_\_\_\_\_  Given to parent at conference     Mailed to Parent