

**EARLY CHILDHOOD SPECIAL EDUCATION
EVALUATION/PROGRAMMING CONFERENCE
DECISION FORM/ NOTICE OF DECISION**

Student: _____ Conference Date: _____

Public Agency: _____ Date of Evaluation: _____

I. ELIGIBILITY

A. Summary of Evaluation Data

Social/medical History: _____

Sensory: 1) Hearing _____ 2) Vision: _____

Individual Cognition/Intelligence: _____

Physical (Fine & Gross Motor): _____

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

Self-Help: _____

Communicative Abilities: _____

Early Childhood Curriculum Based Assessments: (must include results in cognition, communication, physical, self-help, and social/emotional domains) _____

Related Service Provider Data: (must contain a complete description of all areas assessed) _____

Additional Components as required: _____

B. Determination of Disability (check one) A child shall not be determined to be a child with a disability if the determinant factor for such determination is limited English proficiency.

Evaluation data substantiate the existence of a disability consistent with state and federal regulations implementing IDEA, as amended. This student 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, as amended.

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 services and related services are appropriate, the team 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 have 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