ADE SPED REQUIRED FORM AUGUST 2017

Evaluation/Programming Conference Decision Form/Notice of Decision

Name:		ID#:		Date of Birth:		
Age:	Grade:		School/Site:			
Date of Last Evaluation Component (for current evaluation):						
Date of Decision:						
I. Determination of Disability (check one):						
Evaluation data does not substantiate the existence of a disability consistent with state and federal regulations implementing IDEA. Evaluation data substantiate the existence of a disability consistent with state and federal regulations implementing IDEA. Eligibility Category: There is an adverse affect on the child's educational performance, and the child is in need of special education and related services. The determinant factor is not due to: a lack of appropriate instruction in reading (including the essential components of reading); alack of appropriate instruction in math; or Limited English Proficiency. II. Describe the Child's Educational Needs:						

Name:	
Excusal(s):	Is excused member's area of curriculum being discussed? Yes, written input was provided No
Team Participa	tion Signatures
	Parent(s)
	Special Education Teacher
	General Education Teacher
	Local Education Agency Representative
	Individual to Interpret Instructional Implications of Evaluation Results
	Other:
Evaluation Report and Evaluation Programming Conference:	
Date provided to parent: In person By Mail	