

**NOTICE OF ELIGIBILITY COMMITTEE AND/OR INDIVIDUALIZED  
EDUCATION PROGRAM TEAM MEETING**

Morgan County Schools

Student's Full Name _____	Date _____
School _____	DOB _____
Parent(s)/Guardian(s) _____	Grade _____
Address _____	WVEIS# _____
City/State _____	Telephone _____

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Dear Parent(s)/Guardian(s) and Student:

A meeting will be held on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. at \_\_\_\_\_.

The purpose of the meeting is checked below:

- Eligibility Committee (EC) Meeting** - The EC will review information to determine eligibility for special education. If the EC determines the student is eligible, an Individualized Education Program (IEP) Team meeting will be held. (See description below.) If found not eligible, recommendations from the EC will be provided to a school team for consideration, and no IEP Team meeting will be held. If the EC determines further information is needed, you will be informed.
- Individualized Education Program (IEP) Team Meeting** - An IEP Team meeting will be convened to develop, review and/or revise the IEP. Additionally, the IEP Team may:
- |  |  |
|--|--|
| <input type="checkbox"/> identify transition services for the student with a disability (beginning with 1 <sup>st</sup> IEP to be effective at age 16) | <input type="checkbox"/> plan for reevaluation                 |
| <input type="checkbox"/> identify preschool transition needs   | <input type="checkbox"/> document transfer of student's rights |
| <input type="checkbox"/> determine if the student's conduct is a manifestation of a disability   | <input type="checkbox"/> (age of majority)                     |
| <input type="checkbox"/> other _____   |  |

We invite you to participate in this meeting so we may plan an educational program together. Please be informed you and the county school district have the right to invite other individuals who have knowledge or special expertise regarding the student.

**Procedural Safeguards Brochure & Notice to Parents (Medicaid):**  Enclosed  Provided earlier this school year.

**If an agency representative is needed, prior written consent was obtained:**  No  Yes **Consent Date:** \_\_\_\_\_

**Copy to Invited Members:**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Administrator                               | <input type="checkbox"/> General Education Teacher      | <input type="checkbox"/> Evaluator   |
| <input type="checkbox"/> Special Education Teacher or Provider       | <input type="checkbox"/> Birth to Three Representative  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Student (when transition will be addressed) | <input type="checkbox"/> Agency Representative(s) _____ |                                      |

**IEP Team Member Excusal(s):** The following IEP Team members will be excused from attending the IEP Team meeting. Members whose curricular area or related service will be discussed will provide a written summary for consideration in developing the IEP.

Name/Position: \_\_\_\_\_ Name/Position: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Name/Position Phone Number

**Parent(s): Please return this form within 5 days and retain a copy for your records.**

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**STUDENT RESPONSE (when transition will be addressed)**

- I will attend the meeting as scheduled.  
 I do not wish to attend.  
 I wish to have the meeting rescheduled.

\_\_\_\_\_  
Student Signature Date

**PARENT RESPONSE (check one)**

- I will attend the meeting as scheduled.  
 I do not wish to attend.  
 I cannot attend in person, but will participate by phone.  
I can be reached at \_\_\_\_\_.  
 I wish to have the meeting rescheduled.

**PARENT OPTIONS (check all that apply)**

- I agree to waive the 8-day notification requirement.  
 I agree to excuse the IEP Team members above.  
 I request the district to invite the Birth to Three representative.

\_\_\_\_\_  
Parent Signature Date

**Note: Meeting may be rescheduled due to a school delay or cancellation.**

# Specific Learning Disabilities Team Report

## Morgan County

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ WVEIS# \_\_\_\_\_  
 City/State \_\_\_\_\_ Telephone \_\_\_\_\_

Initial  Re-Evaluation  Other

When considering whether or not a student may be eligible for special education and related services as a student with a *Specific Learning Disability*, the Eligibility Committee must respond to each item below. The EC must answer “yes” to each yes/no statement to appropriately conclude a student is a student with a specific learning disability.

1) The student's multidisciplinary evaluation was sufficiently comprehensive to identify the student's special education and related services needs and administered in accordance with evaluation procedures specified in <i>Policy 2419</i> , Chapter 3, Section 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Based on multiple and convergent sources of data, the student's <b>level of learning</b> reflects low academic performance compared to same-age peers when provided with learning experiences and instruction appropriate for the student's age or State-approved grade-level standards (NxGCSOs) in one or more of the following areas ( <i>Check all areas that apply</i> ):  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Oral Expression</div> <div style="width: 50%;"><input type="checkbox"/> Reading Comprehension</div> <div style="width: 50%;"><input type="checkbox"/> Listening Comprehension</div> <div style="width: 50%;"><input type="checkbox"/> Reading Fluency Skills</div> <div style="width: 50%;"><input type="checkbox"/> Written Expression</div> <div style="width: 50%;"><input type="checkbox"/> Mathematics Calculation</div> <div style="width: 50%;"><input type="checkbox"/> Basic Reading Skill</div> <div style="width: 50%;"><input type="checkbox"/> Mathematics Problem Solving</div> </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Identify the method used to determine Eligibility: <input type="checkbox"/> The student fails to achieve a <b>rate of learning</b> to make sufficient progress to meet State-approved grade-level standards (NxGCSOs) in one or more of the areas identified above when assessed using the SPL process. <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> The student exhibits a <b>pattern of strengths and weaknesses</b> in performance, achievement or both, relative to age, State-approved grade-level standards (NxGCSOs) or intellectual development that is determined by the group to be relevant to the identification of a specific learning disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) The student's achievement deficits are <b>NOT</b> primarily the result of vision, hearing or motor impairments; intellectual disability; emotional/behavioral disorder; cultural factors, environmental or economic disadvantage or limited English proficiency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Evaluation information and documentation confirm that lack of appropriate instruction in reading or mathematics was <b>NOT</b> the determinant factor in the eligibility decision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Evaluation information confirms there is an adverse effect on the student's educational performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No

7) The student was observed in the learning environment, including the general classroom setting, to document the student's academic performance and behavior in the areas of difficulty. An observation summary/report is attached and describes the relevant behavior noted during the observation, if any, and the relationship of that behavior to the student's academic functioning.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) The specific instructional strategies used and the student-centered data collected are documented and available in the Eligibility Committee Report.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Note educationally relevant medical findings, if any (Write N/A if no relevant medical findings apply):	

**The Eligibility Committee used the above evaluation data analysis and discussion to determine:**

- The student **DOES** meet the eligibility criteria for a specific learning disability that adversely impacts his/her education and **is eligible** for special education and related services.
- The student **DOES NOT** meet the eligibility criteria for a specific learning disability and **is not eligible** for special education and related services as a student with a specific learning disability.

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**The student's parents were notified about the following:** The State's policies (i.e., WVBE Policy 2419, Chapter 4, Section 2.L. including Support for Personalized Learning) regarding the amount and nature of student performance data that would be collected and the general education services that would be provided; strategies for increasing the student's rate of learning; results of repeated assessments of student progress AND, the parent's right to request an evaluation at any time throughout the Support for Personalized Learning process.

Date of parent notification: \_\_\_\_\_

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**Eligibility Committee Members**

Signature	Position	Agreement with EC Determination
_____	Chairperson	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Evaluator/Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

***NOTE:** If this report does not represent an individual team member's conclusions, that team member must submit a separate statement presenting the member's conclusions.*

**Meeting Notes** (if applicable)

## Autism Team Report Morgan County Schools

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ WVEIS# \_\_\_\_\_  
 City/State \_\_\_\_\_ Telephone \_\_\_\_\_

Initial                       Re-Evaluation                       Other

When considering if a student may be eligible for special education and related services as a student with *Autism*, the Eligibility Committee must respond to each item below. The EC must answer “**yes**” to each **yes/no statement** to appropriately conclude a student is a student with autism, excluding Criterion 1: Section B wherein at least **2 of the 3 symptoms are required**. Please also note the exception under **Criterion 1: Section C** when applicable.

The student's multidisciplinary evaluation was sufficiently comprehensive to identify the student's special education and related services needs and administered in accordance with evaluation procedures specified in <i>Policy 2419</i> , Chapter 3, Section 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Criterion 1: Section A</b> Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently <b>or by history</b>:</p> <p style="text-align: center;"><i>Mark YES when deficits are/ were evident. Although examples are illustrative not exhaustive, all three components are required to be eligible in the area of autism.</i></p>	
Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Criterion 1: Section B:</b> Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by <b>at least two</b> of the following:</p> <p style="text-align: center;"><i>Mark YES when behavioral characteristics are/were evident. Examples are illustrative not exhaustive.</i></p>	
Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Autism Team Report – Morgan County Schools	page 2/3
Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Criterion 1: Section C</b> Although symptoms for children with autism are typically present in the early developmental period, the DSM-5 notes that some symptoms may not become fully manifest until social demands exceed limited capacities.</p> <p>If this exception applies, please explain below:</p> <hr/> <p>Also note the IDEA regulations states “A child who manifests the characteristics of autism after age three could be identified as having autism,” if all other criteria are satisfied.</p>	
<b>Criterion 1: Section D</b> Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Criterion 1: Section E</b> These disturbances are not better explained by intellectual disability or global developmental delay DSM-5	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Criterion 2</b></p> <p>The student is diagnosed as having autism by a psychiatrist, physician, licensed psychologist or school psychologist and the evaluation report is attached.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Criterion 3</b></p> <p>The student’s condition adversely affects educational performance.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Criterion 4</b></p> <p>The student needs special education.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Criterion 5</b></p> <p>The student’s educational performance <b>is not</b> adversely affected primarily because the student has an emotional/behavioral disorder as defined in this chapter.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Note educationally relevant medical findings, if any (Write N/A if no relevant medical findings apply):</p>	

**The Eligibility Committee used the above evaluation data analysis and discussion to determine:**

- The student **DOES** meet the eligibility criteria for autism that adversely impacts his/her education and **is eligible** for special education and related services.
  - The student **DOES NOT** meet the eligibility criteria for autism and **is not eligible** for special education and related services.
- 

**Eligibility Committee Members**

**Signature**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Position**

- Chairperson
- Evaluator/Specialist
- Teacher
- Parent
- Student
- Other

*NOTE: If this report does not represent an individual team member's conclusions, that team member must submit a separate statement presenting the member's conclusions.*

**Meeting Notes** (if applicable)

**ELIGIBILITY COMMITTEE REPORT**  
Morgan County Schools

Student Full Name \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ WVEIS# \_\_\_\_\_  
 City/State \_\_\_\_\_ Telephone \_\_\_\_\_

Initial                       Re-Evaluation                       Other \_\_\_\_\_

**The Eligibility Committee (EC) considered the following multi-disciplinary reports and other relevant information.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Information             | <input type="checkbox"/> Developmental Skills         | <input type="checkbox"/> Social Skills                    |
| <input type="checkbox"/> Achievement                      | <input type="checkbox"/> Health _____                 | <input type="checkbox"/> Transition Assessments           |
| <input type="checkbox"/> Classroom Performance            | <input type="checkbox"/> Hearing                      | <input type="checkbox"/> Functional Vocational Evaluation |
| <input type="checkbox"/> Teacher Report                   | <input type="checkbox"/> Information from the Parents | <input type="checkbox"/> Vocational Aptitudes             |
| <input type="checkbox"/> Adaptive Skills                  | <input type="checkbox"/> Intellectual Ability         | <input type="checkbox"/> Interests/Preferences            |
| <input type="checkbox"/> Assistive Technology             | <input type="checkbox"/> Motor Skills                 | <input type="checkbox"/> Vision                           |
| <input type="checkbox"/> Behavioral Performance           | <input type="checkbox"/> Observation(s)               | <input type="checkbox"/> Orientation and Mobility         |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Perceptual-Motor             | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Communication                    |   |   |

**A student *cannot be identified* as a student in need of special education services if the primary reason for the decision is due to any of the following:**

- A lack of appropriate instruction in the essential components of English/language arts (reading); or
- A lack of instruction in mathematics; or
- Limited English proficiency

**For initial evaluation or reevaluation, the student meets the three-prong test of eligibility:**

- Meets the eligibility requirements for one of the specific exceptionalities; **and**
- Experiences an adverse effect on educational performance; **and**
- Needs special education.

**For reevaluation only:**

If a student no longer meets the eligibility criteria in one of the designated exceptionalities, the EC must provide the justification for continued eligibility. \_\_\_\_\_

**The Eligibility Committee has determined the student's primary area of exceptionality is (only one):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Autism (AU)                         | <input type="checkbox"/> Exceptional Gifted (EG)  | <input type="checkbox"/> Developmental Delay (PS)          |
| <input type="checkbox"/> Emotional/Behavioral Disorders (BD) | <input type="checkbox"/> Gifted (GF)  | <input type="checkbox"/> Specific Learning Disability (LD) |
| <input type="checkbox"/> Blindness and Low Vision (VI)       | <input type="checkbox"/> Intellectual Disability (Designate<br>WVEIS Code __MM __MD __MS) | <input type="checkbox"/> Speech/Language Impairment (CD)   |
| <input type="checkbox"/> Deaf-Blindness (DB)                 | <input type="checkbox"/> Orthopedic Impairment (PH)                                       | <input type="checkbox"/> Traumatic Brain Injury (TB)       |
| <input type="checkbox"/> Deafness (DF)                       | <input type="checkbox"/> Other Health Impairment (OH)                                     | <input type="checkbox"/> None                              |
| <input type="checkbox"/> Hard of Hearing (HI)                |   |  |

Additional evaluation data are needed in the following areas: \_\_\_\_\_

The Eligibility Committee has determined the student is not eligible for special education and submits the following recommendations for consideration by the school team (e.g., SAT or instruction and intervention team): \_\_\_\_\_

Signature	Eligibility Committee Members	Position
_____		Administrator/Principal/Designee
_____		Evaluator/Specialist
_____		Student's Teacher
_____		Parent
_____		Student
_____		Other _____

**PRIOR WRITTEN NOTICE OF DISTRICT'S PROPOSAL/REFUSAL**  
**Morgan County Schools**

**Student's Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
**School** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Parent(s)/Guardian(s)** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **WVEIS:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Dear \_\_\_\_\_:

As a result of:

\_\_\_ a Student Assistance Team (SAT) meeting conducted on \_\_\_\_\_,  
\_\_\_ an Eligibility Committee (EC) meeting conducted on \_\_\_\_\_,  
\_\_\_ an Individualized Education Program (IEP) Team meeting conducted on \_\_\_\_\_,  
\_\_\_ a disciplinary action occurring on \_\_\_\_\_,  
\_\_\_ other \_\_\_\_\_,

the district is \_\_\_ proposing **or** \_\_\_ refusing to initiate or change:

\_\_\_ the educational evaluation or reevaluation of the student.  
\_\_\_ the identification of the student as having a disability.  
\_\_\_ the educational placement of the student.  
\_\_\_ the provision of a free appropriate public education (FAPE) to the student.

Specifically, the district is: \_\_\_\_\_  
\_\_\_\_\_

The district is proposing **or** refusing this action because: \_\_\_\_\_  
\_\_\_\_\_

The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the \_\_\_ proposed **or** \_\_\_ refused action are: \_\_\_\_\_  
\_\_\_\_\_

Other options the district considered include: \_\_\_\_\_  
\_\_\_\_\_

The reasons the above options were rejected are: \_\_\_\_\_  
\_\_\_\_\_

Other factors relevant to the district's \_\_\_ proposal **or** \_\_\_ refusal are: \_\_\_\_\_  
\_\_\_\_\_

Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at (304)258-2430 ext. 28 and/or the West Virginia Department of Education, Office of Special Programs at 304.558.2696 or 1.800.642.8541.

Sincerely,

\_\_\_\_\_  
Signature/Position

\_\_\_\_\_  
Date



## REEVALUATION DETERMINATION PLAN

### Morgan County Schools

**Student's Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
**School** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Parent(s)/Guardian(s)** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Address** \_\_\_\_\_ **WVEIS#** \_\_\_\_\_  
**City/State** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Triennial Reevaluation Due Date** \_\_\_\_\_

Names of Existing Evaluation Data & Dates Administered	Description of Student's Current Status	Evaluate/Reevaluate Y/N
<b>Academic Information</b> <input type="checkbox"/> Achievement <input type="checkbox"/> Classroom Performance <input type="checkbox"/> Teacher Report		
<b>Adaptive Skills</b>		
<b>Assistive Technology</b>		
<b>Behavioral Performance</b> <input type="checkbox"/> Functional Behavioral Assessment		
<b>Communication</b>		
<b>Developmental Skills</b>		
<b>Health</b>		
<b>Hearing</b>		
<b>Information from Parents</b>		

Names of Existing Evaluation Data & Dates Administered	Description of Student's Current Status	Evaluate/Reevaluate Y/N
<b>Intellectual Ability</b>		
<b>Motor Skills</b>		
<b>Observation(s)</b>		
<b>Perceptual-Motor</b>		
<b>Social Skills</b>		
<b>Transition Assessments</b> <input type="checkbox"/> Functional Vocational Evaluation <input type="checkbox"/> Vocational Aptitudes <input type="checkbox"/> Interests/Preferences		
<b>Vision</b> <input type="checkbox"/> Orientation & Mobility		
<b>Other (specify)</b>		
<b>Note: If no additional data is needed as indicated in the current status column, the parent has the right to request an assessment(s) to determine whether the student continues to be a student with an exceptionality.</b>		

**Multidisciplinary Evaluation Team Members**

**Signature**

**Position**

_____	<b>Administrator/Principal/Designee</b>
_____	<b>Evaluator/Specialist</b>
_____	<b>General Educator</b>
_____	<b>Special Educator</b>
_____	<b>Parent</b>
_____	<b>Student</b>
_____	<b>Other _____</b>

# NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST

## Morgan County Schools

Student's Full Name \_\_\_\_\_  
School \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_

Date \_\_\_\_\_  
DOB \_\_\_\_\_  
Grade \_\_\_\_\_  
WVEIS# \_\_\_\_\_  
Telephone \_\_\_\_\_

INITIAL  REEVALUATION  OTHER \_\_\_\_\_

### Dear Parent(s)/Adult Student:

Your permission is requested to conduct an evaluation to determine the student's educational needs. If the student has been receiving special education services, a reevaluation is required at least every three years or more frequently, if warranted. Upon completion of the evaluation, a meeting will be scheduled to discuss the evaluation results.

This evaluation will be conducted by qualified professionals and will include the areas checked below. A written description of each evaluation component is provided. The evaluation results will be used as the primary source to determine the student's eligibility for special education and related services and/or to adjust the student's educational services.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Academic Information             | <input type="checkbox"/> Developmental Skills        | <input type="checkbox"/> Transition Assessments           |
| <input type="checkbox"/> Achievement                      | <input type="checkbox"/> Health _____                | <input type="checkbox"/> Functional Vocational Evaluation |
| <input type="checkbox"/> Classroom Performance            | <input type="checkbox"/> Hearing                     | <input type="checkbox"/> Vocational Aptitudes             |
| <input type="checkbox"/> Teacher Report                   | <input type="checkbox"/> Information from the Parent | <input type="checkbox"/> Interests/Preferences            |
| <input type="checkbox"/> Adaptive Skills                  | <input type="checkbox"/> Intellectual Ability        | <input type="checkbox"/> Vision                           |
| <input type="checkbox"/> Assistive Technology             | <input type="checkbox"/> Motor Skills                | <input type="checkbox"/> Orientation and Mobility         |
| <input type="checkbox"/> Behavioral Performance           | <input type="checkbox"/> Observation(s)              | <input type="checkbox"/> Other (specify below)            |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Perceptual-Motor            | _____   |
| <input type="checkbox"/> Communication                    | <input type="checkbox"/> Social Skills               | _____   |

**Procedural Safeguards Brochure** explaining parent/student rights and the responsibilities of the county school district is enclosed for an initial referral.

\_\_\_\_\_  
Signature Date

I have read, or had read to me, the above Notice of Individual Evaluation/Reevaluation Request regarding the student. I understand the contents and implications of this notice and have been advised of my rights.

### Check one:

- I give permission to evaluate/reevaluate.  
 I wish to schedule a conference before I decide.  
 Do not evaluate/reevaluate the student.

\_\_\_\_\_  
Parent/Adult Student Signature Date

<b>* REQUIRED *</b>	
<b>Received by school/county:</b>	
_____/_____/_____ Date	_____ Personnel

**Please return this signed form within 5 days and retain a copy for your records**

## EVALUATION COMPONENTS

**Academic Information** – measures of student performance as demonstrated on formative and summative assessments.

**Achievement** – individually administered standardized tests that measure a student’s skills in a variety of academic areas.

**Examples:** mathematics, English/language arts (reading), science and social studies

**Classroom Performance** – information collected on the student’s learning and progress in the classroom.

**Examples:** end of the chapter tests, portfolio assessment, classroom-based assessment, progress- monitoring data, interim assessments, benchmark assessments

**Teacher Report** – information provided by any or all of the student’s current teachers

**Examples:** information pertaining to a student’s organizational skills, attention to task, work/study habits, grades

**Adaptive Skills** – measures to determine skills necessary to function adequately within a person’s home, school or community environment.

**Examples:** communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work

**Assistive Technology** – procedures to determine if a student requires devices or services to increase, maintain or improve functional capabilities.

**Examples:** functional environmental evaluation to determine the need for devices including, but not limited to, a communication board, adapted equipment or computer software

**Behavioral Performance** – measures to determine a student’s behavioral, social and/or affective status.

**Examples:** conduct in the classroom, ability to attend or focus, self-concept, emotional functioning, relationships with others

**Functional Behavioral Assessment (FBA)** – structured process to determine the possible functions of a student’s behavior so interventions and modifications can be developed.

**Examples:** systematic observations, data collection, interviews

**Communication** - measures to determine skills necessary to understand and express information.

**Examples:** speech sounds, oral language, phonemic awareness, facial expressions, body movements, gestures, touch

**Developmental Skills** – procedures to determine the student’s early learning and school readiness.

**Examples:** developmental milestones such as walking, talking and toileting

**Health** – acquisition of information to determine the effect of health concerns on educational performance.

**Examples:** report of a medical diagnosis from a physician or health history

**Hearing** – measures to determine the student’s ability to hear or process language.

**Examples:** audiological, medical evaluation

**Information from the Parents** – acquisition of information from the parents to assist in evaluation and program planning.

**Examples:** social/emotional, developmental history, student preferences, medical history, cultural influence, behavioral information

**Intellectual Ability** – individualized, standardized measures to assess a student’s ability or potential to learn.

**Examples:** perception, cognition, memory, processing speed, verbal and non-verbal skills

**Motor Skills** – measures to determine a student’s gross and fine motor development.

**Examples:** mobility, muscle tone, balance, coordination, accessibility

**Observation(s)** – a purposeful study of the student in a variety of activities, situations and/or times at school, home or other settings.

**Examples:** data collection of student behavior and/or performance in a variety of classes and/or unstructured settings

**Perceptual-Motor** – measures to determine the student’s ability to convert what is seen to written form.

**Example:** reproducing a pattern from a sample

**Social Skills** – measures to determine the student’s ability to initiate and maintain positive relationships with others.

**Examples:** making friends, problem-solving, cooperating with others, following rules, showing appreciation

**Transition Assessments** – a planned, continuous process of obtaining, organizing and using selected formal and informal information to assist students in decision-making and preparation for successfully meeting their goals and expectations from school to post-school activities.

**Functional Vocational Evaluation** – real and simulated measures to determine a student’s ability to perform certain aspects of a work-related task and may include a purposeful study of the student in a variety of work-related activities.

**Examples:** hands-on work samples, progress reports, job performance checklists

**Vocational Aptitudes** – measures to determine prerequisite abilities pertaining to the world of work.

**Examples:** manual dexterity, proof reading words and numbers, color discrimination

**Interests/Preferences** – measures to assist with post-secondary planning, including schooling, employment and adult living.

**Example:** career assessment inventory

**Vision** – measures to determine the student’s functional vision and/or physical eye conditions.

**Examples:** ophthalmological, optometrist report

**Orientation and Mobility** – assesses the ability of the student who is visually impaired, blind, or deaf-blind in the use of his/her remaining senses to determine his/her position in the environment and in techniques for safe movement from one place to another.

**Examples:** concept development, pedestrian safety, cane skills, route planning

**Other: Specify** \_\_\_\_\_

DISCIPLINARY ACTION REVIEW FORM

Morgan County

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_
School \_\_\_\_\_ Date of Birth \_\_\_\_\_
Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_\_
Address \_\_\_\_\_ WVEIS# \_\_\_\_\_
City/State \_\_\_\_\_ Telephone \_\_\_\_\_

Section 1: If the student meets one or more of the following criteria, proceed to Section 2.

- \_\_\_ at the time of the incident, the student had a disability (IDEA or 504).
\_\_\_ the student is in the multidisciplinary evaluation process.
\_\_\_ the parent(s) has/have expressed in writing to supervisory personnel that the student may be in need of special education and related services.
\_\_\_ the parent(s) has/have requested in writing a multidisciplinary evaluation.
\_\_\_ the student's teacher or other district personnel have expressed concerns about a pattern of behavior to the district's director of special education or other district supervisory personnel.

Section 2: The student's disciplinary removal on \_\_\_\_\_ is a disciplinary change of placement if the criteria in either A OR B are met: \_\_\_\_\_ Date(s)

- A. \_\_\_ a removal for more than 10 consecutive school days.
OR
B. \_\_\_ a series of removals that constitutes a pattern as established by meeting ALL three criteria:
• More than 10 cumulative school days; AND
• Similarity of behaviors; AND
• Length of each removal and proximity of removals to one another.

Total # days removed to date: \_\_\_

If either A OR B is met, a disciplinary change of placement has occurred. Document that all of the following were provided to the parent on the SAME DAY: \_\_\_ Written Notice of Suspension \_\_\_ Procedural Safeguards Brochure \_\_\_ Prior Written Notice. Document the date provided: \_\_\_\_\_ and the method provided: \_\_\_ hand-delivered \_\_\_ emailed/faxed.

Proceed to Section 3, as a Manifestation Determination is required at this time.

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If neither A nor B is met, a disciplinary change of placement has not occurred.

Proceed to Section 5: Consultation, as a Manifestation Determination is NOT APPLICABLE at this time.

Section 3: A Manifestation Determination was conducted on \_\_\_\_\_ (within 10 school days) and the following documentation was reviewed by the team: \_\_\_\_\_ Date

- \_\_\_ Incident report \_\_\_ IEP/504 Plan \_\_\_ Teacher observation(s) \_\_\_ Attendance report \_\_\_ Parent information \_\_\_ FBA/BIP
\_\_\_ Discipline record \_\_\_ Evaluation information \_\_\_ Student schedule \_\_\_ Progress reports \_\_\_ Other \_\_\_\_\_

After reviewing the above documentation, the team must respond to the following statements:

- \_\_\_ Yes \_\_\_ No The conduct in question was caused by, or had a direct and substantial relationship to the student's disability.
\_\_\_ Yes \_\_\_ No The conduct in question was a direct result of the district's failure to implement the IEP.

If Yes to either statement, the conduct in question is a manifestation of the student's disability and the team must: 1) conduct a FBA and develop a BIP, if one has not been completed; or 2) review the existing BIP and revise as needed to address the current behavior(s); and 3) return the student to the placement from which the student was removed, unless the parent and the district agree to a change of placement as determined by the IEP Team. If No, refer to Policy 2419, Chapter 7, Section 2.B.

Section 4: Manifestation Determination: Relevant IEP Team members as determined by the district and parent.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_
Signature: \_\_\_\_\_ Position: \_\_\_\_\_
Signature: \_\_\_\_\_ Position: \_\_\_\_\_
Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Section 5: Actions When Not a Change of Placement: Document that school personnel have consulted with at least one of the student's teachers to determine the extent to which services are needed to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student's IEP.

Extent of Services: \_\_\_\_\_
Initials: Administrator \_\_\_\_\_ Teacher \_\_\_\_\_