

Print Disability Eligibility Form

Date:

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| Name: |  | School: |  |
| Birth date:  |  | Grade:  |  |
| Referring teacher(s)  |  | ID #: |  |

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| **Most Recent Reading Scores** |
| **Date** | **Test** | **Score** |
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| **NWEA** |
| **Grade** | **Date** | **Reading Percentile** | **Language Usage Percentile** | **Math Percentile** |
|  |       |       |       |       |
|       |       |       |       |       |
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| **ISTEP** |
| **Grade** | **Date** | **Language Arts** | **Math** |
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| **Additional Reading Programs** |
| **Date** | **Program** | **Score** |
|  | Wilson Reading System |  |
|  | Scholastic Read 180 |  |
|  | Other:  |  |

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| **Scholastic Reading Inventory (SRI)** |
| **Grade** | **Score** |
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| **Special Education History** |
| **Date** | **Evaluation** | **Reading Scores** | **Special Education Program** |
|  | Initial Placement |  |  |
|  | Re-evaluation |  |  |
|  | Re-evaluation |  |  |
|  | Re-evaluation |  |  |

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| **Report Card Grades** |
| **Grade** | **Reading** | **Language Arts** | **English** |
| **Grading** **Period****1** | **Grading** **Period**2 | **Grading** **Period**3 | **Grading** **Period**4 | **Grading** **Period****1** | **Grading** **Period**2 | **Grading** **Period**3 | **Grading** **Period**4 | **Grading** **Period****1** | **Grading** **Period**2 | **Grading** **Period**3 | **Grading** **Period**4 |
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| **additional comments** |
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Physician’s statement of organic dysfunction attached? [ ]  Yes [ ]  No

Review committee recommendation of eligibility (majority decision): [ ]  Yes [ ]  No

Signature of review committee members:

Signature Title

Signature Title

Signature Title

Signature Title

Signature Title

Signature Title

Signature Title

Signature Title