

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** |
|  |

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