

Exceptional Student Education Multidisciplinary Team Report for Students with Intellectual Disabilities

Student Name:		Date:		
Other ID:		School:	Grade:	
Date of Birth:	Sex:	Race:	Primary Language at Home:	
Parent/Guardian Name:			Home Phone:	
Parent/Guardian Address:				
Yes No			more than two (2) standard deviations below the ed test of intellectual functioning.	
Yes No No	The measured level of adaptive functioning is more than two (2) standard deviations below the mean based on the composite score or based on two (2) out of three (3) domains on a standardized test of adaptive behavior that includes parental or guardian input.			
Yes No No	The level of academic or pre-academic performance on a standardized test of achievement or a standardized developmental scale is consistent with the performance that is expected or a student of comparable intellectual functioning.			
Yes No	The Social/developmental history identifies the developmental, familial, medical/health, and environmental factors impacting the student's functioning and documents the student's functional skills outside the school environment.			
Yes No		patterns of attendance	nal/behavioral disability; cultural, environmental or or high mobility rate; classroom behavior, or s determination.	
Yes No	The student demonstrates a	need for special educa	ation services.	
Yes No No	The student meets eligibility	y and placement criter	ia for the Intellectual Disability program.	
assurance that this	s determination was made in a	accordance with subse	ement with the determination of eligibility and extion (6) of Rule 6A-6.0331 and Rule 6A-6.03018. In presenting the member's conclusion.	
Parent/Guardian		Parent/Guardian	ESE Director/Designee	
School I	Psychologist	General Education Teac	cher ESE Teacher	
Speech-Lang	uage Pathologist	Other: Name/Position	n Other: Name/Position	

Form No.: ESE-2425-002 – Multidisciplinary Team Report for Students w/Intellectual Disabilities / ESE Eligibility New Date: 9/17/24