



Exceptional Student Education
Documentation of Staffing/Notice of Eligibility

Student Name: _____ Today's Date: _____

Other ID: _____ School: _____ Grade: _____

Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home: _____

Parent/Guardian Name: _____ Parent/Guardian Home Phone: _____

Parent/Guardian Address: _____

Current ESE Program(s)/Services(s):

Based Upon Review Of:

- ☐ Individual Assessment:
- | | | |
|--|--|---|
| <input type="checkbox"/> intellectual | <input type="checkbox"/> learning process | <input type="checkbox"/> academic achievement |
| <input type="checkbox"/> adaptive behavior | <input type="checkbox"/> behavior/projectives | <input type="checkbox"/> speech |
| <input type="checkbox"/> language | <input type="checkbox"/> physical/occupational | <input type="checkbox"/> gifted checklist |
| <input type="checkbox"/> student interest survey | <input type="checkbox"/> medical information | <input type="checkbox"/> social/developmental history |
| <input type="checkbox"/> progress on IEP goals | <input type="checkbox"/> other: _____ | |
- ☐ School Records:
- | | |
|---|--|
| <input type="checkbox"/> grades | <input type="checkbox"/> achievement test scores |
| <input type="checkbox"/> discipline reports | <input type="checkbox"/> other: _____ |
- ☐ Parent Information:
- ☐ Teacher/Therapist Observation
- ☐ Input from Committee Members
- ☐ Information from student's previous school district, including: _____
- Other: _____

The staffing committee recommends that the above named student:

- ☐ Does not meet the eligibility for an Exceptional Student Education (ESE) Program.
- ☐ Meets the eligibility criteria for the following ESE program(s)/service(s):
- _____
- ☐ Is a transfer student and continues to meet the eligibility criteria for assignment in the following ESE program(s)/service(s):
- _____
- ☐ Based on the review of data, your child continues to need the following ESE program(s)/service(s):
- _____
- ☐ Is presently in: _____
- and does not meet eligibility criteria for services in any other ESE program(s)/service(s) at this time.
- ☐ After review of data, the student meets dismissal criteria for the following program(s)/services:
- _____

-- continued on page two --

Documentation of Staffing/Notice of Eligibility – Page Two

Comments:

Copy of any evaluations given to parents on: (date)

Staffing Committee members (signature and title):

ESE Director/Designee/Staffing Spec.: _____ Evaluator: _____
Parent(s): _____ School Administrator: _____
Parent(s): _____ School Counselor: _____
Student: _____ SLP: _____
ESE Teacher: _____ Other: _____
General Education Teacher(s): _____

As parent(s)/guardians of a child with a disability you have protections under the procedural safeguards of the Other: Individual with Disabilities Education Act (IDEA) AND Rule 6A-6.03311, FAC, *Procedural Safeguards for* Other: Students with Disabilities and/or Rule 6A-603313, FAC, *Procedural Safeguards for Students Who Are Gifted*. These documents are also available on the [School Board website](#). Should you want additional copies of the Procedural Safeguards or additional information about your rights, you may contact

Name: _____ Title: _____
Location: _____ Phone: _____

Name: _____ Title: _____
Location: _____ Phone: _____

Eligibility Documentation:

Eligibility documentation is based on the ESE director/designee review of evaluation data and the staffing committee's recommendations. Placement of this form in the student's school file serves as notifications to the principal of the outcome of the staffing.

☐ Reviewed

ESE Director/Designee Staffing Specialist: _____ Date of Eligibility: _____

*Please see corresponding Informed Notice and Consent for Initial Placement, Informed Notice/
Change of Placement or Dismissal or Informed Notice of Ineligibility.*

A copy of this form was shared with parent/guardian on: (date)