



Exceptional Student Education
Informed Notice of Ineligibility - for Pre-Kindergarten

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: _____

On (date) an eligibility staffing was held to review your child's educational needs. This document has been prepared to assist in explaining to you the findings and recommendation of the staff committee.

The committee conserved your child for exceptional student education and concluded that he/she child is not eligible for educational assignment to a special program.

To meet your child's educational needs, the committee considered the following options and has recommended the following placement:

- Regular Class (more than 79% with non-disabled)
Resource Room (more than 40%, but less than or equal to 79% with non-disabled)
Separate Class (less or equal to 40% with non-disabled)
Separate Day School
Hospital/Homebound
Residential School
Other: _____

The other placement options were rejected by the committee because they:

- Did not provide the least restrictive environment for your child.
Did not provide the amount of individual or small group instruction required by your child.
Your child did not meet eligibility criteria.
Other: _____

The committee members based their recommendations upon the written reports of the following:

Intellectual Cognitive:

- Battelle Developmental Inventory
Kaufman Assessment Battery for Children
Reynolds Intellectual Assessment Scales
Other: _____
Developmental Profile
Primary Test of Nonverbal Intelligence
Wechsler Preschool & primary Scale of Intelligence

Processing:

- Woodcock-Johnson Test of Cognitive
Beery-Buktenika Visual Motor Integration Test
Comp. Test of Phono. Processing
Other: _____

Motor:

- Battelle Developmental Inventory
Developmental Profile
Considerations for Educ. Relevant Therapy
Other: _____
Occupational Therapy Evaluations
Physical Therapy Evaluation
Assistive Technology Evaluation

Academic/Pre-Academics:

- Bracken Basic Concept Scale: Expressive
Kaufman Survey - Early Academics/Lang. Skills
Woodcock-Johnson Tests of Achievement
Bracken Basic concept Scale: Receptive
Kaufman Test of Educational Achievement
Other: _____

Adaptive:

- | | |
|--|---|
| <input type="checkbox"/> Adaptive Behavior Assessment System | <input type="checkbox"/> Developmental Profile |
| <input type="checkbox"/> Vineland Adaptive Behavior Scales | <input type="checkbox"/> Battelle Developmental Inventory |
| <input type="checkbox"/> Other: _____ | |

Social-Emotional/Behavior:

- | | |
|--|--|
| <input type="checkbox"/> Achenbach System of Empirically Based Assess. | <input type="checkbox"/> Autism Spectrum Rating Scales |
| <input type="checkbox"/> Battelle Developmental Inventory | <input type="checkbox"/> Behavior Assessment System for Children |
| <input type="checkbox"/> Conners Early Childhood | <input type="checkbox"/> Developmental Profile |
| <input type="checkbox"/> Other: _____ | |

Speech:

- | | |
|--|---|
| <input type="checkbox"/> Ala. Co. Intelligibility Rating Scale, Articulation Phonology Severity Rating and Summary Scale | <input type="checkbox"/> Goldman Fristoe Test of Articulation |
| <input type="checkbox"/> Iowa Severity Rating for Fluency | <input type="checkbox"/> Hodson Assessment of Phonological Patterns |
| <input type="checkbox"/> Oral-Peripheral Exam | <input type="checkbox"/> Khan-Lewis Phonological Analysis |
| <input type="checkbox"/> Stuttering Prediction Instrument for Young Child. | <input type="checkbox"/> Presch Typical Learning Environment Check. |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Stuttering Severity Instrument |

Language:

- | | |
|---|---|
| <input type="checkbox"/> Children's communication Checklist | <input type="checkbox"/> Clinical Eval Lang. Fund. Descriptive Prag. Pro. |
| <input type="checkbox"/> Clinical Eval. of Language Fundamental Preschool | <input type="checkbox"/> Informal Language Sample |
| <input type="checkbox"/> Iowa Severity | <input type="checkbox"/> Oral and Written Language Scales |
| <input type="checkbox"/> Preschool Language Scales | <input type="checkbox"/> Preschool Typical Learning Environment Checklist |
| <input type="checkbox"/> Rating Scale for Language | <input type="checkbox"/> Receptive Expressive Emergent Language Test |
| <input type="checkbox"/> Other: _____ | |

Other:

- | | |
|--|---|
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Social/Developmental History |
| <input type="checkbox"/> Other: _____ | |

Other factors relevant to the placement option recommendation include: _____

You have protections under the procedural safeguards of the *Individuals with Disabilities Education Act* (IDEA) and Rule 6A-6-03311, FAC, *Procedural Safeguards for Students with Disabilities* and/or Rule 6A-6.03313, FAC, *Procedural Safeguards for Students Who Are Gifted*. These documents are also available on the School Board website at www.sbac.edu. Should you want additional copies of the Procedural Safeguards or additional information about your rights, you may contact

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

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