



Exceptional Student Education
Informed Notice of Ineligibility

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 recommendations of the staffing committee.

The committee considered your child for exceptional student education and concluded that your child, (child's name) \_\_\_\_\_ 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%, less than or equal to 79% w/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 Evaluations:

- Wechsler Intelligence Scale for Children
Wechsler Nonverbal Scale of Ability
Kaufman Assessment Battery for Children
Other: \_\_\_\_\_
Developmental Profile
Naglieri Nonverbal Abilities Test
Reynolds Intellectual Assessment Scales

Process Tests:

- Woodcock-Johnson Cognitive
Beery-Buktenika Visual Motor Integration Test
Other: \_\_\_\_\_
Comp. Test of Phono. Processing
Bender Visual-Motor Gestalt Test

Physical/Occupational Therapy Assessments:

- Occupational Therapy Evaluation
Physical Therapy Evaluation
Other: \_\_\_\_\_
Criteria for Educational Relevant Therapy
Assistive Technology Evaluation

**Academic Assessments:**

- Gray Oral Reading Test
- Kaufman Test of Ed. Achievement
- Woodcock-Johnson Test of Achievement
- Progress Monitoring – RtI Tier 3 Interventions
- Other: \_\_\_\_\_

- Wechsler Individual Achievement Test
- Kaufman Survey of Early Academic/Language Skills
- Diagnostic Assessment of Reading
- Young Children’s Achievement Test

**Adaptive Scales:**

- Adaptive Behavior Assessment System
- Vineland Adaptive Behavior Scales
- Other: \_\_\_\_\_

- Developmental Profile
- Battelle Developmental Inventory

**Behavioral/Projective Assessments:**

- Behavior Assessment System for Children
- Child Behavior Checklist
- Autism Spectrum Rating Scale
- Other: \_\_\_\_\_

- RtI/Behavior Intervention
- Functional Behavior Assessment
- Autism Diagnostic Observations Schedule

**Speech Tests:**

- Goldman-Fristoe Test of Articulation
- Stuttering Severity Instrument

- Oral-Peripheral Exam
- Other: \_\_\_\_\_

**Language Tests:**

- Test of Lang. Dev. – Prim./Interm.
- Express./Recept. One-Word Pict. Vocab.
- Oral and Written Language Scales
- Clinical Eval. of Lang. Fundamentals
- Word Test

- Compr Recept and Express Vocab Test
- Social Lang. Dev. Test – Elem./Adol
- Compr Assess of Spoken Language
- Comprehensive Test of Phon Process
- Other: \_\_\_\_\_

**Other:**

- Checklist of Gifted Characteristics
- Student Interest Survey
- Other: \_\_\_\_\_

- Social/Developmental History
- Medical Information

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-603313, FAC, *Procedural Safeguards for Students Who Are Gifted*. These documents are also available on the School Board website at [www.sbac.edu](http://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: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Date mailed or shared with parent/guardian: \_\_\_\_\_