

Tolleson Union High School District
Special Services Department
Evaluation Report

Student: Iness, Nathaniel
Date of Determination: 4/14/2015

Eligibility Determination (E7)

Student ID: 165637
School: Copper Canyon High School

Date of Eligibility Determination: 04/14/2015

ELIGIBILITY DETERMINATION:

An assessment has been made of the student's academic achievement and ability, emotional development, sensory/psychomotor development, vision and auditory process, general health and/or immediate environment. Based on the data presented, the following recommendations are made:

The student meets the criteria of a student with a disability.

The student is in **need** of specially designed instruction and related services in order to benefit from their educational program.

The team determined the following:

The student is eligible for special education services.

<input type="checkbox"/> Autism(A) <input type="checkbox"/> Emotional Disability (ED) <input type="checkbox"/> Hearing Impairment (HI) <input type="checkbox"/> Mild Intellectual Disability (MIID) <input type="checkbox"/> Moderate Intellectual Disability (MoID) <input type="checkbox"/> Visual Impairment (VI) <input type="checkbox"/> Other Health Impairment (OHI) <input type="checkbox"/> Multiple Disabilities (MD)	<input type="checkbox"/> Orthopedic Impairment (OI) <input type="checkbox"/> Preschool-Severe Delay (PSD) <input type="checkbox"/> Developmental Delay (DD) <input type="checkbox"/> Phys Dev <input type="checkbox"/> Cog Dev <input type="checkbox"/> Soc Dev <input type="checkbox"/> Adap Dev <input type="checkbox"/> Comm Dev <input type="checkbox"/> Severe Intellectual Disability (SID) <input type="checkbox"/> Speech/Language Impairment <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> Multiple Disabilities w/Severe Sensory Impairment (MDSSI)	<input checked="" type="checkbox"/> Specific Learning Disability (SLD) <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Oral Expression <input checked="" type="checkbox"/> Written Expression <input type="checkbox"/> Math Calculation <input type="checkbox"/> Math Problem Solving <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency
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☒ =Primary ☐ =Secondary

EVALUATION ELIGIBILITY TEAM						
MET Member	Participant	Date	Attended	Consulted	Agree	Disagree
Parent/Guardian/Surrogate	<i>[Signature]</i>	04-14-15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Special Education Teacher	<i>[Signature]</i>	4-14-15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General Education Teacher	<i>[Signature]</i>	4/14/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEA Representative	<i>[Signature]</i>	4/14/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual to interpret instructional implications	<i>[Signature]</i>	4/14/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Student			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Education Teacher	<i>[Signature]</i>	4/14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other # 1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other # 2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a team member disagrees, then a written statement may be attached.