

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

**P** =Primary **S** =Secondary

<b>EVALUATION ELIGIBILITY TEAM</b>							
<b>MET Member</b>	<b>Participant</b>	<b>Date</b>	<b>Attended</b>	<b>Consulted</b>	<b>Agree</b>	<b>Disagree</b>	
Parent/Guardian/Surrogate	<i>Stacey Iness</i>	04-14-15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Special Education Teacher	<i>John</i>	4-14-15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
General Education Teacher	<i>ADM/MSO</i>	4/14/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LEA Representative	<i>W. Jones</i>	4/14/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Individual to interpret instructional implications	<i>St. Bar</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>Jim</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.