Your School/District _____

Your City _____

Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination: Speech/Language Impairment

SpEd 5b 04.08

Student _____ Date of meeting _____

School _____ Grade _____ DOB _____

Definition: Speech or language impairment means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a student's educational performance.

☐ **All requirements of Rule II.J.11 must be documented below or attached.**

Assessment Information for Classification: Indicate evaluation (formal and informal), date, and results for each area assessed.

1. Information provided by a Speech/Language Pathologist that indicates the student has an impairment in listening, reasoning, or speaking to such a degree that special education is needed:

   _____

2. Team considered potential relationship of impairment to phonological processing and phonemic awareness. ☐ Yes ☐ No

   _____

3. Additional assessments as determined by the team (marked N/A if team determined as not needed):
   - Phonology _____
   - Audiometric testing _____
   - Articulation _____
   - Language _____
   - Voice/fluency_____
   - Oral-peripheral examination _____
   - Social/Behavioral _____
   - Academic achievement data:
     - Language Arts _____
     - Math _____
   - Other _____
4. Information from Parents _____
   - Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No
   - Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No

2.
Note: Orofacial Myofunctional Disorder (OMD) may be served only if there is an associated speech or language impairment.

Written Prior Notice for Eligibility Determination

The Procedural Safeguards you received previously afford you protection. You may request another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the eligibility team proposes the following action:

☐ This student has a Speech/Language Impairment as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires special education and related services.

☐ This student does **not** have a Speech/Language Impairment as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require special education and related services.

_____ _____

Signature/Title Date Speech Language Pathologist Signature Date

_____ _____

Parent/Adult Student Signature Date Signature/Title Date
(signature acknowledges receipt of copy)

*Note: If parent/adult student signature is missing, then parent/adult student: ☐ Did not attend (document efforts to involve parent/adult student) **OR** ☐ Participated via telephone, video conference or other means **AND** ☐ Copy of this document was mailed to parent/adult student on (date) _____