Your S	chool/District				
Your C	SpEd 5g 04.08				
Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination: Intellectual Disability					
Studen	t Date of meeting				
School	Grade DOB				
<b>Definition:</b> Significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a student's educational performance.					
□ <u>All r</u>	equirements of Rule II.J.6 must be documented below or attached.				
Assess	sment Information for Classification: Indicate evaluation (formal and informal), date, and results for each area assessed.				
□ Intel	lectual, academic, and adaptive assessment results demonstrate consistently low profiles across measures.				
Intellectual assessment (Note: If verbal or performance scores are significantly discrepant from each other, further evaluation is warranted)					
	,,,,,				
2.	Academic achievement data				
3.	Social/adaptive assessment				
4.	Additional assessments as determined by the team (mark N/A if team determined as not needed):				
	Language development				
	Motor skills development				
5.	Information from_parents				
	<ul> <li>Is a lack of instruction in reading or math the primary factor in determining eligibility?</li> <li>□ Yes</li> <li>□ No</li> </ul>				
	<ul> <li>Is limited English proficiency the primary factor in determining eligibility?</li> <li>□ Yes</li> <li>□ No</li> </ul>				
	en Prior Notice for Eligibility Determination  The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice occdural Safeguards, contact the principal or the special education teacher at the student's school.				
Base	d on the evaluation data, the eligibility team proposes the following action:				
	□ This student has an Intellectual Disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires special education and related services.				
1	This student does not have an Intellectual Dischility, as defined in the Individuals with Dischilities Education Act (IDEA)				

□ This student does <u>not</u> have an Intellectual Disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require special education and related services.

Special Education Teacher Signature	Date	Parent/Adult Student Signature (signature acknowledges receipt of copy)	Date
Signature	Date	Signature	Date

\*Note: If parent/adult student signature is missing, then parent/adult student: 

Did not attend (document efforts to involve parent/adult student)

Participated via telephone, video conference or other means 

AND 

Copy of this document was mailed to parent/adult student on (date)