

Prior Notice for Identification and Determination of Eligibility

Student _____ DOB _____

Date of Meeting _____ School _____ Grade _____

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

This student has a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction. **A copy of the evaluation results used as the basis for this decision is attached.**

Classification for special education: _____

This student does not have a disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require specialized instruction. **A copy of the evaluation results used as the basis for this decision is attached.**

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

Team participants	Title
_____	Parent _____
_____	_____
_____	_____
_____	_____
_____	_____

Note: If parent signature is missing, check below:

- Did not attend (document efforts to involve parent)
- Via telephone
- Other: _____