



Special Education Eligibility Report

Student Name: **Susie A. Cuity**

Date of Birth: **4/16/1999**

Initial Reevaluation Date: **5/13/2010**

1. STUDENT INFORMATION

Student's Name:	Susie A. Cuity
School District: School: Grade:	Cloudy Vision Iris Elementary 5
Primary Language:	English
Birth Date: GTID:	04/16/2004 01234567890

2. CASE HISTORY

Reason the child was referred for special education evaluation →	Susie has no residual vision. She is unable to access print of any size. This has a profound and negative impact on her educational performance.
Has the child attended (or is the child attending) a preschool or Head Start program? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Please name the program or school: Susie attended the Preschool Program at the Mississippi School for the Blind.
Is this child age appropriate for grade level? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If no, please check all of the following that apply: <ul style="list-style-type: none"> • Retained: <input type="checkbox"/> (Specify Grade): _____ • Started School Late: <input type="checkbox"/> • Held Out of School by Parents: <input type="checkbox"/>
Is the child's hearing/vision within normal limits (attach documentation)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If no, attach documentation and explain. 11-3-09 Hearing screening passed.-Hearing Screening attached. 4-12-10- Dr. DoLittle O.D. - Vision - Congenital blindness due to bilateral optic nerve hypoplasia with no functional vision or light perception.Eye report is attached.
Does the child have significant health concerns, major childhood illness/disease, or a diagnosed syndrome? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, please explain:
Does the child take medication on a regular basis? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, please explain:



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<p>Does the child have motor /coordination/mobility needs?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, please explain:</p> <p>Due to total blindness, Susie needs orientation and mobility training in order to travel safely and efficiently in her environment.</p>
<p>Does the child have adaptive or medical needs (e.g., eye glasses, wheelchair, walker, hearing aids, leg braces, feeding tube, etc.)?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, please explain:</p> <p>Uses long cane for mobility.</p>
<p>Does the child have other significant issues not covered in the previous questions?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If yes, please explain:</p>

3. SUMMARY OF INTERVENTIONS PRIOR TO REFERRAL

<p>For initial eligibility - List the Interventions provided for which data will be provided in Section 4. →</p>	<p>List of interventions provided.</p> <p>Due to total blindness, immediate referral to Special Education Services for Vision Impaired was necessary.</p>
<p>For reevaluation and additional areas of concern, list specially designed instruction which includes: Adapting of Content, Methodology (specialized program), or Instructional Delivery provided.</p>	<p>Describe the specially designed instruction which includes: Adapting of Content, Methodology (specialized program), or Instructional Delivery provided.</p> <p>Specialized instruction in the areas of the expanded core curriculum for the Blind which provide access to the general curriculum including braille reading speed and accuracy, assistive technology for computer access and social skills. .</p>
<p>Does the child require immediate consideration of special education eligibility?</p> <p>This should be an infrequent and rare occurrence and must be clearly documented.</p>	<p>Please justify:</p> <p>The student is totally blind and requires immediate referral to vision impaired services.</p>



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4. SUMMARY OF PROGRESS MONITORING DATA TOWARD ACHIEVING STANDARDS

	Area 1	Area 2	Area 3	Area 4
<p>Area(s) of Difficulty (curriculum areas, behavioral concerns)</p> <p>Reevaluation: goal areas and areas of concern</p>	Math- This is an area of relative weakness for Susie.	Reading/ Language Arts- Achieving at grade level. Needs to improve braille reading rate and fluency.	Social Studies- Achieving at grade level	Science- Achieving at grade level.
<p>Initial eligibility provide Scientific, Research or Evidence Based Intervention(s) OR Reevaluation provide Adapting of Content, Methodology (specialized program), or Instructional Delivery</p> <p>Include with each intervention or specially designed instruction entry</p> <p>-Baseline Performance Data (date, data and performance summary):</p> <p>-Intervention Data (dates, data and performance summary):</p>	Direct Referral to VI was made based on severity of the disability.			



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5. RESULTS OF DISTRICT, STATE AND BENCHMARK ASSESSMENTS

Date	Name of Statewide, Local, and Benchmark Assessments; GAA	Results
Spring 2009	CRCT	Reading = 816; English/Language Arts = 805 (800 is the minimum passing score.) Science = 304; Social Studies = 314; Math = 276 (300 is the minimum passing score).



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6. INDIVIDUAL STUDENT DATA [complete all areas]

Domain	Report(s) / Assessment(s) & Scores	Date	Results Strengths	Results Weaknesses
Sensory: (Hearing /Vision)	Hearing Screening- Passed	11/3/09	Hearing Screening Passed. Hearing Appears to be within normal limits.	Eye report documents blindness.
	Medical eye report in lieu of vision screening that documents blindness.	4/12/10		
Medical:	Eye Report	4/12/10		Bilateral Optic Nerve Hypoplasia which is the underdevelopment of both optic nerves. She has no vision, no field of vision, and no light perception.
Motor:	TAPS/	4/16/10	Student does not have a motor impairment in terms of a physical impairment	Student requires orientation and mobility training in order to
Sensory Processing: (difficulty managing sensory input by reaction to visual, tactile, and aural stimuli which impedes participation in social activities, school functioning and typical life)	Learning Media Assessment	4/15/10	Student primary sensory learning channel is tactile and secondary is auditory.	Student is unable to access educational stimuli visually.
Communication/Language: (speech sound production, language [including pragmatics], fluency, voice/resonance, oral motor competency, prosody)	Learning Media Assessment	4/15/10	Student is able to read and write using braille.	The student needs to improve written communication using
Social: (if applicable, include social history documenting services and interventions that have been considered or provided from outside the school)	EVALS assessment – Expanded Core Curriculum Assessment for the Visually Impaired	4/17/10	Student has strong skills in the area of self-advocacy	Deficits indicated in the areas of Social Skill and self-advocacy skills.



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Domain	Report(s) / Assessment(s) & Scores	Date	Results Strengths	Results Weaknesses
Emotional/Behavioral: (include information from behavioral rating scales and analysis of behavioral data documenting frequency, intensity and duration)	Committee did not feel this was needed .			
Adaptive Behavior Rating Scales:	Covered under ECC assessment			
Psychological Processing: (measured indicators of psychological processes that underlie academic functioning; may include perception, attention, short and long-term memory, reasoning, processing speed, organization, etc.)	Committee did not feel this was needed .			
Intellectual Functioning: (measured indicator(s) of a student's overall (more global) intellectual level)	Committee did not feel this was needed .			
Academic Achievement:	Woodcock Johnson Achievement Battery	4/25/10	Reading- GE 5.6 Writing- GE 5.4	Math GE-4.5
Developmental History	Parent Interview and review of records. Normal pregnancy and delivery.	4/15/10	Has achieved all milestone.	Language was delayed early on but no longer an issue. Student walked late. Travels with a cane. Needs to improve mobility skills.
Classroom/Structured Observation:	Classroom observation	4/21/10	Susie is a strong braille reader and writer. She also relies heavily on auditory channels to achieve success.	Susie needs to improve keyboarding skills and develop competence using assistive technology.
Analyzed Classroom Work Samples:	Writing sample in braille	4/15/10	Braille Writing skills are very good with few errors in terms of braille code.	There are issues with grammar in Susie's writing using braille.



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Domain	Report(s) / Assessment(s) & Scores	Date	Results Strengths	Results Weaknesses
Parent Information and Input:	Parent Interview	4/20/10	Susie's parent is very pleased with Susie's ability to read and write using braille.	Parent is concerned that Susie skills on the computer are not well developed.
Other Information:	Functional Vision and Low Vision Evaluation not performed due to total blindness.			



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7. EXCLUSIONARY FACTORS

*A child must **not** be determined to be a child with a disability: if the determinant factor for that eligibility is lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in section 1208(3) of ESEA); lack of appropriate instruction in math; or limited English proficiency; and if the child does not otherwise meet the program area eligibility criteria for a child with a disability.*

Factors to Consider	YES	NO	Explain
1. Lack of appropriate instruction in reading.		✓	
2. Lack of appropriate instruction in math.		✓	
3. Lack of appropriate instruction in writing.		✓	
4. Lack of English Proficiency		✓	
5. Cultural Factors		✓	
6. Environmental or economic disadvantage		✓	
7. Atypical educational history (multiple school attendance, lack of attendance, etc.)		✓	

For some students the following factors may be exclusionary. However, if the **primary area of concern for a student is one of the issues in the chart below**, proceed to the questions below the chart. For all others, please complete the chart and the questions below the chart.

Questions	YES	NO	Explain
1. Does the child have adequate visual capability?		✓	Student is blind.
2. Does the child have adequate hearing capability?	✓		
3. Does the child have a motor impairment that impacts results of assessments?		✓	
4. Does the child exhibit selective mutism, tongue thrust, or dialectic differences in language?		✓	

Are there exclusionary factors that should be resolved prior to determining eligibility?

- YES** Discontinue eligibility decision-making. The student is not eligible for special education services at this time.
- NO** Continue to next section



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8. DECISION MAKING FOR ELIGIBILITY

Have Interventions been implemented and monitored as designed for an appropriate time to show effect or lack of effect in the identified area(s) of concern?

YES Continue with the eligibility determination. **(Proceed)**

NO The student does not meet eligibility requirements under IDEA. **(Complete Committee Rationale)**

Progress monitoring demonstrated the child is not making sufficient rate of progress to meet age or State-approved grade-level standards within a reasonable time frame when child's response to intervention is measured. Therefore, there is an adverse affect on educational (functional, developmental and/or academic) performance.

YES Continue with the eligibility determination.

The student needs special education and related services in which the content, methodology, or delivery of instruction is adapted to address the unique needs of the child that result from the child's disability.

NO The student does not meet eligibility requirements under IDEA. **(Complete Committee Rationale)**

Committee Rationale: Please include any applicable comments.

A direct referral was made to special education as a result of the student being blind. Student requires immediate special education intervention for blindness.



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9. SUMMARY OF CONSIDERATIONS

The committee has discussed and agreed that the results of the data indicate the student demonstrates an adverse educational performance with impact in specific area(s). The following characteristics shall be considered to determine the existence of a disability and the need for special education.

Indicate the areas where deficits adversely impact educational (functional, developmental and/or academic) performance. Then refer to the **Eligibility Quick Reference Guide** for disability guidance.

Sensory (Hearing, Vision)	Medical	Motor	Sensory Processing	Communication Language	Social/Emotional	Adaptive	Psychological Processing	Intellectual Functioning	Academics
✓	✓	✓	✓		✓				✓

Based on the above summary, eligibility is being considered in the following area(s):

Visual Impairments

10. ELIGIBILITY DETERMINATION

YES This student is eligible for special education and related services in the category(ies) of:

Orientation and Mobility



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Committee Rationale:

Student is blind and needs to improve skills in orientation to the environment and safe travel.

11. ELIGIBILITY TEAM INFORMATION

Title/ Position	Team Member Present *Team Member Signature	*Check Agree/ Disagree only for Specific Learning Disability eligibility report.	
		Agree	Disagree
Parent		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Student		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Principal		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Director of Special Education		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Teacher of the Visually Impaired		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Orientation and Mobility Specialist		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
School Psychologist		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

***Note:** For SLD consideration only. The required members of the eligibility team must participate and provide signatures and check appropriate box (Agree/Disagree) to certify whether the report reflects the member's conclusion. Any eligibility team member who disagrees with specific learning disability eligibility team report must submit a separate statement of his or her conclusions.



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Dissenting member(s) statement (Specific to only SLD eligibility).

Name : _____

Signature: _____