

Student Name

Date of Conference

ATTENDANCE

Days Present Prior School Year	Unexcused Absences Prior School Year	Excused Absences Prior School Year	Days Suspended Prior School Year	Tardies Prior School Year

Area of Need: Yes No

VI. STRENGTHS/NEEDS

Based upon present levels of this student, list those skills that are considered strengths.

Parent:

School Personnel:

Student:

Based upon input from the student, parent and school personnel, list concerns.

Parent:

School Personnel:

Student:

VII. ELIGIBILITY

Based upon the evaluation data presented and present levels of performance, the case conference committee determines:

The student does NOT meet eligibility criteria per Indiana State Board of Education regulations (Article 7) or Section 5 Rehabilitation Act of 1973.

Refer to 504 Coordinator? Yes No

The student DOES meet eligibility criteria per Indiana State Board of Education regulations (Article 7) or Section 5 Rehabilitation Act of 1973.

Primary Disability: _____

Secondary Disability: _____

Reasons for eligibility determination:

Is a re-evaluation needed to address the special education or related services of the student? Yes No

Next Evaluation Date: _____

VIII. SPECIAL FACTORS

	Yes	No
Does behavior impede the student's learning or the learning of others?		
Does the student have limited English proficiency?		
Is the student deaf/hard of hearing, blind/low vision, or deaf/blind/low vision?		
Does the student require materials in accessible formats?		
Does the student require assistive technology devices?		
Will the student have his/her 18th birthday within the next 12 months?		
Is a Health Care/Evacuation Plan necessary?		