

## Special Education Eligibility and Section 504 Qualification Forms

SS/SE-83	Notice of Local Screening Meeting (5/20)
SS/SE-14	Local Screening Committee Report (2/23)
SS/SE-126	Notice of Reevaluation (7/19)
SS/SE-6	Reevaluation Report (7/19)
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SS/SE-2	Notice & Consent for Evaluation (5/20)
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SS/SE-10	Special Education Eligibility (1/22)
SS/SE-141	Prior Written Notice (3/20)
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SS/SE-251	Eligibility Committee Additional Data Required (8/20)
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Translations of the special education forms are available here:

<https://www.fcps.edu/academics/academic-overview/special-education-instruction/forms-related-special-education>

Translation of the Section 504 form are available here: <https://www.fcps.edu/academics/academic-overview/special-education-instruction/special-education-procedural-support-12>

## Notice of Local Screening Meeting

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

RE \_\_\_\_\_

ID Number \_\_\_\_\_

Dear \_\_\_\_\_

The local screening committee at your child's school will be meeting on \_\_\_\_\_ at \_\_\_\_\_ to discuss your child's educational needs. Information which may be reviewed includes your child's scholastic record, results of any standardized testing, and/or classroom observation. A *Parent Information Form* (SS/SE-127) is enclosed should you wish to provide additional information for committee consideration. If you have reports or other written information you would like the committee to consider, please provide it to the school at your earliest opportunity.

School staff who will be present at this meeting include:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Principal or Designee | <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Social Worker         | <input type="checkbox"/> General Education Teacher | <input type="checkbox"/> Other _____  |

Additional individuals may attend at the request of the parent or the school.

If an individual evaluation is recommended to determine whether your child is a child with a disability and is in need of special education and related services, the committee will determine the assessments required to ensure that the evaluation is sufficiently comprehensive. You have the right to participate in consideration of the areas to be assessed. In addition, your written consent will be required before the evaluation process can proceed. When the assessments are completed, an opportunity will be provided to discuss the results with you. The determination of whether your child is a child with a disability will be made by an eligibility committee comprised of you and a team of qualified professionals. A copy of the assessment reports will be available to you prior to the eligibility meeting. You will be informed of the date and time of the meeting.

The local screening committee may also consider whether to separately evaluate your child's eligibility under Section 504 of the Rehabilitation Act, as amended. If the committee recommends an evaluation, parents have the right to participate in the process, and your written consent is required prior to the initiation of the evaluation process.

Parents of a child with a disability have protection under the procedural safeguards. A copy of *Your Family's Special Education Rights (Virginia Procedural Safeguards Notice)* and *Section 504 of the Rehabilitation Act of 1973 Procedural Safeguards* are enclosed for your information. Additional copies of these documents are available at the school or on-line at <https://www.fcps.edu/sites/default/files/media/forms/se4.pdf> and <https://www.fcps.edu/sites/default/files/media/forms/se92.pdf>. Should you desire assistance in understanding the provisions of these procedural safeguards, please call Due Process and Eligibility at 571-423-4470.

If you have any questions, please contact me at \_\_\_\_\_.

Sincerely,

Enclosures

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or eligible student.*

Student	ID Number	Date
School	Grade	DOB
Teacher	Date Referral Received	

**Members of the Committee Present at the Meeting:**

Parent	General Education Teacher
Parent	Psychologist
Principal or Designee	Special Education Teacher
	Social Worker

**Others in Attendance:**

Name	Relationship to student	Name	Relationship to student

**Information Reviewed by the Committee** (Include a Description of Each Evaluation, Assessment, Record, Intervention, or Report the Team Used as a Basis for Discussion):

**Options Considered** (List All Options Considered and Reason for Proposal or Rejection):

**Other Factors Relevant to Committee Decision:**

Student	ID Number	Date
<p><b>Committee Determination</b> (Based on all information reviewed and considered, the local screening committee makes the following determination):</p> <p><input type="checkbox"/> There is sufficient evidence to warrant an evaluation for special education. Indicate assessments on <i>Notice and Consent for Evaluation</i> (SS/SE-2). Explain the rationale for this decision.</p> <p><input type="checkbox"/> There is not sufficient evidence to warrant an evaluation for special education. Provide <i>Notice Not to Evaluate</i> (SS/SE-13). Explain the rationale for this decision.</p>		
<p>If the determination is Not to Evaluate for special education, specify the action(s) to pursue. Document plan for follow-up:</p>		
<p>LSC will move forward to consider evaluations for the purpose of determining initial Section 504 qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

### Prior Notice of Evaluation Determination

Fairfax County Public Schools (FCPS) proposes the evaluation determination based on all available information presented and reviewed. The committee considered a variety of assessment information in making this decision. A list of options considered, and proposed or rejected, as well as other factors relevant to the decision is indicated. Parents of a child with a disability have protections. You were provided a copy of the procedural safeguards that explain your rights when you were notified of the local screening committee meeting. If you need assistance in understanding this information, please call Due Process and Eligibility at 571-423-4470.

Initials here indicate that the parent(s) has read the above prior notice, as well as other options considered and other factors related to the proposal, if any, before giving consent to conduct evaluation for special education, if warranted.

SCHOOL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
DATE \_\_\_\_\_  
RE \_\_\_\_\_  
ID NUMBER \_\_\_\_\_

Dear \_\_\_\_\_

It is necessary to conduct a reevaluation to determine whether your child continues to be a child with a disability and in need of special education services. The individualized education program (IEP) reevaluation committee, which includes you and appropriate school staff, will meet to discuss your child's educational needs. This meeting is scheduled for (date) \_\_\_\_\_ at (time) \_\_\_\_\_ at (place) \_\_\_\_\_.

School staff who will be present at this meeting include:

- ☐ Principal or Designee      ☐ Special Education Teacher      ☐ Psychologist  
☐ Social Worker      ☐ General Education Teacher      ☐ Other \_\_\_\_\_

Additional individuals may attend at the request of the parent or the school.

The purpose of this meeting is to review existing evaluation data, including current classroom based assessment, observations by teachers and related services providers, progress toward meeting IEP goals and any assessments and information that you may wish to provide. On the basis of the review and your input, the IEP reevaluation committee will identify what additional data, if any, are needed to determine whether your child continues to have a disability and continues to need special education services.

If no additional data are required, you will be informed in writing of that decision and the reason for it. Based on available data, the IEP reevaluation committee will determine whether your child continues to be a child with a disability and in need of special education services. You have the right to request assessments be done prior to an eligibility determination.

If the IEP reevaluation committee determines that additional data are needed, your consent will be required prior to conducting any assessments. When the assessments are completed, an opportunity will be provided for you to discuss the results. You will be notified of the eligibility meeting. A determination will be made as to whether your child continues to be a child with a disability and in need of special education services.

If your child is determined to no longer be eligible for special education, and you consent with this determination, the committee may recommend an evaluation under *Section 504 of the Rehabilitation Act*, as amended. If the committee recommends an evaluation, parents have the right to participate in the process, and your written consent is required prior to the initiation of the evaluation process.

Parents of a child with a disability have protection under the procedural safeguards. A copy of *Your Family's Special Education Rights (Virginia Procedural Safeguards Notice)* and *Section 504 of the Rehabilitation Act of 1973 Procedural Safeguards* are enclosed for your information. Additional copies of these documents are available at the school or on-line at <https://www.fcps.edu/sites/default/files/media/forms/se4.pdf> and <https://www.fcps.edu/sites/default/files/media/forms/se92.pdf>. Should you desire assistance in understanding the provisions of these procedural safeguards, please call Due Process and Eligibility at 571-423-4470.

If you have any questions regarding the upcoming meeting, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Enclosures

# REEVALUATION REPORT

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)	School	Grade
Reason for Reevaluation		Date Referral Received (if initiated by Parent)

Previous Eligibility Date _____	Current Disability(ies) _____
Previous Evaluation Data Reviewed	

Current Classroom Based Assessments Services Provider Reports	
<input type="checkbox"/> Teacher Narrative(s)/Report	<input type="checkbox"/> Class-based Assessment (specify) _____
<input type="checkbox"/> Service Provider Report(s)	_____
<input type="checkbox"/> State/County Assessments	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Dual Language Information	_____

**ATTACH ALL REPORTS CHECKED ABOVE**

<input type="checkbox"/> See Attached <i>Parent Information</i> Form (SS/SE-127) and/or Additional Information from Parent (Optional)
<input type="checkbox"/> <b>No Additional Data Required to Determine Eligibility</b> Based on a review of the above information, the data is sufficient to determine whether this student continues to have a disability and is in need of special education and related services. Parents have the right to request assessments about their child's educational needs and/or to request assessments to determine whether their child continues to be a child with a disability. <input type="checkbox"/> Parent provided <i>Prior Written Notice</i> (SS/SE-141).
<input type="checkbox"/> <b>Additional Data Required to Determine Eligibility</b> Based on a review of the above information, the IEP reevaluation committee is recommending assessments for the purpose of assisting in the determination of continued special education eligibility. The school psychologist should be a member of the reevaluation committee when assessments are being considered to determine a change in eligibility. Parental consent for all recommended assessments must be obtained by completing <i>Notice and Consent for Evaluation</i> form (SS/SE-2).

☐ **Additional Data Requested for IEP Purposes**

Although additional data was not required to determine eligibility, the IEP reevaluation committee is recommending assessments to assist the IEP team in determining whether any additions and/or modifications to the special education and related services for this student are needed. Parental consent for all recommended assessments must be obtained by completing <i>Notice and Consent for Evaluation</i> form (SS/SE-2).
---

Signature _____	Title _____	Signature _____	Title _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## Notice Not to Evaluate

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

RE \_\_\_\_\_

ID Number \_\_\_\_\_

Dear \_\_\_\_\_

This is to inform you that on \_\_\_\_\_, information on your child was considered by the local screening committee. It was the local screening committee's recommendation, based on all pertinent data, that an individual evaluation is not warranted at this time. The Local Screening Committee Report is enclosed for your information.

You have the right to appeal this decision. In order to do so you must notify Due Process and Eligibility, 8270 Willow Oaks Corporate Drive, Second Floor, Fairfax VA 22031, in writing, that you are initiating an administrative review, mediation and/or an impartial due process hearing. You may obtain a *Notice of Appeal* (SS/SE-130) form from your child's school or on-line at <https://www.fcps.edu/sites/default/files/media/forms/se130.pdf>. If appeal procedures are initiated, your child will remain in the present educational placement during the appeal process unless you and the school division agree otherwise.

A copy of *Your Family's Special Education Rights (Virginia Procedural Safeguards Notice)* was provided to you prior to the local screening committee meeting. Should you desire assistance in understanding the provisions of these procedural safeguards, please call Due Process and Eligibility at 571-423-4470. Additional copies are available at the school or on-line at <https://www.fcps.edu/sites/default/files/media/forms/se4.pdf>.

If you have any questions, please contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Principal or Designee

Enclosures

Student	ID Number	DOB	Date
Parent(s)	School		Grade

## TO THE PARENT OR GUARDIAN:

### 1. RECOMMENDATION:

- ☐ Initial evaluation to determine if your child has a disability and requires special education. The Local Screening Committee Report is enclosed.
- ☐ Assessments to determine your child's continued special education eligibility status. The Reevaluation Report is enclosed.
- ☐ Additional assessments and/or consultations for IEP purposes. The IEP is enclosed.
- ☐ Other: \_\_\_\_\_

Statement of Global Concern Description for areas selected below:

Do the evaluators need to consider the student's EL status and/or mode of communication? ☐ YES ☐ NO

### 2. AREAS TO BE ASSESSED:

- ☐ **Psychological** -- individual cognitive ability, learning style, emotional factors, and perceptual skills

☐ **Sociocultural** -- developmental history, family background, adaptive behavior, medical status, and educational history

☐ **Educational** -- current academic achievement, classroom performance, strengths and weaknesses

☐ **Speech and Language** -- articulation, voice, fluency, and oral language

☐ **Hearing Screening** -- hearing acuity

☐ **Developmental (preschool)**  
Select one or more of the following:

☐ Adaptive

☐ Physical

☐ Cognitive

☐ Social/emotional

☐ Communication

☐ **Occupational Therapy** -- functional motor ability for learning and school performance

☐ assessment

☐ consultation

☐ **Physical Therapy** -- environmental access, functional mobility and school performance

☐ assessment

☐ consultation

☐ **Vision Screening** -- visual acuity

☐ **Audiological** -- complete assessment of hearing

☐ **Functional Vision** -- functional use of near, intermediate, and distance vision to access the curriculum

☐ **Medical** -- physical examination by physician

☐ **Observation** -- to be conducted in the child's learning environment to document academic performance and behavior in the areas of difficulty

☐ **Assistive Technology Services** -- determines AT required for access to the curriculum (for reevaluation or IEP purposes only)

☐ **Adapted Physical Education** -- object control, perceptual motor, locomotor skills, physical fitness, and adaptive behaviors (for reevaluation or IEP purposes only)

☐ **Other** -- \_\_\_\_\_

If a medical assessment is needed, I choose (check one):

- ☐ To have the medical assessment done at the expense of the Department of Special Services. (Complete SS/SE-19)
- ☐ To provide the medical assessment at my own expense within one month. The examination may be dated up to one year prior to the proposed date of eligibility determination.

If you have any questions regarding this recommendation, please contact \_\_\_\_\_ at your child's school.

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Student	ID Number	DOB	Date
Parent(s)	School	Grade	

**3. RIGHTS:** Your rights are described in detail in the copy of Your Family's Special Education Rights (Virginia Procedural Safeguards Notice) previously provided. You have the right to have it fully explained to you in your native language or primary mode of communication. If you have any questions regarding this document, please contact Due Process and Eligibility at 571-423-4470. Additional copies are available at the school or online at <https://www.fcps.edu/sites/default/files/media/forms/se4.pdf>.

**4. CONSENT: YOUR PERMISSION IS REQUIRED FOR ASSESSMENTS Specified in Section 2.**

Area	Consent	No Consent
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

☐ **I GIVE CONSENT for FCPS to proceed with proposed assessments.**

\_\_\_\_\_  
Parent or Guardian Signature:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Date:

☐ **I REFUSE TO GIVE CONSENT for FCPS to proceed with proposed assessments.**

\_\_\_\_\_  
Parent or Guardian Signature:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Date:

Consent is voluntary and may be revoked at any time. You have the right to refuse to give consent. Should you refuse to give consent, FCPS has the right to appeal your decision.

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.*

# Notice of Section 504 Meeting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_  
RE \_\_\_\_\_  
SCHOOL \_\_\_\_\_  
STUDENT ID NUMBER \_\_\_\_\_

Dear \_\_\_\_\_,

Section 504 of the Rehabilitation Act of 1973, as amended, requires that no Section 504 qualified student shall be excluded from participation in, be denied the benefit of, or be subject to discrimination in any program or activity offered by Fairfax County Public Schools (FCPS). A student is considered to have a disability under Section 504, and has a corresponding right to a free appropriate public education, when the student has a physical or mental impairment that impacts and substantially limits a major life activity. A 504 Plan is a statement of the required accommodations and services that FCPS will provide to a student, and is developed by a knowledgeable committee of appropriate school personnel.

The 504 knowledgeable Committee is scheduled to meet on (date) \_\_\_\_\_  
at (time) \_\_\_\_\_, at (location) \_\_\_\_\_.

Information which may be reviewed includes your child's scholastic record, results of any standardized testing and/or classroom observation.

The purpose of this meeting is to proceed with:

- ☐ a 504 Initial qualification ☐ an annual 504 Plan ☐ a 504 Reevaluation

School staff members who will be present at this meeting include:

- ☐ principal or designee ☐ general education teacher  
☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_  
☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

Additional individuals who have knowledge or special expertise regarding your child may participate in the meeting at the request of the parent or the school.

Any questions you may have concerning your child will be discussed at the 504 meeting. A copy of *504 Procedural Safeguards* is enclosed for your information. If you have questions or desire assistance in understanding the provisions of these procedural safeguards, please contact Due Process and Eligibility at 571-423-4470. Additional copies of the document are available at the school or on-line at <https://www.fcps.edu/sites/default/files/media/forms/se92.pdf>.

If you would like to provide information prior to the meeting, or if I may be of further assistance to you, please contact me at

\_\_\_\_\_.

Sincerely,

Enclosures

Student \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Knowledgeable Committee Members:**

Date \_\_\_\_\_

Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____

**DATA REVIEW/EVALUATION**

1. **Presenting Problem** This student is being considered for qualification as a student with a disability under Section 504 of the Rehabilitation Act of 1973, as amended, due to the following concerns:

2. **Data Review** The following sources of evaluation and current information have been provided and considered:

☐ Reports provided by parent    ☐ Grades/Progress Reports    ☐ Standardized Tests  
☐ Observations    ☐ Teacher Narrative(s)    ☐ Other \_\_\_\_\_

3. **Evaluation**

The knowledgeable committee considered the need for new or additional information in order to determine 504 qualification, and based on its review determined the following (check one):

- ☒ **There is sufficient data** to determine whether this student qualifies as an individual with a disability under Section 504. Therefore, no additional information or evaluation is required at this time.  
OR  
☐ **There is insufficient data** to determine whether this student qualifies as an individual with a disability under Section 504.

The knowledgeable committee recommends the following assessments:

4. **Parental Consent**

\*\*\* Parent consent is required for an initial evaluation and/or for the administration of formal assessments . \*\*\*

I AGREE with the determination of the knowledgeable committee. If formal assessments are recommended, I give my consent to the following recommended assessments

I have received a copy of the Section 504 of the Rehabilitation Act of 1973 Procedural Safeguards.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I DO NOT AGREE with the determination of the knowledgeable committee. I have received a copy of the Section 504 of the Rehabilitation Act of 1973 Procedural Safeguards.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*\*\* Parent consent is NOT required for reevaluations in which existing data is being used to consider 504 qualification. \*\*\*

## Section 504 Qualification

### Continued

Student \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_

**DEFINITION OF DISABILITY UNDER SECTION 504 OF THE REHABILITATION ACT, AS AMENDED:**

A student is considered to have a disability under Section 504, and has a corresponding right to a free appropriate public education (FAPE), when the student has a physical or mental impairment that impacts and substantially limits a major life activity.

The determination of whether a student's impairment substantially limits a major life activity should be done without extensive analysis, without regard for mitigating measures, and with regard to how the student's impairment manifests when it is active. Consideration as to whether an individual student's impairment limits a major life activity to a substantial degree should be done using a broad, inclusive approach, and if there are accommodations or other measures in place such as medication, therapy, medical devices, etc., the limitation of the impairment on the major life activity should be considered as if the mitigating measures were absent and the impairment is in its active phase.

The committee must answer YES to BOTH of the following criteria for the student to qualify under Section 504.

5. ☐ Yes ☐ No The student has a physical and/or mental impairment.

If so, describe the impairment(s):

6. ☐ Yes ☐ No The student's impairment limits one or more major life activities.

If so, check each of the major life activities limited by the impairment:

- |  |                                  |   |                                      |                                  |
|--|----------------------------------|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Learning      | <input type="checkbox"/> Hearing | <input type="checkbox"/> Breathing          | <input type="checkbox"/> Walking     | <input type="checkbox"/> Seeing  |
| <input type="checkbox"/> Working       | <input type="checkbox"/> Eating  | <input type="checkbox"/> Concentrating      | <input type="checkbox"/> Thinking    | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Bending | <input type="checkbox"/> Caring for oneself | <input type="checkbox"/> Other _____ |                                  |
- ☐ Operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Describe the limitation (if any) caused by the impairment on each identified major life activity:

On \_\_\_\_\_, based upon all the information considered, the committee determined:  
(date)

- ☐ The student has a physical or mental impairment which substantially limits a major life activity and qualifies as a student with a disability under Section 504. A knowledgeable committee will convene to consider the development of a 504 plan.
- OR
- ☐ The student does not qualify as an individual with a disability under Section 504.

Committee participants:

**Knowledgeable Committee Members:**

Date \_\_\_\_\_

Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____
Name _____	Signature _____	Title _____

## SECTION 504: PARENT CONSENT FOR INDIVIDUALIZED ASSESSMENT

Student \_\_\_\_\_

ID \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

Dear Parent or Guardian:

The Section 504 knowledgeable committee recommends that the following individual assessment(s) be administered to your child:

The purpose of completing formal assessment is to assist in understanding and addressing your child's unique needs. Information from this assessment will be used to determine if any additional accommodations, modifications and /or services are required for your child to access Fairfax County Public School (FCPS) programs and activities, and to receive a free appropriate public education (FAPE).

Your written consent is required prior to the administration of formal assessment(s). The granting of your consent is voluntary, and may be revoked at any time. You have the right to refuse to give consent. Should you refuse to give consent, FCPS has the right to appeal your decision. The results of the assessment(s) are considered to be confidential. You have the right to review your child's educational records and may contact the staff member listed below if you wish to discuss the evaluation results.

Your rights are described in detail in the copy of *Section 504 of the Rehabilitation Act of 1973 Procedural Safeguards* previously provided. You have the right to have it fully explained to you in your native language or primary mode of communication. If you have any questions regarding this document, please contact Due Process and Eligibility at 571-423-4470, or the Section 504 specialist at 571-423-1304. Additional copies are available at the school or online at [www.fcps.edu/sites/default/file/media/forms/se92.pdf](http://www.fcps.edu/sites/default/file/media/forms/se92.pdf).

Please return this form indicating your decision as soon as possible.

☐ **I AGREE** to the following recommended assessment(s):

☐ **I DO NOT AGREE** to the following recommended assessment(s):

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, or wish to discuss this process further, please contact me at \_\_\_\_\_  
Phone number

Sincerely,

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

## Notice of Eligibility Meeting

SCHOOL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DATE \_\_\_\_\_  
RE \_\_\_\_\_  
ID NUMBER \_\_\_\_\_

Dear \_\_\_\_\_

The eligibility committee will be meeting on (date) \_\_\_\_\_, at (time) \_\_\_\_\_, at your child's school for the purpose of determining whether your child:

- ☐ is a child with a disability and in need of special education or  
☐ continues to be a child with a disability and in need of special education.

The eligibility committee is comprised of you, the parent, and a team of qualified professionals. School staff who will be present at this meeting include:

- ☐ Principal or Designee      ☐ Special Education Teacher      ☐ Psychologist  
☐ Social Worker      ☐ General Education Teacher      ☐ Other \_\_\_\_\_

Other individuals who have knowledge or special expertise regarding your child may participate in the meeting at the discretion of you or the school. The determination of the knowledge or special expertise shall be made by the party who invited the individual.

The eligibility committee will review the assessment reports completed on your child as well as other pertinent information. A variety of assessment tools and strategies were used to gather information regarding your child. A copy of the assessment reports will be available to you three calendar days prior to the eligibility meeting.

If your child is determined to not be eligible for special education, and you consent with this determination, the committee may recommend an evaluation under Section 504 of the Rehabilitation Act as amended. If the committee recommends an evaluation, parents have the right to participate in the process, and your written consent is required prior to the initiation of the evaluation process.

Parents of a child with a disability have protection under the procedural safeguards. A copy of *Your Family's Special Education Rights (Virginia Procedural Safeguards Notice)* and *Section 504 of the Rehabilitation Act of 1973 Procedural Safeguards* are enclosed for your information. Additional copies of these documents are available at the school or on-line at <https://www.fcps.edu/sites/default/files/media/forms/se4.pdf> and <https://www.fcps.edu/sites/default/files/media/forms/se92.pdf>. Should you desire assistance in understanding the provisions of these procedural safeguards, please call Due Process and Eligibility at 571-423-4470.

If you have any questions regarding the upcoming meeting, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

Enclosures

# Autism Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a student's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a student's educational performance is adversely affected primarily because the student has an emotional disability. A student who manifests the characteristics of autism after age three could be identified as having autism if the criteria in this definition are satisfied.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with autism who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

- ☐ ☐ A. The student displays persistent deficits in social communication and social interaction as manifested by all of the following:
- ☐ Deficits in social-emotional reciprocity (e.g., abnormal social approach and failure of normal back-and-forth conversation reduced sharing of interests, emotions, or affect or failure to initiate or respond to social interactions).
  - ☐ Deficits in nonverbal communicative behaviors used for social interaction (e.g., poorly integrated verbal and nonverbal communication, abnormalities in eye contact and body language or deficits in understanding and use of gestures or total lack of facial expressions and nonverbal communication).
  - ☐ Deficits in developing, maintaining, and understanding relationships (e.g., difficulties adjusting behavior to suit various social contexts, difficulties in sharing imaginative play or in making friends, or an absence of interest in peers).

Describe:

Yes No

- ☐ ☐ B. The student displays restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least one of the following:
- ☐ Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, or idiosyncratic phrases).
  - ☐ Insistence on sameness, inflexible adherence to routines, unusual responses to sensory experiences, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, or rigid thinking patterns).
  - ☐ Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects or excessively circumscribed or perseverative interests).

Describe:

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## Autism Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

Yes No

- ☐ ☐ C. The student's educational performance is not adversely affected primarily because the student has an emotional disability.

Yes No

- ☐ ☐ D. The characteristics identified above result in an adverse effect on the student's educational performance.

Describe:

Yes No

- ☐ ☐ E. The student requires specially designed instruction as a result of the documented characteristics of autism.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for autism ARE met.
- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for autism ARE NOT met.



## Emotional Disability Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Emotional disability means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student's educational performance:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors;
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3. Inappropriate types of behavior or feelings under normal circumstances;
4. A general pervasive mood of unhappiness or depression; or
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disability.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with emotional disability who requires special education will meet ALL of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

☐ ☐ A. The student has exhibited one or more of the following characteristics for a long period of time and to a marked degree:

- \_\_\_\_\_ 1. Inability to learn that cannot be explained by intellectual, sensory, or health factors. Provide time frame and evidence for the inability to learn.

Describe:

- \_\_\_\_\_ 2. Inability to build or maintain satisfactory interpersonal relationships with peers and teachers. Provide time frame and evidence for unsatisfactory peer and teacher relationships.

Describe:

- \_\_\_\_\_ 3. Inappropriate types of behavior or feelings under normal circumstances as shown by reports and information from multiple sources. Provide time frame and evidence for inappropriate behavior or feelings.

Describe:

- \_\_\_\_\_ 4. A general pervasive mood of unhappiness or depression as shown by reports and information from multiple sources. Provide time frame and evidence of unhappiness or depression.

Describe:

- \_\_\_\_\_ 5. A tendency to develop physical symptoms or fears associated with personal or school problems as confirmed by reports from multiple sources. Provide time frame and evidence for physical symptoms or fears.

Describe:

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## Emotional Disability Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

Yes No

☐ ☐ B. The characteristics identified above result in an adverse effect on the student's educational performance.

Describe:

Yes No

☐ ☐ C. The student requires specially designed instruction as a result of the emotional disability.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for emotional disability ARE met.
- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for emotional disability ARE NOT met.

## Hearing Impairment Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Hearing impairment means an impairment in hearing, in one or both ears, with or without amplification, whether permanent or fluctuating, that adversely affects a student's educational performance but is not included under the definition of deafness.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with hearing impairment who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

☐ ☐ A. The student has a documented hearing impairment. The student with a hearing impairment has exhibited one or more of the following characteristics (check all that apply):

- ☐ unilateral hearing loss (conductive, sensorineural, or mixed), or
- ☐ bilateral hearing loss (conductive, sensorineural, or mixed), or
- ☐ a fluctuating or permanent hearing loss, and/or
- ☐ auditory dyssynchrony (auditory neuropathy)

Describe:

Yes No

☐ ☐ B. The hearing impairment results in an adverse effect on the student's communication and/or educational performance.

Describe:

Yes No

☐ ☐ C. The student requires specially designed instruction as a result of the hearing impairment.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for hearing impairment ARE met.

☐ Having reviewed all available written and oral information, the committee finds that the criteria for hearing impairment ARE NOT met.

## Intellectual Disability Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Intellectual disability means significantly below-average general intellectual functioning, existing concurrently with deficits in adaptive behavior, and manifested during the developmental period, that adversely affects a student's educational performance. (Deficits in cognitive ability and adaptive behavior are not primarily caused by visual or auditory deficits; motor deficits; emotional disability; learning disability; environmental, cultural, or economic disadvantage; and/or limited English proficiency.)

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with an intellectual disability who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

- ☐ ☐ A. The student has significantly below-average general intellectual functioning: at least 2.0 standard deviations below the mean on an individually administered, standardized measure of intellectual functioning, with consideration given to the standard error of measurement for the assessment.

Specify instrument used and results:

Yes No

- ☐ ☐ B. The student has concurrent deficits in adaptive behavior: at least 2.0 standard deviations below the mean on a standardized instrument of adaptive behavior, such as conceptual skills, social skills, and/or practical skills.

Specify instrument used and results:

Yes No

- ☐ ☐ C. The onset of intellectual and adaptive deficits occurred during the developmental period (birth through 18).

Describe:

Yes No

- ☐ ☐ D. The intellectual and adaptive deficits result in an adverse effect on the student's educational performance in all instructional areas.

Describe:

Yes No

- ☐ ☐ E. The student requires specially designed instruction as a result of the intellectual disability.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for intellectual disability ARE met.

☐ Having reviewed all available written and oral information, the committee finds that the criteria for intellectual disability ARE NOT met.

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## Multiple Disabilities Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Multiple disabilities means simultaneous impairments (e.g., intellectual disability with blindness or intellectual disability with orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with multiple disabilities who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

☐ ☐

- A. The student qualifies for special education in two or more disability categories according to criteria. Specify disability categories for which the student has met the eligibility criteria and attach the relevant Basis for Committee Decision forms.

Specify:

Yes No

☐ ☐

- B. The student requires specially designed instruction as a result of multiple disabilities that cannot be accommodated in special education programs solely for one of the impairments.

Specify:

☐

Having reviewed all available written and oral information, the committee finds that the criteria for multiple disabilities ARE met.

☐

Having reviewed all available written and oral information, the committee finds that the criteria for multiple disabilities ARE NOT met.

## Orthopedic Impairment Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Orthopedic impairment means a severe orthopedic impairment that adversely affects a student's educational performance. The term includes impairments caused by congenital anomaly (e.g., club foot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, fractures or burns that cause contractures, etc.).

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with orthopedic impairment who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

☐ ☐ A. The student has orthopedic impairment.

Describe:

Yes No

☐ ☐ B. As a result of this orthopedic impairment, the student exhibits physical limitations in the school environment (e.g., mobility, sitting, object manipulation, posture, toileting, communicating, eating, etc.).

Describe:

Yes No

☐ ☐ C. The orthopedic impairment results in an adverse effect on the student's educational performance.

Describe:

Yes No

☐ ☐ D. The student requires specially designed instruction as a result of the orthopedic impairment.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for orthopedic impairment ARE met.

☐ Having reviewed all available written and oral information, the committee finds that the criteria for orthopedic impairment ARE NOT met.

## Other Health Impairment Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that (1) is due to chronic or acute health problems such as: a heart condition, tuberculosis, rheumatic fever, nephritis, arthritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, or Tourette syndrome; and (2) adversely affects a student's educational performance.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with other health impairment who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

☐ ☐ A. The student has a documented chronic or acute health problem.

Describe:

Yes No

☐ ☐ B. Due to the health problem, the student has limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment.

Describe:

Yes No

☐ ☐ C. The limited strength, vitality, or alertness results in an adverse effect on the student's educational performance. Functional academic performance is significantly impacted (e.g., performance on standardized tests, daily classroom performance, functional impact of medical condition on day-to-day performance, etc.).

Describe:

Yes No

☐ ☐ D. The student requires specially designed instruction as a result of the other health impairment.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for other health impairment ARE met.

☐ Having reviewed all available written and oral information, the committee finds that the criteria for other health impairment ARE NOT met.

## Specific Learning Disability Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disabilities, of emotional disabilities, or of environmental, cultural, or economic disadvantage.

Dyslexia is a specific learning disability that is neurobiological in origin and is distinguished from other learning disabilities due to the weakness occurring at the phonological level. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and a reduced reading experience that can impede growth of vocabulary and background knowledge.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with a specific learning disability who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

- ☐ ☐ A. The student has been provided with learning experiences and instruction appropriate for the student's age or Virginia-approved grade-level standards.

Yes No

- ☐ ☐ B. The student does not achieve adequately for the student's age or intellectual ability or to meet Virginia-approved grade-level standards in one or more of the following areas.

Check all areas where the student demonstrates the underachievement:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Basic Reading Skills     | <input type="checkbox"/> Reading Comprehension        | <input type="checkbox"/> Reading Fluency             | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Mathematical Calculation | <input type="checkbox"/> Mathematical Problem Solving | <input type="checkbox"/> Written Expression/Spelling | <input type="checkbox"/> Oral Expression         |

Yes No

- ☐ ☐ C. The student demonstrates a processing disorder that impacts the student in the above areas of underachievement.

Check all the basic psychological processes involved in understanding or in using language, spoken or written:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Auditory Discrimination               | <input type="checkbox"/> Auditory Memory          | <input type="checkbox"/> Auditory Processing | <input type="checkbox"/> Long Term Recall          |
| <input type="checkbox"/> Perceptual Motor/<br>Processing Speed | <input type="checkbox"/> Phonological Processing  | <input type="checkbox"/> Rapid Naming        | <input type="checkbox"/> Visual Discrimination     |
| <input type="checkbox"/> Visual Memory                         | <input type="checkbox"/> Visual Motor Integration | <input type="checkbox"/> Visual Sequencing   | <input type="checkbox"/> Visual-Spatial Processing |
| <input type="checkbox"/> Working Memory                        | <input type="checkbox"/> Other _____              |  |  |

Yes No

- ☐ ☐ D. The committee considered the relevant behavior noted during the observation of the student and the relationship of that behavior to the student's academic functioning.

Describe:

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# Specific Learning Disability Basis for Committee Decision

CONFIDENTIAL

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Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

Yes No

☐ ☐ E. Evaluation outcomes (check all that apply):

- ☐ Using the discrepancy model, the student obtains scores that demonstrate that a severe discrepancy exists between the student's achievement and intellectual ability in one or more of the area(s) of specific learning disability, or
- ☐ Using response to evidence based intervention, the student does not make sufficient progress to meet age or Virginia-approved grade level standards, or
- ☐ The student exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, Virginia-approved grade-level standards, or intellectual ability, that is determined to be relevant to the identification of a specific learning disability.

Describe the evidence that was used to determine the area(s) of underachievement:

Yes No

☐ ☐ F. The committee considered the following exclusionary factors and ruled them out as the primary cause of the student's under-achievement:

- ☐ Visual, hearing, or motor impairment
- ☐ Intellectual disability
- ☐ Emotional disability
- ☐ Environmental, cultural, or economic disadvantage
- ☐ Limited English proficiency

Yes No

☐ ☐ G. The specific learning disability results in an adverse effect on the student's educational performance.

Describe:

Yes No

☐ ☐ H. The student requires specially designed instruction as a result of the specific learning disability.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for specific learning disability ARE met.
- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for specific learning disability ARE NOT met.

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## Speech/Language Impairment Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Speech/language impairment means a communication disorder, such as stuttering disorder, impaired articulation, expressive language, and/or receptive language, or voice impairments that adversely affects a student's educational performance.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with a speech/language impairment who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

- ☐ ☐ A. There is documentation of significant speech/language impairment in articulation, voice, fluency, expressive language, and/or receptive language that is significantly discrepant from typical communication skills.

Specify deficit area(s):

Yes No

- ☐ ☐ B. The speech/language impairment is not primarily the result of sociocultural dialect, delay, or difference associated with acquisition of English as a second language or within the purview of established norms for articulation and language development.

Describe:

Yes No

- ☐ ☐ C. The speech/language impairment results in an adverse effect on the student's educational performance.

Describe:

Yes No

- ☐ ☐ D. The student requires specially designed instruction as a result of the speech/language impairment.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for speech/language impairment ARE met.
- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for speech/language impairment ARE NOT met.

# Traumatic Brain Injury Basis for Committee Decision

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Student Name \_\_\_\_\_ ID# \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Traumatic brain injury means an acquired injury to the brain caused by an external physical force, or by other medical conditions, including stroke, anoxia, infectious disease, aneurysm, brain tumors, and neurological insults resulting from medical or surgical treatments, resulting in total or partial functional disability, psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, psychosocial behavior, physical functions, information processing, speech, and sensory, perceptual, and/or motor abilities. The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with traumatic brain injury who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

☐ ☐ A. The student has sustained an injury to the brain caused by an external physical force or other medical condition(s).

Describe the injury and its cause:

Yes No

☐ ☐ B. The brain injury is not congenital, degenerative, or induced by birth trauma.

Yes No

☐ ☐ C. The brain injury results in total or partial functional disability or impairment in one or more areas:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Abstract Thinking    | <input type="checkbox"/> Attention          | <input type="checkbox"/> Cognition       | <input type="checkbox"/> Information Processing |
| <input type="checkbox"/> Judgement            | <input type="checkbox"/> Language           | <input type="checkbox"/> Memory          | <input type="checkbox"/> Motor Abilities        |
| <input type="checkbox"/> Perceptual Abilities | <input type="checkbox"/> Physical Functions | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Psychosocial Behavior  |
| <input type="checkbox"/> Reasoning            | <input type="checkbox"/> Sensory            | <input type="checkbox"/> Speech          |   |

Yes No

☐ ☐ D. The functional disability or impairment results in an adverse effect on the student's educational performance.

Describe:

Yes No

☐ ☐ E. The student requires specially designed instruction as a result of the traumatic brain injury.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for traumatic brain injury ARE met.
 ☐ Having reviewed all available written and oral information, the committee finds that the criteria for traumatic brain injury ARE NOT met.

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## Visual Impairment Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Visual impairment means an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with a visual impairment who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

☐ ☐ A. There is documentation of a visual impairment and the student demonstrates characteristics of blindness or visual impairment. (Check all that apply.)

☐ A student with blindness demonstrates visual acuity in the better eye with best possible correction of 20/200 or less at distance or near or visual field restriction in the better eye of remaining visual field of 20 degrees or less.

☐ A student with visual impairment demonstrates visual acuity better than 20/200 but worse than 20/70 at distance or near or visual field restriction in the better eye of remaining visual field of 70 degrees or less but better than 20 degrees.

☐ The student has any of the conditions, which may in the future, have an adverse effect on educational performance, or a functional vision loss where field and acuity deficits alone may not meet the aforementioned criteria, such as: oculomotor apraxia, cortical vision impairment or a progressive loss of vision which may in the future, have an adverse effect on educational performance.

Specify impairment:

Yes No

☐ ☐ B. The visual impairment results in an adverse effect on the student's educational performance. Describe the adverse effect and the support required, e.g., large print, Braille, recorded textbooks, low vision aids, preferential seating or lighting, orientation and mobility training, social interaction skills training, etc.

Describe:

Yes No

☐ ☐ C. The student requires specially designed instruction as a result of the identified visual impairment.

Specify:

☐ Having reviewed all available written and oral information, the committee finds that the criteria for visual impairment ARE met.

☐ Having reviewed all available written and oral information, the committee finds that the criteria for visual impairment ARE NOT met.

## Developmental Delay Basis for Committee Decision

CONFIDENTIAL

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Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Developmental delay means a disability affecting a child age two by September 30, through six, inclusive, who:

1. Is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; or
2. Has an established physical or mental condition that has a high probability of resulting in developmental delays.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with developmental delay who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

- ☐ ☐ A. The student is a child age two, or whose second birthday falls on or before September 30, through six, inclusive:

Yes No

- ☐ ☐ B. The student is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

☐ Physical Development

☐ Cognitive Development

☐ Communication Development

☐ Social or Emotional Development

☐ Adaptive Development

☐ Established physical or mental condition that has a high probability of resulting in developmental delays.

Describe delay(s):

Yes No

- ☐ ☐ C. The delay is not primarily a result of cultural factors, environmental or economic disadvantage, or limited English proficiency.

Describe:

Yes No

- ☐ ☐ D. The delay results in an adverse effect on the student's educational performance or on the student's participation in age appropriate activities.

Describe:

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## Developmental Delay Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

Yes No

☐ ☐ E. The student requires specially designed instruction as a result of the developmental delay.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for developmental delay ARE met.
- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for developmental delay ARE NOT met.

DRAFT

## Deafness Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION: Deafness means a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects the student's educational performance.**

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with deafness who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

☐ ☐ A. The student has a documented hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing. (check all that apply):

☐ a bilateral hearing loss (sensorineural or mixed conductive and sensorineural)

☐ a fluctuating or a permanent hearing loss

☐ documented auditory dyssynchrony (auditory neuropathy), and/or cortical deafness

☐ other: \_\_\_\_\_

Describe:

Yes No

☐ ☐ B. The deafness results in an adverse effect on the student's communication and/or educational performance.

Describe:

Yes No

☐ ☐ C. The student requires specially designed instruction as a result of deafness.

Specify:

☐ Having reviewed all available written and oral information, the committee finds that the criteria for deafness ARE met.

☐ Having reviewed all available written and oral information, the committee finds that the criteria for deafness ARE NOT met.

## Deaf-Blindness Basis for Committee Decision

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Date of meeting \_\_\_\_\_

**DEFINITION:** Deaf-blindness means simultaneous hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for students with deafness or for students with blindness.

Consider the data from multiple sources, review the definition, consider the criteria below, and document any additional information. Note that a diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination.

**CRITERIA.** A student with deaf-blindness who requires special education will meet **ALL** of the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

Yes No

- ☐ ☐ A. There is documentation that the student qualifies for special education in the following categories: deafness or hearing impairment and visual impairment. Attach the relevant Basis for Committee Decision forms.

Specify:

Yes No

- ☐ ☐ B. The combination of the hearing and visual impairments causes such severe communication and other developmental and educational needs that cannot be accommodated in special education programs solely for students with deafness or for students with blindness.

Specify:

- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for deaf-blindness ARE met.
- ☐ Having reviewed all available written and oral information, the committee finds that the criteria for deaf-blindness ARE NOT met.



## SPECIAL EDUCATION ELIGIBILITY

☐ Initial  
☐ Reevaluation  
Current disability(ies)

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Student Name \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Evaluation components and additional information, if any, considered (include a description of each evaluation, assessment, record, intervention, or report the team used as a basis for discussion).

Summary of observational data: (oral and/or written, formal or informal)

Having reviewed the evaluation components and additional information, if any, listed above, the committee has made an eligibility determination as indicated. This determination is not based on a lack of instruction in reading or math, or limited English proficiency.

☐ **Eligible** for special education services ☐ **Ineligible** for special education services (provide prior written notice SS/SE-141)

Areas of Disability considered for which criteria are met \_\_\_\_\_

Areas of Disability considered for which criteria are not met \_\_\_\_\_

Signature of Eligibility Committee Members.

Parent \_\_\_\_\_

Special Education Teacher \_\_\_\_\_

Parent \_\_\_\_\_

General Education Teacher \_\_\_\_\_

Principal or Designee \_\_\_\_\_

School Social Worker \_\_\_\_\_

Psychologist \_\_\_\_\_

Signature of additional persons present:

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Members in disagreement must provide a statement of dissent below or on an attached sheet

If the determination is ineligible, provide instructional recommendation(s)

## SPECIAL EDUCATION ELIGIBILITY

☐ Initial  
☐ Reevaluation  
Current disability(ies)

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Student Name \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

### Prior Notice of Eligibility Determination

Fairfax County Public Schools (FCPS) proposes the eligibility determination based on all available information presented and reviewed. Evaluation information previously indicated was considered in making the eligibility determination. Eligibility options considered and proposed are those for which criteria were met. Options considered for which criteria were not met have been rejected. Information and factors related to the decision are indicated on the attached Basis for Committee Decision forms. Parents of a child with a disability have protections. You were provided a copy of the procedural safeguards that explain your rights when you were notified of the local screening committee meeting or IEP meeting. If you need assistance in understanding this information, please call Due Process and Eligibility at 571-423-4470.

If parent consent is required, initials here indicate that the parent(s) has read the above prior notice, as well as other factors \_\_\_\_\_ related to the proposal, before giving consent to eligibility determination.

☐ **PARENTAL CONSENT REQUIRED** (indicate below) ☐ **PARENTAL CONSENT NOT REQUIRED**

### PARENT CONSENT FOR ELIGIBILITY DETERMINATION

Parent Consent Required for: Disability	Decision		
		<input type="checkbox"/> I give consent	<input type="checkbox"/> I don't give consent
		<input checked="" type="checkbox"/> I give consent	<input type="checkbox"/> I don't give consent
		<input checked="" type="checkbox"/> I give consent	<input type="checkbox"/> I don't give consent
		<input checked="" type="checkbox"/> I give consent	<input type="checkbox"/> I don't give consent

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT CONSENT FOR COMPLETE TERMINATION OF ELIGIBILITY (following reevaluation)

- ☐ I AGREE with the committee's determination that my child is no longer a child with a disability who needs special education and related services.
- ☐ I DO NOT AGREE with the committee's determination that my child is no longer a child with a disability who needs special education and related services.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The Local Screening/Reevaluation Committee will move forward to consider initial Section 504 evaluation. ☐ Yes ☐ No

### Individualized Education Program (IEP)

- ☐ Initial Eligibility - If this is an initial eligibility, the student's IEP team must convene within 30 calendar days.
- ☐ Reevaluation Eligibility - If this is a reevaluation and the student is determined continued eligible for special education services, the student's (IEP) team may need to convene within 30 calendar days. (Select one of the following.)
- ☐ There is a change in the student's eligibility and educational needs which requires a review of the current IEP. The IEP team will convene within 30 calendar days.
- ☐ There is a change in the student's eligibility; however, the current IEP continues to be appropriate. The IEP team does not need to convene at this time. (If the parent was not present at the eligibility meeting, the case manager will contact the parent and solicit input regarding convening an IEP meeting.)
- ☐ There is a change in the student's educational needs which requires a review of the current IEP. The IEP team will reconvene within 30 calendar days.
- ☐ There is no change in the student's eligibility and educational needs, thus the IEP team will not convene at this time. (If the parent was not present at the eligibility meeting, the case manager will contact the parent and solicit input regarding convening an IEP meeting.)
- ☐ The parent has requested an IEP meeting within 30 calendar days.

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.*

## PRIOR WRITTEN NOTICE

Student \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Dear \_\_\_\_\_

The Individuals with Disabilities Education Act requires that a school division provide written notice to parents when the school division proposes or refuses to initiate or change the identification, evaluation, or educational placement of a child, or the provision of a free appropriate public education (FAPE).

During a/an \_\_\_\_\_ meeting on \_\_\_\_\_, Fairfax County Public Schools (FCPS)

☐ proposed or ☐ refused (check one) the following action:

The reason FCPS proposes or refuses the action:

Description of other options considered by FCPS and why they were rejected:

Description of each evaluation procedure, test, record, or report FCPS used as a basis for the proposed or refused action:

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or eligible student.*

## PRIOR WRITTEN NOTICE

Student \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Description of other factors relevant to FCPS' proposal or refusal:

Parents of a child with a disability have protection under the procedural safeguards including the right to appeal the proposal or refusal of the action described in this notice. A copy of *Your Family's Special Education Rights (Virginia Procedural Safeguards Notice)* (SS/SE-4) has previously been provided to you. Additional copies of this document are available at your child's school or on-line at <https://www.fcps.edu/sites/default/files/media/forms/se4.pdf>. If you have questions or desire assistance understanding the provisions of these safeguards, please contact Due Process and Eligibility at 571-423-4470.

Sincerely,

\_\_\_\_\_

cc: Student Scholastic Record,

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or eligible student.*

SCHOOL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DATE \_\_\_\_\_  
RE \_\_\_\_\_  
ID NUMBER \_\_\_\_\_

Dear \_\_\_\_\_

On \_\_\_\_\_ (date), information about your child was reviewed to determine whether your child is eligible for special education services.

## **INITIAL:**

Based on a review of all available information, it was determined that \_\_\_\_\_

- ☐ is eligible for special education services.  
☐ is not eligible for special education services.

Student Name

If your child was found eligible for special education services, your consent is required for an initial eligibility determination. If you did not attend the eligibility meeting, please complete and sign the appropriate section of the enclosed *Special Education Eligibility* (SS/SE-10) form and return to your child's school. Regulations governing special education programs in Virginia specify that an individualized education program (IEP) must be developed for every student following an eligibility determination. You will be contacted by a school representative for the purpose of arranging a meeting to develop an appropriate IEP for your child. Any questions you may have concerning your child's program will be discussed at the IEP meeting. A copy of *Individualized Education Program (IEP) Meeting Agenda for Parents* (IEP-101) is enclosed for your information. If your child is a nonresident and is parentally placed in a private school located in Fairfax County, you must contact the school division where your child resides to arrange an IEP meeting. If your child continues in a private school located in Fairfax County, services may be available from Fairfax County Public Schools (FCPS) through an individual services plan (ISP).

## **REEVALUATION:**

Based on a review of all available information, it was determined that \_\_\_\_\_

- ☐ continues to be eligible for special education services.

Student Name

If your child continues to be eligible for special education services, the IEP team may reconvene to review your child's IEP and revise as appropriate. If a change in eligibility status occurred, your consent is required. If you did not attend the eligibility meeting, please complete and sign the appropriate section of the enclosed *Special Education Eligibility* (SS/SE-10) form and return to your child's school.

- ☐ is no longer eligible for special education services.

If your child is no longer eligible for special education services, your consent for termination of special education services is required. If you did not attend the eligibility meeting, please complete and sign the appropriate section of the enclosed *Special Education Eligibility* (SS/SE-10) form and return to your child's school. In order to facilitate a smooth transition, the proposed date for special education services to end is \_\_\_\_\_.

The attached documents provide information on how this decision was made. If you did not attend the meeting and disagree with the determination, you may request that the eligibility decision be reconsidered. A copy of *Your Family's Special Education Rights (Virginia Procedural Safeguard Notice)* (SS/SE-4) has previously been provided to you. Additional copies of the procedural safeguards document are available at your child's school or on-line at <https://www.fcps.edu/sites/default/files/media/forms/se4.pdf>. If you have questions concerning the procedural safeguards or desire assistance understanding the provisions of these safeguards, please contact Due Process and Eligibility at 571-423-4470.

You have the right to appeal the eligibility decision. In order to do so, you must notify Due Process and Eligibility, 8270 Willow Oaks Corporate Dr. Second Floor, Fairfax, VA 22031, in writing that you are initiating an administrative review, mediation, and/or an impartial due process hearing. You may obtain a *Notice of Appeal* (SS/SE-130) form from your child's school. FCPS may appeal a parent's decision as provided by the *Virginia Procedural Safeguard Notice*. If appeal procedures are initiated, your child will remain in the present educational placement during the appeal process unless you and the school division agree otherwise.

If you have any questions, you may contact me at \_\_\_\_\_.

Sincerely,

Enclosures

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or eligible student.*

## ELIGIBILITY COMMITTEE

### ADDITIONAL DATA REQUIRED

Name \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_

Evaluation Components Completed and Reviewed:

After review of the evaluation components above, the eligibility committee has determined the need to extend the 65 day timeline to obtain additional data that could not be obtained within the 65 business days.

Additional Data Required:

This committee will reconvene to consider this information and make an eligibility determination on or before \_\_\_\_\_ (date, not to exceed 10 business days beyond the 65th day).

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Special Education Teacher

\_\_\_\_\_  
Parent

\_\_\_\_\_  
General Education Teacher

\_\_\_\_\_  
Principal or Designee

\_\_\_\_\_  
School Social Worker

\_\_\_\_\_  
Psychologist

Additional persons present:

## CONSENT TO EXCHANGE CONFIDENTIAL STUDENT INFORMATION

The purpose of this form is for parents, guardians, or emancipated students to authorize Fairfax County Public Schools (FCPS) staff to exchange (written, verbal, or both) confidential information with individuals or agencies designated on this form. To provide consent for exchange of educational records, please see form SS/SE-79.

Student	ID Number	DOB	Date
Parent/Legal Guardian Name	Parent/Legal Guardian Name	School	Grade

**CHECK ONE:**

- ☐ I am the parent/guardian of the above named student, a non-emancipated student under the age of 18. I hereby consent to the exchange of confidential student information relating to this student between FCPS and the individuals or agencies named below.
- ☐ I am the parent/guardian of the above named student, for whom I have educational decision making rights. I hereby consent to the exchange of confidential student information relating to this student between FCPS and the individuals or agencies named below.
- ☐ I am an emancipated student under the age of 18. I hereby consent to the exchange of confidential student information between FCPS and the individuals or agencies named below.
- ☐ I am a student over the age of 18. I hereby consent to the exchange of confidential information between FCPS and the individuals or agencies named below.

\* **CHECK ALL THAT APPLY:**    ☐ Written    ☐ Verbal

Name of Agency/Individual	Contact Information	Relationship to Student
Name of Agency/Individual	Contact Information	Relationship to Student
Name of Agency/Individual	Contact Information	Relationship to Student
Name of Agency/Individual	Contact Information	Relationship to Student

**PURPOSE OF EXCHANGE:** If consent is being given to exchange this information for a particular purpose, please describe

**TIME LIMIT:** If consent is being given to exchange this information during a particular period of time, please write the beginning date and ending date of consent.

Beginning Date

Ending Date

**CONSENT:**

I GIVE CONSENT

Parent/Guardian Signature

Date