

Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A • PONTIAC, ILLINOIS 61764
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STUDENT NAME: _____

DATE OF MEETING: _____

ELIGIBILITY DETERMINATION (ALL DISABILITIES OTHER THAN SPECIFIC LEARNING DISABILITY)

DETERMINANT FACTORS

The determinant factor for the student's suspected disability is:

- ☐ Yes ☐ No Lack of appropriate instruction in reading, including the essential components of reading instruction (Evidence Provided) _____
- ☐ Yes ☐ No Lack of appropriate instruction in math (Evidence Provided) _____
- ☐ Yes ☐ No Limited English Proficiency (Evidence Provided) _____

If any of the above answers is "yes," the student is not eligible for services under IDEA and the team must complete Step 1 and 4 below. If all of the answers are "no," complete Steps 1-4

STUDENT IDENTIFICATION INFORMATION

STEP 1- DISABILITY

☐ **No Disability Identified** (Complete Step 4 **and** write "Not Eligible for Special Education Services" in the Disability section of the Conference Summary Report page.)

☐ **Disability Identified**
Based on the team's analysis, identify the disability(s):

Primary	Secondary	Primary	Secondary
<input type="checkbox"/> Autism (O)	<input type="checkbox"/>	<input type="checkbox"/> Multiple Disabilities (M)	<input type="checkbox"/>
<input type="checkbox"/> Cognitive Disability (A)	<input type="checkbox"/>	<input type="checkbox"/> Orthopedic Impairment (C)	<input type="checkbox"/>
<input type="checkbox"/> Deaf/Blindness (H)	<input type="checkbox"/>	<input type="checkbox"/> Other Health Impairment (L)	<input type="checkbox"/>
<input type="checkbox"/> Deafness (G)	<input type="checkbox"/>	<input type="checkbox"/> Speech or Language Impairment (I)	<input type="checkbox"/>
<input type="checkbox"/> Developmental Delay (3-9) (N)	<input type="checkbox"/>	<input type="checkbox"/> Traumatic Brain Injury (P)	<input type="checkbox"/>
<input type="checkbox"/> Emotional Disability (K)	<input type="checkbox"/>	<input type="checkbox"/> Visual Impairment Including Blindness (E)	<input type="checkbox"/>
<input type="checkbox"/> Hearing Impairment (F)	<input type="checkbox"/>		

Step 2 -ADVERSE EFFECTS

☐ **No Adverse Effect Identified** (complete Step 4 **and** write "Not Eligible for Special Education Services" in the Disability section of the Conference Summary Report page.)

☐ **Adverse Effect Identified** For each disability identified, describe how the disability adversely affects the students education performance.

STEP 3 - EDUCATIONAL NEEDS

State to what extent the student requires special education and related services to address educational needs.

STEP 4 - ELIGIBILITY

Depending on the steps above, the student is entitled to special education and related services.

☐ No (Not Eligible) ☐ Yes (Eligible)