



Exceptional Student Education
Documentation of Staffing/Notice of Eligibility

Student Name: _____ Today's Date: _____
Other ID: _____ School: _____ Grade: _____
Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home: _____
Parent/Guardian Name: _____ Parent/Guardian Home Phone: _____
Parent/Guardian Address: _____

Current ESE Program(s)/Services(s):

Based Upon Review Of:

- Individual Assessment: intellectual, adaptive behavior, language, student interest survey, progress on IEP goals, learning process, behavior/projectives, physical/occupational, medical information, other: academic achievement, speech, gifted checklist, social/developmental history
School Records: grades, discipline reports, achievement test scores, other:
Parent Information:
Teacher/Therapist Observation
Input from Committee Members
Information from student's previous school district, including:
Other:

The staffing committee recommends that the above named student:

- Does not meet the eligibility for an Exceptional Student Education (ESE) Program.
Meets the eligibility criteria for the following ESE program(s)/service(s):
Is a transfer student and continues to meet the eligibility criteria for assignment in the following ESE program(s)/service(s):
Based on the review of data, your child continues to need the following ESE program(s)/service(s):
Is presently in: and does not meet eligibility criteria for services in any other ESE program(s)/service(s) at this time.
After review of data, the student meets dismissal criteria for the following program(s)/services:

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Comments:

Copy of any evaluations given to parents on: *(date)* _____

Staffing Committee members (signature and title):

ESE Director/Designee/Staffing Spec.: _____ Evaluator: _____
Parent(s): _____ School Administrator: _____
Parent(s): _____ School Counselor: _____
Student: _____ SLP: _____
ESE Teacher: _____ Other: _____
General Education Teacher(s): _____

As parent(s)/guardians of a child with a disability you have protections under the procedural safeguards of the Other: __ Individual with Disabilities Education Act (IDEA) AND Rule 6A-6.03311, FAC, *Procedural Safeguards for Other: __ Students with Disabilities* and/or Rule 6A-603313, FAC, *Procedural Safeguards for Students Who Are Gifted*. These documents are also available on the [School Board website](#). Should you want additional copies of the Procedural Safeguards or additional information about your rights, you may contact

Name: _____ Title: _____
Location: _____ Phone: _____

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Location: _____ Phone: _____

Eligibility Documentation:

Eligibility documentation is based on the ESE director/designee review of evaluation data and the staffing committee’s recommendations. Placement of this form in the student’s school file serves as notifications to the principal of the outcome of the staffing.

Reviewed

ESE Director/Designee Staffing Specialist: _____ Date of Eligibility: _____

Please see corresponding Informed Notice and Consent for Initial Placement, Informed Notice/ Change of Placement or Dismissal or Informed Notice of Ineligibility.

A copy of this form was shared with parent/guardian on: *(date)* _____