Nebo School District
Spanish Fork, UT

Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination: Intellectual Disability

SpEd 5g 04.08

Student_____ Date of meeting_____

School_____ Grade_____ DOB_____

Definition: Significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a student's educational performance.

All requirements of Rule II.J.6 must be documented below or attached.

Assessment Information for Classification: Indicate evaluation (formal and informal), date, and results for each area assessed.

Intellectual, academic, and adaptive assessment results demonstrate consistently low profiles across measures.

1. Intellectual assessment (Note: If verbal or performance scores are significantly discrepant from each other, further evaluation is warranted)
   _____
   _____
   _____
2. Academic achievement data
   _____
   _____
   _____
3. Social/adaptive assessment
   _____
   _____
   _____
4. Additional assessments as determined by the team (mark N/A if team determined as not needed):
   - Language development _____
   - Motor skills development _____
5. Information from parents _____
   _____

- Is a lack of instruction in reading or math the primary factor in determining eligibility? □ Yes □ No
- Is limited English proficiency the primary factor in determining eligibility? □ Yes □ No

Written Prior Notice for Eligibility Determination

The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the data from the IEP team summary report, the eligibility team proposes the following action:

□ This student has an Intellectual Disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires special education and related services.

□ This student does **not** have an Intellectual Disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require special education and related services.

_____ _____
Special Education Teacher Signature Date

_____ _____
Parent/Adult Student Signature Date
(signature acknowledges receipt of copy)

_____ _____
Signature/Title Date

_____ _____
Signature/Title Date

*Note: If parent/adult student signature is missing, then parent/adult student: □ Did not attend (document efforts to involve parent/adult student) **OR** □ Participated via telephone, video conference or other means **AND** □ Copy of this document was mailed to parent/adult student on (date)_____