

Student _____ Date of meeting _____

School _____ Grade _____ DOB _____

Definition: Concomitant impairments (such as intellectual disability–blindness: intellectual disability–orthopedic impairment, etc.), that affect a student’s educational performance. 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 deafblindness.

All requirements of Rule II.J.7 must be documented below or attached.

Medical history from a qualified health professional is attached if specific syndromes, special health problems, medication, and long term medical prognosis are a concern.

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

- 1. Intellectual ability
2. Assistive/augmentative communication and motor systems considered and documented
3. Sensory/motor skills (the following areas must be considered; mark N/A if team determined as not needed)
4. Vision and hearing
5. Additional assessments as determined by the team (mark N/A if team determined as not needed):
6. Information from parents

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 a Multi-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 a Multi-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 Date

Signature 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)