MULTIDISCIPLINARY EVALUATION AND ELIGIBILITY GROUP SUMMARY (MEEGS) _STUDENT ID: ____ NAME OF CHILD: _ FIRST MIDDLE LAST GRADE: _____ AGE: _____ BIRTHDATE: _ DATE: ___ MONTH/DAY/YEAR MONTH/DAY/YEAR PARENT(S):___ _____(HOME) _____(OTHER) _____ PHONE: (WORK) DISTRICT/AGENCY: ____ HOME ADDRESS: STREET ADDRESS/P.O. BOX CITY STATE BUILDING: ______ SITE CODE: _____IEP TEACHER OF RECORD: ____ Type of evaluation conducted: ☐ Initial Evaluation Date of Parent Consent: ____ The determination of initial eligibility and educational needs must be completed within 45 school days of receiving parental consent for the evaluation. Reevaluation with additional assessments Date of Parent Consent: For Reevaluation with no additional assessments necessary and therefore no need for additional parent consent, complete only the Reevaluation/Continuation of Eligibility form (OSDE Form 5RC). Include evaluation data using the RED/MEEGS Evaluation Data Form ADDITIONAL PROCEDURES AND REQUIREMENTS FOR SPECIFIC LEARNING DISABILITIES AREAS OF SUSPECTED DIFFICULTY: Basic Reading Reading Comprehension Reading Fluency Written Comprehension Listening Comprehension Oral Expression Math Calculation Math Problem Solving IDENTIFY THE MODEL USED TO DETERMINE ELIGIBILITY: DISCREPANCY MODEL (a discrepancy of at least 1.5 standard deviations between intellectual ability and achievement exists in the broad areas listed below) SCIENTIFIC RESEARCHED-BASED INTERVENTION MODEL (describe child centered data below) Describe the method used and group findings (if necessary, attach "Documentation of Interventions" (OSDE Form 3 pg. 2): (The basis for consideration of a learning disability must be supported by data listed in this report)

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MEEGS

NAME OF CHILD:	STUDENT ID:				
•	FIRST	MIDDLE	LAST		

ELIGIBILITY DETERMINATION (For Initial Evaluations and Reevaluations with Additional Data)

	DELIT DETERMINATION (For initial Evaluations and Recvaluations with Additional Data)						
CONSID	DERATIONS:						
Yes	The team considered the following effect: environmental; cultural; or economic factors, as well as visual, hearing, intellectual,						
☐ No	motor or emotional disability; or limited English proficiency, and has determined they are not the primary reason for the						
	suspected disability.						
Yes	Evaluation conducted in primary language or the student's other mode of communication.						
	1 , 6 6						
☐ No	If "No" explain:						
☐ Yes	The student meets the criteria for one or more disabilities under the IDEA.						
□ No							
☐ Yes	The disability adversely impacts the student's education.						
☐ No	* *						
Пио							
☐ Yes	Because of the disability and its adverse impact on the student's education, the student requires special education services.						
☐ No							
	The student's educational performance is not based primarily on a lack of appropriate instruction in (A) reading (including the						
∐ Yes	essential components: phonemic awareness; phonics; vocabulary development; reading fluency, including oral reading skills;						
☐ No							
	and reading comprehension strategies), (B) math, or (C) limited English proficiency.						
Student i	s eligible for special education services and related services in the eligibility category identified. (All boxes marked "Yes.")						
	RY DISABILITY:						
SUSPEC	TED DISABILITY (if Primary is Developmental Delay):						
CONCO	MITANT DISABILITIES (if Primary is Multiple Disabilities):						
	\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.						
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SECONI	DARY DISABILITY:						
SUMMA	RY OF ELIGIBILITY DETERMINATION (also address educational strengths and needs in this section):						
	(						

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<b>MEEGS</b>
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NAME OF CHILD:		STUDENT ID:								
	FIRST	MIDDLE LAST								
EDUCATIONAL NEEDS (Must be completed if child is not eligible for special education and related services.)										
EDUCATIONAL NEED(S) (Including recommendation(s) to fulfill the need(s))										
D 4 D #37	CYPANIE									
	CIPANTS:		(( )							
	ty determination is made by MBER (PRINT NAME)	a group of qualified professionals and the SIGNATURE	DATE	Report Reflects Men	nhar's Canalusian*					
Parent	IDER (FRINT NAME)	SIGNATURE	DATE	Report Reflects Men	inder's Conclusion*					
1 urone				Agree	Disagree					
				_						
Student										
				☐ Agree	Disagree					
C 1 T	Zdanadia w Tanahaw									
Special E	Education Teacher			Agree	Disagree					
				Agree	Disagree					
General Education Teacher										
				☐ Agree	Disagree					
Administrative Representative				□ A ~ma a	Discourse					
				Agree	Disagree					
Qualified	l Examiner									
				☐ Agree	Disagree					
Other:										
				Agree	Disagree					
Other:										
Outer:				Agree	Disagree					
					Bisagree					
*Group	members who disagree mus	t submit separate statement(s) presentin	g their conclusion	s. (Complete the Comm	nent Form as					
necessary										
	A 1			. ,						
Yes										
☐ No	parent(s) as participants in the group.									
Yes	·									
☐ No	Parent Initial:									
☐ Yes	Translation/Interpretation needed?									
☐ No	If yes, specify how and when provided:									

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