

MEEGS

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))

PARTICIPANTS:

Eligibility determination is made by a group of qualified professionals and the parent(s).

MEMBER (PRINT NAME)	SIGNATURE	DATE	Report Reflects Member's Conclusion*	
Parent			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Student			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Special Education Teacher			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
General Education Teacher			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Administrative Representative			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Qualified Examiner			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Other:			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Other:			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

*Group members who disagree must submit separate statement(s) presenting their conclusions. (Complete the Comment Form as necessary.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	An explanation of the evaluation procedures, evaluation results, and the eligibility determination has been provided to the parent(s) as participants in the group.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) have received Parent Rights in Special Education: Notice of Procedural Safeguards . Parent Initial: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Translation/Interpretation needed? If yes, specify how and when provided: _____