



District Name:

Address:

MULTIDISCIPLINARY EVALUATION AND ELIGIBILITY GROUP SUMMARY (MEEGS)

NAME OF CHILD:
BIRTHDATE:

STUDENT ID:
AGE:

GRADE:
IEP TEACHER OF RECORD:

PARENT(S) :
HOME ADDRESS:
PHONE: (WORK)
BUILDING:

(HOME)
SITE CODE:

(OTHER)

Eligibility Determination Meeting Date:

Type of evaluation conducted:

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.

VISION AND HEARING EVALUATION INFORMATION:	
VISION INFORMATION	HEARING INFORMATION
Any Concerns Regarding the Student's Vision?:	Any Concerns Regarding the Student's Hearing?:
Explanation:	Explanation:
Date of Last Vision Test:	Date of Last Hearing Test:
Results of Findings:	

OBSERVATION INFORMATION

SOCIOCULTURAL INFORMATION

Evaluation Data:

	Assessment:			
	Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:
	Objective Statements:			

ELIGIBILITY DETERMINATION

CONSIDERATION	
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	The team considered the following effect: environmental; cultural; or economic factors, as well as visual, hearing, intellectual, motor or emotional disability, or limited English proficiency, and has determined they are not the primary reason for the suspected disability. (Must be considered and ruled out only for SLD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation conducted in primary language or the student's other mode of communication. If "No" explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student meets the criteria for one or more disabilities under the IDEA.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The disability adversely impacts the student's education.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Because of the disability and its adverse impact on the student's education, the student requires special education services.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student's education performance is not based primarily on a lack of appropriate instruction in (A) reading (including the essential components: phonemic awareness; phonics; vocabulary development; reading fluency, including oral reading skills; and reading comprehension strategies), (B) math, or (C) limited English proficiency.

Based on information from a variety of sources that have been documented and carefully considered, the IEP team has determined:

- This student Is Eligible for Special Education because s/he meets the State of Oklahoma eligibility standards for the disability/disabilities indicated below:**

Primary Disability:

Suspected Disability:

Secondary Disability:

***Note:** For children whose primary disability is Developmentally Delayed, the disability category will automatically change to the student's suspected disability on the student's 10th birthday. Parents will be notified of the change by Written Notice. Although this eligibility event is activated upon the student's 10th birthday, the team may meet to consider the student's new eligibility category with a parent request for a meeting.

- This student is being made eligible while further evaluation is being conducted to establish eligibility under Oklahoma Eligibility Standards.**

- This student is Eligible for Special Education because s/he meets the State of Oklahoma's eligibility standards for the following disabilities; however, the student's parent/guardian is declining services.**

- This student is Not Eligible for Special Education services.**

SUMMARY OF ELIGIBILITY DETERMINATION

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EDUCATIONAL STRENGTHS:

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EDUCATIONAL NEEDS:

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PARTICIPANTS:

Eligibility determination is made by a group of qualified professionals and parent(s). Signature below indicates that I was present at the meeting and took part in this Eligibility Determination decision.

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 member(s) 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 this group.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) have received <i>Parent Rights in Special Education: Notice of Procedural Safeguards</i> Parent Initial: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Translation/Interpretation needed? If yes, specify how and when provided:

MEEGS
DISTRICT/AGENCY:

Student Name:
STATE TESTING NUMBER (STN):

OTHER MEETING PARTICIPANTS

Signature	Printed Name	Date	Purpose