Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680) 488-5808
E-Mail: spedpw@palaunet.com
Hospital #: A-_____

Summary of Eligibility
Parent Notice: Eligibility Determination – SE 6C

Date:

Student	DOB	Grade	School

Dear Parents: On _____, an Eligibility Meeting was conducted to determine whether or not your child meets eligibility requirements for special education and related services. Reports from the following evaluation procedures were used as the basis in making the eligibility determination.

☐ Academic achievement assessment/Work samples	☐ Adaptive Behavior assessment	☐ Vocational Interests/ Vocational Aptitude assessment	☐ Vision assessment
☐ Speech & Language assessment	☐ Classroom observation	☐ Review of developmental/medical history	☐ Functional Performance assessment
☐ Hearing assessment	☐ Fine and Gross motor development assessment	☐ Assistive Technology assessment	☐ Parent Interview
☐ Teacher/Staff Interview	☐ Social/Emotional/Behavior	☐ Cognitive	☐ Other

1. What language was used in the assessment of this child? ☐ English ☐ Palauan ☐ English & Palauan ☐Other (State) _____
2. Was an interpreter used during the evaluation? ☐ Yes ☐ No
3. Is there documentation to show lack of appropriate instruction in reading, math, or limited English proficiency? ☐ Yes ☐ No If **YES**, attach documentation.
4. Are any of these (in#3) a major factor in the determination of eligibility? ☐ Yes ☐ No
5. If your answer is yes to #4, the committee must review and consider options **other than special education**.

ELIGIBILITY DETERMINATION

1. ☐ The evaluation reports do not support the existence of a disability according to federal and local regulations. Therefore, the child **IS NOT ELIGIBLE** for special education and related services.
   - The principal or designee from your child's school will be contacting you to discuss the evaluation results and to identify alternatives to special education.
   - A copy of your Parent Rights (Procedural Safeguards) is available at your child's school or at the Ministry of Education Special Education office.

2. Based upon the reports from the evaluation procedures detailed in the attached documents, your child meets disability requirements of:

☐ Specific Learning Disability	☐ Intellectual disability	☐ Autism	☐ Vision
☐ Hearing Impairment	☐ Deaf-Blind	☐ Orthopedic impairment	☐ Traumatic brain injury
☐ Multiple Impairments	☐ Serious emotional disability	☐ Speech & Language impairment	☐ Other health impairment
☐ Developmentally Delayed			

3. ☐ Your child has a disability **AND** is also **IN NEED OF SPECIAL EDUCATION AND RELATED SERVICES**, and therefore, **IS ELIGIBLE** for special education and related services.

4. ☐ Your child is experiencing a disability, but **IS NOT IN NEED OF** special education and related services at this time, and therefore, **IS NOT ELIGIBLE** for special education and related services.

Original: ☑School Copy: ☑Sp Ed Office Copy: ☑Parent

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Signatures of Eligibility Committee Members	Titles of Eligibility Committee Members

Original: ☑School Copy: ☑Sp Ed Office Copy: ☑Parent