# Group Evaluation Summary Report and Prior Written Notice of Eligibility Determination: Multiple Disabilities

(USBE Rules II.J.8.; and IV.C.)

District/School: Date of Meeting:

Student Name: DOB: Grade:

**Definition:** Associated impairments (such as intellectual disability/blindness, or intellectual disability/orthopedic impairment) that affect a student’s educational performance. The combination of disabilities must cause such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The multiple disabilities category does not include deafblindness.

## All Requirements of USBE Rules II.J.8. Must be Documented Below or Attached

### Associated Impairments Identified by the Group

[ ] Autism [ ] Developmental Delay [ ] Emotional-Behavioral Disability

[ ] Hard of Hearing/Deafness [ ] Intellectual Disability [ ] Orthopedic Impairment

[ ] Other Health Impairment [ ] Specific Learning Disabilities [ ] Speech Language Impairment

[ ] Traumatic Brain Injury [ ] Visual Impairment

### Areas of Concern Identified by the Group

Indicate measurement (formal and informal), date, and results for each area assessed. Mark N/A if the group has no concerns in an area.

| **Area** | **Date** | **Measurement Tool/Method** | **Results** |
| --- | --- | --- | --- |
| Cognitive ability (must be assessed by a qualified examiner as outlined in Rules II.F.) |  |  |  |
| Academic Skills |  |  |  |
| Adaptive behavior/skills (must be measured and documented on standardized and/or curriculum-based assessments with parent and school staff input) |  |  |  |
| Language and communication |  |  |  |
| Social functioning (i.e., self-help and independent living skills) |  |  |  |
| Vocational skills |  |  |  |
| Other |  |  |  |

### Interview Information for Evaluation

Number of interviews conducted with those familiar with the student:

Date(s) of interviews:

Data from interviews used for evaluation:

### Observation Information for Evaluation

Number of observations conducted in settings familiar to the student:

Date(s) of observations:

Data from observations used for evaluation:

### Areas to Consider for Evaluation

Indicate measurement (formal and informal), date, and results for each area assessed. All areas **must** be considered. Mark N/A if the group determines a measurement is not needed.

| **Skill** | **Date** | **Measurement Tool/Method** | **Results** |
| --- | --- | --- | --- |
| Abnormal tactile or joint sensation |  |  |  |
| Abnormal muscle tone and movement |  |  |  |
| Hearing |  |  |  |
| Lack of integration of primitive reflexes |  |  |  |
| Lack of balance or coordination |  |  |  |
| Organization of sequential motor movement |  |  |  |
| Motor skills |  |  |  |
| Use of assistive and augmentative communication and motor systems |  |  |  |
| Vision and hearing |  |  |  |

### Prior Medical History Information for Evaluation

The group determined specific syndromes, special health problems (e.g., tracheotomy), medication, and long-term medical prognosis ***are not*** a concern for the student.

****The group determined specific syndromes, special health problems (e.g., tracheotomy), medication, and long-term medical prognosis ***are*** a concern for the student.

[ ] The student’s prior medical history from a qualified health professional (USBE Rules I.E.41.) was considered and is in the student’s record (USBE Rules II.J.8.c.(5)).

Date of the medical history:

Data from the medical history used to determine eligibility:

Parent input:

## Prior Written Notice of Multiple Disabilities Eligibility Determination

1. Did the group identify the disabilities and ensure the student meets the criteria for each of the multiple disabilities (USBE Rules II.J.8.b.(1))? Yes No
2. Did the group determine the multiple disabilities adversely affect the student’s educational performance (USBE Rules II.J.8.b.(2))? Yes No
3. Did the group determine the student requires special education and related services (USBE Rules II.J.8.b.(3))? Yes No
4. Did the group determine a lack of appropriate instruction in reading is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(1))? Yes No
5. Did the group determine a lack of appropriate instruction in mathematics is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(2))? Yes No
6. Did the group determine limited English proficiency is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(3))? Yes No

All the above are “Yes.” The group determines the student ***is eligible*** for special education and related services under the categorical classification of multiple disabilities.

At least one of the above is “No.” The group determines the student ***is not eligible*** for special education and related services under the categorical classification of multiple disabilities.

The following options were considered and rejected for the following reasons:

Other factors that are relevant to this eligibility classification proposal:

Parents and students who are adults must be provided prior written notice (PWN) in language understandable to the general public in their native language or other mode of communication before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your student/you, or the provision of a free appropriate public education (FAPE) to your student/you (USBE Rules IV.C.).

The Procedural Safeguards under Part B of the Individuals with Disabilities Education Act (IDEA) afford you protection. If you do not have a copy, you may request one from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal/director or special education teacher.

Was a translator/interpreter provided to enable the parent(s)/student who is an adult to participate in the eligibility meeting?

No, translator/interpreter not needed

Yes (translator/interpreter should sign below as a participant)

[ ]  Your native language or other mode of communication is ***not*** a written language.

**Therefore:**

[ ] The notice was translated orally or by other means in your native language or other mode of communication on[date]: by[person]: **AND**

[ ] You verified with the translator/interpreter that you understand the content of this notice.

[ ]  The student is not currently enrolled in the district/charter school. Under Child Find requirements, this student’s eligibility determination entitles the student to a free appropriate public education (FAPE) if the child is enrolled in an LEA. Under Utah Special Education Rule VI.B. if the student is enrolled in a nonprofit private school, they are eligible to receive equitable services, as determined through consultation between the district and the private school. The student may also be eligible for the Carson Smith Scholarship or the Special Needs Opportunity Scholarship Program. If the student receives a scholarship, the student continues to be eligible for equitable services.

## Signatures Below Denote Participation in Eligibility Determination and Acknowledge Receipt of Copy

Special Education Professional Date Parent/Student who is an Adult Date

Signature/Title Date Signature/Title Date

Signature/Title Date Signature/Title Date

**Note:** If signature of parent or student who is an adult is missing, then parent or student who is an adult:

Did not attend (document efforts to involve); **OR**

Participated via telephone, video conference, or other means; **AND**

[ ]  Copy of this document was mailed to parent/student who is an adult on[date]: