

School Administrative Unit #24

Districts of

Stoddard Henniker Weare John Stark

ELIGIBILITY SIGNATURE FORM

Student:

Date:

DOB:

School:

Grade:

The Special Education Team used the evaluation data and other relevant data to determine:

☐ The student does not have an educational disability and/or does not require special education as a result of a disability.

☐ The student has an educational disability that requires special education and not just classroom accommodations and/or related services. The disability is as follows:

Primary:

Secondary:

Tertiary:

****Deliberation pages should be attached.**

I certify that this report reflects my conclusion(s):

I certify that this report does not reflect my conclusion(s):

****Dissenting members shall submit a written statement.**

I, the parent of

☐ Agree with the Team's above conclusions and decisions.

☐ Disagree with the Team's above conclusions and decisions.

Parent/Guardian Signature

Date