



BRISTOL\*MONKTON\*NEW HAVEN\*STARKSBORO

Mount Abraham Unified School District

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*Shaping Our Future Together*

### Special Education Eligibility Meeting

**Student Name:**                      **Date:**                      **School:**                      **Grade:**

[Parental Rights](#)  
[VT Family](#)  
[Network](#)

←Yes attached to this agenda.

**Introductions:**  
**TeamMembers/**  
**Attendees**

**Review of**  
**Eligibility**  
**Process**

1. Is there a disability?
2. If so, does that disability have an adverse effect on educational performance?
3. Does the student need specially designed instruction they cannot receive through support offered to all students:?

**Results Review/**  
**Disability**  
**Determination**

1. **Disabilities Team Assessed:**
2. **Reports on areas of each suspected disability (eval team)**
3. **Team decision in each disability area**

**Adverse Effect**  
  
**Or for SLD**  
**Review Data to**  
**Determine**  
**Eligibility**

- ☐ Written Expression
- ☐ Reading Fluency
- ☐ Reading Comprehension
- ☐ Basic Reading
- ☐ Math Reasoning

- ☐ Math Calculation
- ☐ Listening Comprehension
- ☐ Oral Expression
- ☐ Motor Functioning
- ☐ Functional Skills

***(Insert link to Data Chart here)***

**Needs - What**  
**specially**  
**designed**  
**instruction does**  
**the student**  
**need?**

- ☐ Specially Designed Instruction
  - ☐ Areas:
- ☐ Accommodations:
  - ☐
- ☐ Related Services:
  - ☐

**Team**  
**Agreement and**

- ☐ Team Agreement on Decisions(verbal)
  - ☐ Yes/No

Consent	<input type="checkbox"/> LEA Decision:
Next Steps	IEP504MTSS: Intensive plan
Additional Notes	