



Disability Suspected Form

STUDENT: Sample Nadia **Birthdate:** 12/1/1992
Last (legal) **First (not nickname)** **M.I.**

Gender: Male Female **Grade:** 11 **Teacher/Service Provider:** Mrs. Hill

Resident District: North CSD **Building:** South High

Attending District: North CSD **Building:** South High

Are there data to suggest:

- the child is affected by a health or physical condition or a functional limitation that adversely affects educational performance (e.g., a progressive condition, a condition strongly associated with adverse effects on developmental progress or educational performance)
- there has been a significant status change due to a health or medical condition, injury, etc. – for example a traumatic brain injury
- there is an obvious and immediate need for service that may exceed the capacity of general education to provide (e.g., progressive loss of sight requiring Braille and orientation and mobility instruction).
- the child’s performance is below standards or expectations, is unique compared to others, and not explained by more plausible factors (i.e., attendance or cultural factors). Summarize:
 - the status the child’s hearing and vision:
 - the information which suggests the child’s educational performance falls persistently below state approved standards or typical developmental or behavioral expectations for age and grade level:
 - how the child’s performance is unique when compared to others in the same setting:
 - other plausible explanations that may account for the child’s lack of educational performance, (i.e., lack of appropriate instruction, language other than English, lack of prior knowledge, cultural expectations, attendance or mobility):

Documentation of Decision:

Participants involved in decision:

Name	Position	Name	Position
Mrs. Hill	General Education Teacher, Advisor	Mr. Lead	Principal
Mr. & Mrs. Sample	Parents	Mr. Help	AEA School Social Worker
Miss Nurse	Hospital Social Worker		

Is disability suspected? Yes No

Date: 8/5/09

Note:

- Written parental consent for a full and individual initial evaluation must be sought when disability is suspected.
- Prior Written Notice of a refusal to conduct an evaluation must be provided when parents have requested an evaluation and disability is not suspected.
- This form must be retained as a part of the student's records.