CASE STUDY COMMITTEE REFERRAL

**Privacy Act Notice:** Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at [http://www.defenselink.mil/privacy/notice/osd](http://www.defenselink.mil/privacy/notice/osd).

Student __________________________  Grade _______  Previous Retention-Grade(s) __________

Date Prereferral Initiated ____________  Referring Individual ____________________________________

The referring individual uses this form throughout the prereferral/referral process to summarize the student’s area(s) of difficulty and the strategies attempted to resolve the problem(s). Attach any supporting documentation.

Vision Screening: Date ________  ☐ Passed  ☐ Failed
Hearing Screening: Date ________  ☐ Passed  ☐ Failed

Does the student have Limited English Proficiency?  ☐ Yes  ☐ No  If yes, primary language is ________________

**Description of Problem(s)/Area(s) of Difficulty:**

Data from Review of Records: Date __________

<table>
<thead>
<tr>
<th>Date</th>
<th>Classroom Modifications/Strategies Attempted</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DoDEA Form 2500.13-G-F1, September 2005
CASE STUDY COMMITTEE REFERRAL

Consultation with other educators including general and special educators/related service providers:

Parent Notification of Referral: (referring person must notify parent of pending referral before submitting referral to CSC)

Date of Contact: Contacted by:  ☐ Conference  ☐ Phone  ☐ Letter

Date of CSC Meeting:

Recommendations:  ☐ Referral accepted  ☐ More information needed
☐ General education alternative (comment)  ☐ Other (comment)

Comments:

Case Manager: ____________________________________________

DoDEA Form 2500.13-G-F1 (BACK), September 2005
**MINUTES OF CASE STUDY COMMITTEE MEETING**

**Privacy Act Notice:** Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at [http://www.defenselink.mil/privacy/notice/osd](http://www.defenselink.mil/privacy/notice/osd).

<table>
<thead>
<tr>
<th>Student ___________________________</th>
<th>Date of Meeting ___________________________</th>
</tr>
</thead>
</table>

**Signatures of Participants’ in Attendance at Meeting:**

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Administrator/Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Teacher</td>
<td>Special Education Teacher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student (as appropriate)</th>
<th>( )</th>
</tr>
</thead>
</table>

Parent(s) is informed of and understands his/her rights and responsibilities. Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

**Purpose of Meeting:**

**Summary of CSC Discussion and Deliberation:**

DoDEA Form 2500.13-G-F2, September 2005
MINUTES OF CASE STUDY COMMITTEE MEETING
ASSESSMENT PLAN

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student ___________________________ Date of Meeting ___________________

Suspected Disability(ies) ________________________________________________ (initial)

Present Disability(ies) ___________________________________________________ (re-eval)

<table>
<thead>
<tr>
<th>REQUIRED FOR ALL CRITERIA</th>
<th>Evaluator</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Screening</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Hearing Screening</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Observation</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Review of Records</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>Evaluator</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>E – Developmental Delay</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Adaptive/Self-Help Development</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Cognitive Development</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Communication Development</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Physical Development</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Social/Emotional Development</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>D – Specific Learning Disability</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Intellectual Screening or Assessment</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Academic Achievement</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Processing Assessment</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>D – Intellectual Disability</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Intellectual Assessment</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Adaptive Behavior Assessment</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Academic Achievement</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>C – Articulation Disorder</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Articulation Assessment</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Oral/Peripheral Examination</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Educational Performance</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

DoDEA Form 2500.13-G-F3, September 2005
<table>
<thead>
<tr>
<th>CRITERION</th>
<th>Evaluator</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C – Language/Phonology Disorder</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral/Peripheral Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C – Fluency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluency Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recorded Speech Samples</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral/Peripheral Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C – Voice Disorder</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voice Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Evaluation (ENT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral/Peripheral Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B - Emotional Impairment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric/Clinical Psychologist Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior Rating Assessment/Social Maturity Index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A – Visual Impairment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Evaluation of Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Vision Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Impact Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A – Hearing Impairment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Evaluation of Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Hearing Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Impact Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A – Orthopedic Impairment/Other Health Impaired/Traumatic Brain Injury</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Impact Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A – Deaf/Blind</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Hearing and Vision Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Impact Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRITERION</td>
<td>Evaluator</td>
<td>Date Completed</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------</td>
<td>----------------</td>
</tr>
<tr>
<td>Transition/Vocational Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other

☐ Parent(s) informed of and understands his/her rights and responsibilities.
☐ Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

**Summary of CSC Discussion and Deliberation:**

_____________________________________________________________________________________
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  

DoDEA Form 2500.13-G-F3, September 2005
Summary of CSC Discussion and Deliberation:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)  Administrator/Designee

General Education Teacher  Special Education Teacher

(  )  (  )

(  )  (  )

(  )  (  )

DoDEA Form 2500.13-G-F3, September 2005
**MINUTES OF CASE STUDY COMMITTEE MEETING**

**ASSESSMENT PLAN – DEVELOPMENTAL DELAY**

| **Privacy Act Notice:** Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at [http://www.defenselink.mil/privacy/notice/osd](http://www.defenselink.mil/privacy/notice/osd). |

---

**Student __________________________**

**Date of Meeting ______________________**

**Signatures of Participants in Attendance at Meeting:**

<table>
<thead>
<tr>
<th>Parent/Guardian (as appropriate)</th>
<th>Administrator/Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________________</td>
<td>_______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Education Teacher</th>
<th>Special Education Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>_________________________</td>
</tr>
</tbody>
</table>

| (     ) | (     ) |
| (     ) | (     ) |
| (     ) | (     ) |

<table>
<thead>
<tr>
<th>E – DEVELOPMENTAL DELAY</th>
<th>Evaluator</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptive/Self-Help Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Emotional Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (as appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F4, September 2005
Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/oud.

<table>
<thead>
<tr>
<th>Student ____________________________</th>
<th>Date of Meeting ____________________________</th>
</tr>
</thead>
</table>

Signatures of Participants in Attendance at Meeting:

<table>
<thead>
<tr>
<th>Parent/Guardian (as appropriate)</th>
<th>Administrator/Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Teacher</td>
<td>Special Education Teacher</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### D –SPECIFIC LEARNING DISABILITY

<table>
<thead>
<tr>
<th>Vision Screening</th>
<th>Passed</th>
<th>Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Screening</td>
<td>Passed</td>
<td>Failed</td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Screening or Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Achievement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Processing Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (as appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator | Date Completed
---|---

☑️ Parent(s) is informed of and understands his/her rights and responsibilities.
☑️ Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F5, September 2005
Summary of CSC Discussion and Deliberation (include additional observations/assessments such as language, medical, motor, vocational/transition, etc.)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

DoDEA Form 2500.13-G-F5 (BACK), September 2005
Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student ___________________________________ Date of Meeting _________________________

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate) Administrator/Designee

General Education Teacher Special Education Teacher

(     ) (     )

(     ) (     )

(     ) (     )

D – INTELLECTUAL DISABILITY

Evaluator Date Completed

Vision Screening _____ Passed _____ Failed

Hearing Screening _____ Passed _____ Failed

Observation

Review of Records

Social/Family/Medical History

Intellectual Assessment

Academic Achievement

Adaptive Behavior Assessment

Other (as appropriate)

☐Parent(s) is informed of and understands his/her rights and responsibilities.
☐Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F6, September 2005
Summary of CSC Discussion and Deliberation (include additional observations/assessments such as language, medical, motor, vocational/transition, etc.)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

DoDEA Form 2500.13-G-F6 (BACK), September 2005
MINUTES OF CASE STUDY COMMITTEE MEETING
ASSESSMENT PLAN - ARTICULATION

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student ___________________________ Date of Meeting ___________________________

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate) ___________________________ Administrator/Designee ___________________________

General Education Teacher ___________________________ Special Education Teacher ___________________________

(________________) ___________________________ (________________) ___________________________

(________________) ___________________________ (________________) ___________________________

(________________) ___________________________ (________________) ___________________________

(________________) ___________________________ (________________) ___________________________

C – ARTICULATION

<table>
<thead>
<tr>
<th>Vision Screening</th>
<th>Passed</th>
<th>Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Screening</td>
<td>Passed</td>
<td>Failed</td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Articulation Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral/Peripheral Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (as appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator ___________________________ Date Completed ___________________________

☐ Parent(s) is informed of and understands his/her rights and responsibilities.
☐ Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F7, September 2005
Summary of CSC Discussion and Deliberation (include additional observations/assessments such as language, medical, motor, vocational/transition, etc.):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

DoDEA Form 2500.13-G-F7 (BACK), September 2005
### Privacy Act Notice

Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at [http://www.defenselink.mil/privacy/notice/osd](http://www.defenselink.mil/privacy/notice/osd).

---

<table>
<thead>
<tr>
<th>Student</th>
<th>Date of Meeting</th>
</tr>
</thead>
</table>

**Signatures of Participants in Attendance at Meeting:**

- Parent/Guardian (as appropriate)
- Administrator/Designee
- General Education Teacher
- Special Education Teacher

---

<table>
<thead>
<tr>
<th>C – LANGUAGE/PHONOLOGY DISORDER</th>
<th>Evaluator</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral/Peripheral Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (as appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

---

DoDEA Form 2500.13-G-F8, September 2005
Summary of CSC Discussion and Deliberation (include additional observations/assessments such as language, medical, motor, vocational/transition, etc.):
MINUTES OF CASE STUDY COMMITTEE MEETING
ASSESSMENT PLAN – VOICE DISORDER

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student ____________________________ Date of Meeting _________________________

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate) ____________________________ Administrator/Designee ____________________________

General Education Teacher ____________________________ Special Education Teacher ____________________________

(______________________) (______________________)

(______________________) (______________________)

(______________________) (______________________)

(______________________) (______________________)

C – VOICE DISORDER

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Evaluator</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Screening Passed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Screening Passed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voice Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Evaluation (ENT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral/Peripheral Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (as appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Parent(s) is informed of and understands his/her rights and responsibilities.
☐ Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F9, September 2005
Summary of CSC Discussion and Deliberation (include additional observations/assessments such as language, medical, motor, vocational/transition, etc.): 

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

DoDEA Form 2500.13-G-F9 (BACK), September 2005
Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student ___________________________ Date of Meeting _________________________

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate) ___________________________ Administrator/Desigenee ___________________________

General Education Teacher ___________________________ Special Education Teacher ___________________________

( ) ( ) ( ) ( )

( ) ( ) ( ) ( )

( ) ( ) ( ) ( )

( ) ( ) ( ) ( )

C – FLUENCY

Evaluator

Date Completed

Vision Screening _____ Passed _____ Failed
Hearing Screening _____ Passed _____ Failed
Observation
Review of Records
Social/Family/Medical History
Fluency Assessment
Recorded Speech Samples
Oral/Peripheral Examination
Educational Performance
Other (as appropriate)

☐ Parent(s) is informed of and understands his/her rights and responsibilities.
☐ Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F10, September 2005
Summary of CSC Discussion and Deliberation (include additional observations/assessments such as language, medical, motor, vocational/transition, etc.):
Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy notice/od.

Student ___________________________ Date of Meeting _______________________

**Signatures of Participants in Attendance at Meeting:**

<table>
<thead>
<tr>
<th>Parent/Guardian (as appropriate)</th>
<th>Administrator/Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Teacher</td>
<td>Special Education Teacher</td>
</tr>
<tr>
<td>(                                )</td>
<td>(                      )</td>
</tr>
<tr>
<td>(                                )</td>
<td>(                      )</td>
</tr>
<tr>
<td>(                                )</td>
<td>(                      )</td>
</tr>
</tbody>
</table>

**B – EMOTIONAL IMPAIRMENT**

<table>
<thead>
<tr>
<th>Vision Screening</th>
<th>Passed</th>
<th>Failed</th>
<th>Evaluator</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Screening</td>
<td>Passed</td>
<td>Failed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric/Clinical Psychologist Evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior Rating Assessment/Social Maturity Index</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (as appropriate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F11, September 2005
MINUTES OF CASE STUDY COMMITTEE MEETING
ASSESSMENT PLAN – AUTISM/PDD

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

| Student ___________________________________ | Date of Meeting _________________________ |

Signatures of Participants in Attendance at Meeting:

<table>
<thead>
<tr>
<th>Parent/Guardian (as appropriate)</th>
<th>Administrator/Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Teacher</td>
<td>Special Education Teacher</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

A – AUTISM/PDD

<table>
<thead>
<tr>
<th>Vision Screening</th>
<th>Passed</th>
<th>Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Screening</td>
<td>Passed</td>
<td>Failed</td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Impact Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (as appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator

Date Completed

☐ Parent(s) is informed of and understands his/her rights and responsibilities.
☐ Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F12, September 2005
Summary of CSC Discussion and Deliberation (include additional observations/assessments such as language, medical, motor, vocational/transition, etc.):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

DoDEA Form 2500.13-G-F12 (BACK), September 2005
MINUTES OF CASE STUDY COMMITTEE MEETING
ASSESSMENT PLAN – VISUAL IMPAIRMENT

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student ___________________________ Date of Meeting ____________________

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)       Administrator/Designee

General Education Teacher       Special Education Teacher

(     )       (     )

(     )       (     )

(     )       (     )

A – VISUAL IMPAIRMENT

<table>
<thead>
<tr>
<th></th>
<th>Evaluator</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Evaluation of Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Vision Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Impact Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (as appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Parent(s) is informed of and understands his/her rights and responsibilities.
☐ Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F13, September 2005
Summary of CSC Discussion and Deliberation (include additional observations/assessments such as language, medical, motor, vocational/transition, etc.):
MINUTES OF CASE STUDY COMMITTEE MEETING
ASSESSMENT PLAN – HEARING IMPAIRMENT

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student services. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student _______________________________ Date of Meeting _________________________

Signatures of Participants in Attendance at Meeting:

<table>
<thead>
<tr>
<th>Parent/Guardian (as appropriate)</th>
<th>Administrator/Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Teacher</td>
<td>Special Education Teacher</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

A – HEARING IMPAIRMENT

<table>
<thead>
<tr>
<th>Vision Screening</th>
<th>Passed</th>
<th>Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Screening</td>
<td>Passed</td>
<td>Failed</td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Evaluation of Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Hearing Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Impact Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (as appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator ___________________________ Date Completed _________________________

☐ Parent(s) is informed of and understands his/her rights and responsibilities.
☐ Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F14, September 2005
Summary of CSC Discussion and Deliberation (include additional observations/assessments such as language, medical, motor, vocational/transition, etc.):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

DoDEA Form 2500.13-G-F14 (BACK), September 2005
MINUTES OF CASE STUDY COMMITTEE MEETING
ASSESSMENT PLAN – ORTHOPEDIC, HEALTH, BRAIN INJURY

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student ___________________________________ Date of Meeting _________________________

Signatures of Participants in Attendance at Meeting:

<table>
<thead>
<tr>
<th>Parent/Guardian (as appropriate)</th>
<th>Administrator/Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Teacher</td>
<td>Special Education Teacher</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

A – ORTHOPEDIC IMPAIRMENT/ OTHER HEALTH IMPAIRED/ TRAUMATIC BRAIN INJURY

<table>
<thead>
<tr>
<th>Vision Screening</th>
<th>__ Passed</th>
<th>___ Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Screening</td>
<td>__ Passed</td>
<td>___ Failed</td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Family/Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Impact Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (as appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator

Date Completed

☐ Parent(s) is informed of and understands his/her rights and responsibilities.
☐ Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F15, September 2005
MINUTES OF CASE STUDY COMMITTEE MEETING
ASSESSMENT PLAN – DEAF/BLIND

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student ___________________________ Date of Meeting _________________________

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate) Administrator/Designee

General Education Teacher Special Education Teacher

( ) ( )

( ) ( )

( ) ( )

( ) ( )

A – DEAF/BLIND

Evaluator

Date Completed

Vision Screening _____ Passed _____ Failed

Hearing Screening _____ Passed _____ Failed

Observation

Review of Records

Social/Family/Medical History

Medical Evaluation

Functional Hearing and Vision Assessment

Educational Impact Analysis

Educational Performance

Other (as appropriate)

☐ Parent(s) is informed of and understands his/her rights and responsibilities.

☐ Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

DoDEA Form 2500.13-G-F16, September 2005
Summary of CSC Discussion and Deliberation (include additional observations/assessments such as language, medical, motor, vocational/transition, etc.):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

DoDEA Form 2500.13-G-F16 (BACK), September 2005
Dear ____________________________,

The Case Study Committee has met to review your son’s/daughter’s referral. Based on the information provided, an individual comprehensive evaluation is being recommended to assist us in determining your child’s strengths, areas of need and eligibility for special education services. An assessment plan has been designed...

Our plan for assessment includes individualized testing administered by qualified personnel in the following:

- [ ] The results of the evaluation will be treated confidentially and discussed with you at a meeting with school personnel. The information will be used to help determine your child’s eligibility for special education. During the assessment period, the assessors may meet to consolidate findings for the summary report. No eligibility decisions will be made until you are present at the eligibility meeting. You will be notified of the date for the eligibility meeting.
- [ ] It is important that you are aware of your rights about the identification, evaluation, and placement of your child. The Parent Rights and Responsibilities, enclosed with this permission form, explains your rights and responsibilities.
- [ ] Please sign this permission form and return it to your child’s school. We will proceed with these assessments when we have received your written permission to do so. The permission to test will extend for 45 school days from the date that you sign this form. If you have questions, you may contact [ ] at [ ].
- [ ] I understand the evaluation process and why it has been recommended for my child. I understand that my consent/permission is voluntary and may be revoked at any time through a written statement to the school administrator.

☐ Yes, I give my permission for this evaluation.
☒ No, I do not give my permission for this evaluation.

Signature __________________________________  Date ____________________________

RETAIN THE ORIGINAL FORM FOR YOUR RECORDS. SIGN AND RETURN ATTACHED COPY.

DoDEA Form 2500.13-G-F17, September 2005
## AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION*

**Disclosure Page of IDEA Parent Permission for Evaluation**

This form will not be used for authorization to disclose psychotherapy notes, alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. |

I authorize Educational and Developmental Intervention Services (EDIS) to release the requested evaluation information identified on the Parent Permission for Evaluation (page one of this form) to the Case Study Committee in my child’s school. The information will be used to determine my child’s eligibility for special education and related services, or to be used to develop an educational plan.

a. The information will become part of the child’s special education record.

b. The authorization applies to the summary report and follow-up information necessary to clarify the report, and to discussions at case study meetings.

### Start Date:
The authorization start date is the date that you sign this form authorizing the release of information.

### Expiration Date:
The authorization shall continue as long as your child is enrolled in a school operated by the Department of Defense, or placed in a school by the Department of Defense.

<table>
<thead>
<tr>
<th>I understand that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.</td>
</tr>
<tr>
<td>b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulation, then such information may be re-disclosed and would no longer be protected.</td>
</tr>
<tr>
<td>c. I have a right to inspect and receive a copy of the EDIS evaluation to be used or disclosed, in accordance with requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 164.524. I request and authorize the named EDIS/treatment facility to release the information described above to the named individual/organization indicated.</td>
</tr>
<tr>
<td>d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in military treatment facilities or payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.</td>
</tr>
</tbody>
</table>

Name of Student ___________________________

Signature of Patient/Parent/Guardian**  Relationship to Patient  Date YYYY/MM/DD

---

*This form is completed when the School CSC requests the Educational and Developmental Intervention Services (EDIS) to conduct an evaluation in support of the school’s special education program.

**A parent or guardian can only authorize release of medical information for non-minor children (in most circumstances). Children who have reached the age of majority must authorize the release of their medical information. Questions regarding who has the authority to release information should be addressed to the Privacy Officer at the Military Treatment Facility where the EDIS is located.

DoDEA Form 2500.13-G-F18, September 2005
Dear Parent(s):

Your child, _____________________, has enrolled in our school with an Individualized Education Program (IEP). Based on the records we have received, there is insufficient data to determine eligibility for special education in the Department of Defense Education Activity (DoDEA) schools. Until your child’s eligibility is determined by the Case Study Committee (CSC) according to DoDEA criteria, the school will provide special education services to be based where possible on the incoming IEP along with the decisions reached at today’s meeting.

A review of your child’s records from his/her previous school and/or a multidisciplinary evaluation is being requested to provide information that will allow the CSC to determine eligibility under regulations governing DoDEA schools. If it is determined that your child meets eligibility requirements, then your child may continue to receive special education services and an IEP will be developed. Both eligibility determination and IEP development will include your participation.

Should the CSC determine that your child does not meet these eligibility requirements, an IEP will not be developed and special education services will be discontinued. Modifications and adaptations for the general education classroom will be recommended, if appropriate.

Signature of Administrator/Designee _______________________________ Date _______________

I acknowledge that I have received a copy of DoDEA Parents Rights and Responsibilities and agreed to accept the conditions of enrollment in the special education program that this notice documents.

In order for DoDEA to establish that my child meets the eligibility requirements for special education, I understand that I must authorize the staff to request records from the previous school. I also understand that based on the incoming information, it may be necessary for me to sign the Parent Permission for Evaluation form.

Signature of Parent/Guardian ___________________________________ Date _______________

Distribution:
____________ Copy to parent
____________ Original attached to incoming IEP

DoDEA Form 2500.13-G-F19, September 2005
NOTICE OF CASE STUDY COMMITTEE MEETING

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Date __________________

Dear ______________________________,

The Case Study Committee (CSC) invites you to attend and participate in a meeting concerning your child, __________________________. The reason for this meeting is to

The meeting is scheduled for __________________, at _______________, in ________________.

date                   time          location

For your information, the following people will be in attendance at the meeting.

Your participation is very important to help us plan appropriately for your child. If you wish, your child and/or any other individual may attend the meeting with you. If this date is not convenient for you, please telephone the number listed below or visit the school to arrange a mutually convenient time and place for the meeting. Thank you for your cooperation and for returning this form.

______________________________     __________________________
Case Manager/Contact Person      Telephone Number

PLEASE CHECK ONE OF THE CHOICES BELOW AND RETURN ONE COPY OF THIS FORM TO THE SCHOOL. RETAIN ONE COPY FOR YOUR RECORDS.

☐ I will attend this meeting about my child.
☐ I am unable to attend this meeting about my child. Please contact me to reschedule the meeting.

______________________________     __________________________
Signature of Parent/Guardian      Date

DoDEA Form 2500.13-G-F20, September 2005
NOTICE OF CASE STUDY COMMITTEE MEETING
INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osl.

Date ___________________

Dear ______________________________,

The Case Study Committee (CSC) invites you to attend and participate in a meeting concerning your child, __________________________. The reason for this meeting is to

The meeting is scheduled for __________________, at _______________, in ____________________.

date                   time          location

For your information, the following people will be in attendance at the meeting.

Attached to this invitation to the meeting is a copy of the goals and objectives proposed for your child. These goals and objectives are a draft copy only and not the final IEP. We would appreciate you reviewing these proposed goals and objectives before the meeting. The goals and objectives will be discussed with you at the meeting and modified as appropriate. We encourage your participation in developing your child’s educational program.

Your participation is very important to help us plan appropriately for your child. If you wish, your child and/or any other individual may attend the meeting with you. If this date is not convenient for you, please telephone the number listed below or visit the school to arrange a mutually convenient time and place for the meeting. Thank you for your cooperation and for returning this form.

______________________________     __________________________
Case Manager/Contact Person      Telephone Number

PLEASE CHECK ONE OF THE CHOICES BELOW AND RETURN ONE COPY OF THIS FORM TO THE SCHOOL. RETAIN ONE COPY FOR YOUR RECORDS.

☐ I will attend this meeting about my child.
☐ I am unable to attend this meeting about my child. Please contact me to reschedule the meeting.

______________________________     __________________________
Signature of Parent/Guardian      Date

DoDEA Form 2500.13-G-F21, September 2005
NOTIFICATION OF ASSESSMENT PERSONNEL
REQUEST FOR ASSESSMENT

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary, but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Date _______________

To: _________________________________

This memorandum is to inform you that an assessment plan was designed for the following student __________________________________. Identifying information regarding the student is:

Birthdate:
Grade:
Referring Person:
Suspected Disability:
Vision Screening:
Hearing Screening:
Primary Language in the home:
Permission for Evaluation valid until:
In-house deadline for test completion:

The Case Study Committee has included you in the assessment process. The assessment plan indicates the specific area(s) for which you are responsible.

If you have any questions regarding this assessment, please contact ____________________________, at __________________________.

*For secondary students, attach a copy of the student’s schedule.

DoDEA Form 2500.13-G-F22, September 2005
CASE STUDY COMMITTEE WRITTEN NOTICE
REFUSAL OF PARENTAL REQUEST

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

To: _____________________________________________  Date:___________________
   (Name of Sponsor, Guardian, or Student 18 and over)

Re: _____________________________________________
    (Name of Student)

   The purpose of this notice is to inform you that the Case Study Committee reviewed your request dated ____________ which would have initiated or changed your child’s identification, evaluation, education placement, or provision of FAPE. Based on the CSC’s review, the school has decided not to act on your request. The CSC’s reasons for refusing your request are described below.

Description of the action refused by the school:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Explanation of why the school refuses to take this action:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Description of any options the school considered prior to this proposal:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Reasons why those options were rejected:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

DoDEA Form 2500.13-G-F23, September 2005
Description of evaluation procedures, tests, records, or reports the school used as a basis for the refusal.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Other information and factors relevant to this decision:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

As a parent of a child with a disability, you are entitled to certain procedural safeguards as outlined in the enclosed Parent Rights and Responsibilities. Your rights include the right to request mediation or a due process hearing if you disagree with this decision. If you have any questions about this decision or need additional information concerning your rights, please call _____________________________ at _______________________.
CASE STUDY COMMITTEE ELIGIBILITY REPORT

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student Name: _______________________________________ Meeting Date:_______________________

Required Signatures:

Signature of Parent ________________________________________________________________
Signature of Administrator _________________________________________________________

Signature of Classroom Teacher _____________________________________________________
Signature of Special Education Teacher ______________________________________________

Signature of Student (if appropriate) _________________________________________________
Signature of: _____________________________________________________________________

Signature of: _____________________________________________________________________

Signature of: _____________________________________________________________________

Signature of: _____________________________________________________________________

Signature of: _____________________________________________________________________

******************************************************************************

Eligibility Process: Based on a review of the evaluation information presented to determine the presence of a disabling condition that adversely affects the student’s educational performance, the CSC concludes that the student is:

☐ ELIGIBLE for special education and other appropriate related services under DoDEA guidelines.

☐ INELIGIBLE for special education and other appropriate related services under DoDEA guidelines.

☐ TRIENNIAL REVIEW; student continues to require services of IEP.

Check criterion and disability by which student has been found eligible for special education and related services is:

☐ Physical Impairment: __Autism   __Blind   __Visually Impaired   __Deaf   __Hearing Impaired   __Deaf/Blind   __Orthopedically Impaired   __Other Health Impaired   __Traumatic Brain Injury   __Pervasive Developmental Disorder

☐ Emotional Impairment

☐ Communication Impairment: __Articulation   __Language/Phonology   __Fluency   __Voice

☐ Learning Impairment: __Specific Learning Disability   __Intellectual Disability

☐ Developmental Delay: __Adaptive/Self Help   __Cognitive   __Communication   __Physical   __Social/Emotional
CASE STUDY COMMITTEE ELIGIBILITY REPORT

Student: 
Grade: 
Date of Meeting:

I. TESTS/ASSESSMENTS ADMINISTERED 

<table>
<thead>
<tr>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Screening: (results)</td>
</tr>
<tr>
<td>Hearing Screening: (results)</td>
</tr>
</tbody>
</table>

II. SYNTHESIS OF TEST DATA (Supporting evidence of disability and impact on educational performance)
CASE STUDY COMMITTEE ELIGIBILITY REPORT

Synthesis of Test Data (continuation)

III. INFORMATION FROM PARENTS/GUARDIANS/STUDENTS:

IV. INFORMATION FROM OTHER SOURCES (Classroom Teacher/Medical/Records):
CASE STUDY COMMITTEE ELIGIBILITY REPORT

V. Each question stated as an eligibility consideration must be answered YES by the CSC in order for the student to meet eligibility requirements for the primary disability criterion. Circle the appropriate response.

**CRITERION A - PHYSICAL IMPAIRMENT**

YES NO 1. Does the child have a physical impairment (visual, hearing, orthopedic, other health impairment)?

YES NO 2. Does the child require environmental and/or academic modifications?

YES NO 3. Without environmental or academic modifications, will the impairment adversely affect the child's educational performance?

**CRITERION B - EMOTIONAL IMPAIRMENT**

YES NO 1. Does the student have a confirmed emotional condition?

YES NO 2. Does the condition cause one or more of the following characteristics:

a) An inability to learn that cannot be explained by intellectual, sensory, or health factors? (The student is so emotionally disturbed that s/he cannot learn.)

b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers? (The student is so emotionally disturbed that s/he cannot enter into relationships.)

c) Inappropriate types of behavior under normal circumstances? (Student's behavior is maladaptive.)

d) A tendency to develop physical symptoms or fears associated with personal or school problems? (Student's physical symptoms or fears are the result of a severe mental disorder.)

e) A general pervasive mood of unhappiness or depression?

YES NO 3. Have the observed maladaptive behaviors lasted for a long period of time?

YES NO 4. Does the condition adversely affect educational performance?

**CRITERION C - COMMUNICATION IMPAIRMENT**

YES NO 1. Does the child have a communication disorder in one or more of the following areas?

1) Voice Disorder - presence of a disorder of pitch, intensity, intonation, respiration, resonation and/or quality which is inappropriate for chronological age or gender.

2) Fluency Disorder - occurs at a rate of 3 or more abnormal non-fluencies per minute or is greater than 10% non-fluencies in a language sample of 100 words.

3) Articulation Disorder - production is not commensurate with developmental age norms. Measured by either a standard score of 80 or 8 to 10%ile on a test of articulation, an error rate of 25% or greater in a 100 word conversation sample, 6 or more phoneme errors for child under 8, or 1 or more phoneme errors for a child 8 or older.

4) Language/Phonology Disorder - receptive and/or expressive language (semantics, morphology, syntax, pragmatics, phonology) is at or near the 10th %ile (or standard score of 81) which indicates significant weaknesses across subtests of more than one assessment instrument, or clusters more than one assessment instrument with a comparative strength identified in another language area.

YES NO 2. Does the communication disorder adversely affect the child's educational performance?

**CRITERION D - LEARNING IMPAIRMENT**

YES NO 1. Is the student's achievement in math, reading or language arts near or below the 10th percentile? (at or near the 35th percentile for students whose mental ability is one and a half or more standard deviations above the mean)

YES NO 2. Is the student's adverse academic achievement due to one of the following deficits?

1) Intellectual Disability - significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior. (Circle one) Severity of deficit is: Mild, Moderate, Severe, Profound.

2) Specific Learning Disability - disorder in processing and/or production of language and/or information as measured by significant differences among scaled or standard scores, OR significant weaknesses across sub-tests or clusters of more than one test with comparative strength identified, OR significant weakness identified in language processing with comparative strength identified.

YES NO 3. The identified learning problem is not due primarily to a visual, hearing, or motor disability.

YES NO 4. The learning problem is not due primarily to emotional disturbance, environmental deprivation, cultural differences, or English as a Second Language.

**CRITERION E - DEVELOPMENTAL DELAY**

Specific to children ages 0 through 5 years only

YES NO 1. The child has a significant developmental delay of 25% or 2 standard deviations in one area OR a delay of 20% or 1.5 standard deviations in two or more areas.

YES NO 2. The developmental delay is in the area(s) of:

- Adaptive/Self-Help Development
- Cognitive Development
- Communication Development
- Physical Development
- Social/Emotional Development
VI. Describe what the student does well within the following areas and what concerns there are for the student. Explain how the student’s performance affects his/her involvement and progress in the general curriculum. For preschool children explain how performance affects participation in appropriate activities.

**Educational:** *How does the student perform within the curriculum and on age appropriate tasks?*

**Strengths:**

Area Affected:  
Educational Need:  
Present Level of Performance:

Area Affected:  
Educational Need:  
Present Level of Performance:

Area Affected:  
Educational Need:  
Present Level of Performance:

**Social/Emotional/Adaptive Behavior:** *How does the student manage feelings, interact with others and adapt to different environments?*

**Strengths:**

Area Affected:  
Educational Need:  
Present Level of Performance:

Area Affected:  
Educational Need:  
Present Level of Performance:

Area Affected:  
Educational Need:  
Present Level of Performance:
**Communication:**  *How well does the student listen, speak, understand language and express self?*

Strengths:

**Area Affected:**
**Educational Need:**
**Present Level of Performance:**

**Area Affected:**
**Educational Need:**
**Present Level of Performance:**

**Cognitive:**  *How does the student think, problem solve, and learn within the environment?*

Strengths:

**Area Affected:**
**Educational Need:**
**Present Level of Performance:**

**Area Affected:**
**Educational Need:**
**Present Level of Performance:**

**Area Affected:**
**Educational Need:**
**Present Level of Performance:**

**Physical/Motor and Physical/Health:**  *How is the student’s vision, hearing, coordination and general health?*

Strengths:

**Area Affected:**
**Educational Need:**
**Present Level of Performance:**
Area Affected:
Educational Need:
Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

**Transition/Life Skills/Career:** *(students 14 years of age or older)*
Strengths:

Area Affected:
Educational Need:
Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

**VII. RELATED SERVICES NEEDED FOR STUDENT TO BENEFIT FROM SPECIAL EDUCATION:**
The purpose of the triennial review is to determine if the student continues to require special education due to a disability that adversely affects the student’s educational performance. Each question stated as a reevaluation consideration must be answered YES by the CSC in order for the student to continue to meet eligibility requirements for continuance of special education services.

1. **YES  NO** Does the student’s present level(s) of performance and educational need(s) document the need for continued support? *(Need documented under Present Level of Functioning, Achievement, and Performance of CSC Eligibility Report).*

2. **YES  NO** Are additions or modifications to the special education and related services program needed to enable the student to meet his or her IEP annual goals, and to participate, as appropriate, in the general education curriculum?

   The student requires the following additions or modifications to his or her special education program to meet his or her annual goals, and to participate in the general education curriculum.

3. **YES  NO** Does the student continue to be a child with a disability?

   Disability criterion:

4. **YES  NO** Does the student continue to need special education and related services?

   The student continues to require the following services:

DoDEA Form 2500.13-G-F25, September 2005
**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY**
**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

### Student Information

- **Name:** _________________________________  
- **ID Number:** ___________  
- **DOB:** ____________  
- **Disability:** ______________________________  
- **Native Language:** _____________  
- **Grade:** ____  
- **Date of IEP Meeting:** _____________________  
- **IEP Implementation Date:** ______________________  
- **Annual Review Date:** _____________________  
- **Triennial Review Date:** ________________________  
- **Type of IEP:**  
  - [ ] Initial  
  - [ ] Annual Review  
  - [ ] Triennial  
  - [ ] Modified  
  - [ ] Draft  

* For initial IEP, parent signature on the IEP indicates consent for provision of services.

### Special Education Services (Direct Services to Student)

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Location</th>
<th>Anticipated Frequency</th>
<th>Time</th>
<th>Start Date</th>
<th>End Date</th>
<th>Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Related Services (Direct Services to Student)

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Location</th>
<th>Anticipated Frequency</th>
<th>Time</th>
<th>Projected No. Sessions</th>
<th>Start Date/End Date</th>
<th>Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Consultation (Indirect Services to School/Community Personnel and Parent only)

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Anticipated Frequency</th>
<th>Time</th>
<th>Start Date</th>
<th>End Date</th>
<th>Service provided to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Signatures:

- **Parent/Guardian**
- **Administrator**
- **Student (as appropriate)**
- **Special Education Teacher**
- **General Education Teacher**

**Privacy Act Notice:** Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary, but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at [http://www.defenselink.mil/privacy/notice/osd](http://www.defenselink.mil/privacy/notice/osd).
ACCOMMODATIONS/SPECIAL CONSIDERATIONS

Physical Education:
Modifications Required:

Transportation:
Modifications Required:

Standardized Testing:  
- Student will participate without accommodations  
- Student will participate with accommodations  
- Testing not required for this grade level (KN, 1, 2 and 12)  
- Student will participate in an alternate assessment

Accommodations:

Special factors the IEP team has determined the student requires. Each “Y” (yes) must be addressed on a goal page.

- Braille    __ y __ n  
- Limited English Proficiency    __ y __ n  
- Behavior    __ y __ n  
- Communication Needs    __ y __ n  
- Assistive Technology    __ y __ n

Consideration of Extended School Year

- IEP team needs to collect additional data in order to make this determination and will meet again by: __________
- IEP team has determined that documentation does not support the need for extended school year services.
- IEP team has determined that the record shows student’s inability to recoup skills within a reasonable time following regression and recommends extended school year services (attach documentation).

COMMENT:

Accommodations/Modifications in General and Special Education
Identify skills, courses, and experiences the student must have to better prepare the student for post-secondary transition.

Vocational Education:
Modifications Required:

Transition Statement:

Student’s interests:
Student’s strengths/capabilities:

Desired Post-Secondary Outcomes/Anticipated Post-School Setting

Employment
Education
Adult Living

Based on the student’s interests, needs, and desired post-secondary outcomes, the IEP team has determined specialized transition services and/or supports are needed in the following area(s). Each area checked must be addressed on a goal page.

__ Academic Learning    __ Career Planning    __ Employment    __ Daily Living Skills
__ Financial Planning    __ Health/Medical    __ Legal Services    __ Leisure/Recreation
__ Living Arrangements  __ Self Advocacy    __ Transportation    __ Social Relationships
__ Community Participation  __ Post-secondary Training    __ Other

Graduation Plan:       __Regular Graduation Plan    __IEP – graduation based on IEP goals/objectives

Transfer of Rights at Age of Majority

Notice was given to the student and parent at least one year prior to reaching the age of majority (18) informing the student of his/her rights under IDEA that will be transferred to the student upon reaching the age of majority (18).

Date notice was given ___________________________ Date student reaches age of majority ________________
**GOALS and OBJECTIVES**

Area:  
Need:  
Present Level of Performance:  

Service Provider(s):  
Annual Goal:  

<table>
<thead>
<tr>
<th>Short Term Objectives</th>
<th>Mastery Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Annual Goal:  

<table>
<thead>
<tr>
<th>Short Term Objectives</th>
<th>Mastery Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Annual Goal:  

<table>
<thead>
<tr>
<th>Short Term Objectives</th>
<th>Mastery Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GOALS and OBJECTIVES

Area:
Need:
Present Level of Performance:

Service Provider(s):
Annual Goal:

<table>
<thead>
<tr>
<th>Short Term Objectives</th>
<th>Mastery Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Annual Goal:

<table>
<thead>
<tr>
<th>Short Term Objectives</th>
<th>Mastery Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Annual Goal:

<table>
<thead>
<tr>
<th>Short Term Objectives</th>
<th>Mastery Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LEAST RESTRICTIVE ENVIRONMENT

In making the program decision, the following factors were considered by the IEP team in selecting the least restrictive environment.

___ Placement of the student is based on his/her individual needs.

___ Student is educated, to the maximum extent appropriate, with students who do not have disabilities.

___ Removal from general education only when the nature and severity of the student’s educational needs are such that education in the general education program with supplementary support and services cannot be achieved satisfactorily.

___ Participation with general education students, to the maximum extent appropriate, in school activities.

___ Placement is as close as possible to the student’s home or in the school she/he would attend if not disabled.

Justification for Placement: Explanation of the extent, if any, to which the student will not participate with non-disabled peers. Describe how the student’s disability affects his/her involvement and progress in the general curriculum. For preschool children, indicate how the child’s disability affects his/her participation in appropriate activities.

Student Progress: Parents will be informed of their child’s progress in meeting the goals of his/her IEP on the same timeline as non-disabled students. DoDEA requires the reporting of student progress on a quarterly basis.

Method by which the student’s progress will be reported. ________________________________

If progress will be reported more frequently, indicate schedule for reporting the student’s progress. ____________
INDIVIDUAL TRANSITION PLAN
Final Year of Services

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Student: ______________________________________  ID: __________________   Date: ___________________

Present Level of Educational Performance: ____________________________________________________________

Post-secondary goal(s): ________________________________________________________________

<table>
<thead>
<tr>
<th>Transition Activities</th>
<th>Services SY/ Post-secondary services</th>
<th>Person/Agency Responsible</th>
<th>Outcome(s): recommended services for next year</th>
<th>Timelines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DoDEA Form 2500.13-G-F27, September 2005
<table>
<thead>
<tr>
<th>Transition Activities</th>
<th>Services SY/ Post-secondary services</th>
<th>Person/Agency Responsible</th>
<th>Outcome(s): recommended services for next year</th>
<th>Timelines</th>
</tr>
</thead>
</table>

DoDEA Form 2500.13-G-F27 (BACK), September 2005
Department of Defense Education Activity

(School Name)

(Location)

TRANSFER OF RIGHTS

Student Name ___________________________________ Date of Birth _______________

On this date, ________________________, I have been informed of and understand the
rights in special education that will transfer from my parent/guardian to me on my eighteenth
birthday. These rights including written notice, participation in IEP meetings, agreement on
issues that require consent and all other procedural safeguards have been discussed with
me.

My signature on this notice indicates that I understand my rights and have received a
copy of the document titled, Parent Rights and Responsibilities. I understand that if I should
have any questions, I may contact the case manager listed below.

Signature of Student _______________________________________ Date _____________

Signature of Case Manager _________________________________ Date _____________

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the “Blanket Routine Uses” described at the beginning of the Office of the Secretary of Defense’s compilation of systems of records notices, published at http://www.defenselink.mil/privacy/notice/osd.

Distribution:

___ Original maintained in Student File
___ Copy to Student
___ Copy to Parent/Guardian

DoDEA Form 2500.13-G-F28, September 2005
VISION-HEARING-MEDICAL SCREENING
Case Study Committee Referral

Student______________________________  Date of Birth____________________
Teacher______________________________  Grade________________________

**Vision:** Date Screened____________________

<table>
<thead>
<tr>
<th></th>
<th>Without Glasses</th>
<th>With Glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance</td>
<td>R 20/___  L/___</td>
<td>R 20/___  L/___</td>
</tr>
<tr>
<td>Near</td>
<td>R 20/___  L/___</td>
<td>R 20/___  L/___</td>
</tr>
</tbody>
</table>

Instrument Used:  ☐ Titmus  ☐ Random Letter  ☐ Tumbling E  ☐ Preschool Symbols

PERRLAEMOM: _____________________________________________________________
Remarks:_________________________________________________________________

**Hearing:** Date Screened____________________

Testing frequencies @ 20 or 25 db. Indicate db at which student heard sound.

<table>
<thead>
<tr>
<th></th>
<th>500</th>
<th>1000</th>
<th>2000</th>
<th>4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Canals: ☐ Pink  ☐ Erythema

TM’s: ☐ Clear  ☐ Opaque  ☐ PE tubes
Remarks:_________________________________________________________________

**Current Medical Information:**
Medications:______________________________________________________________
Minor neurological signs: ☐ Achieved  ☐ Difficulty with_____________________

**Findings Indicate:** (Check all that apply)

☐ Vision within normal limits
☐ Hearing within normal limits
☐ Classroom performance may be adversely affected
☐ One-on-one testing may be adversely affected
☐ No additional medical concerns at this time
☐ Other_______________________________________________________________

CSC Testing/Follow-up: ☐ Proceed with testing  ☐ Hold testing

Signature School Nurse________________________________ Date________________

DoDEA Form 2500.13-G-F29, September 2005
This screening is for children ages 2 ½ to 5 years. It does not evaluate vision or hearing acuity, but it does address whether functional vision an/or hearing seems adequate to continue with the assessment process.

**VISION** (check all that apply)

Does the child….  
- Have eyes that look forward, not inward or outward?  
- Make eye contact with the objects?  
- Follow moving objects with eyes?  
- Look at objects without covering one eye or squinting?  
- Hold objects at a normal distance from face?  
- Move about without frequently bumping into objects?  
- Move easily from one floor surface to another?

☐ Functional vision seems normal.  
☐ A vision problem is suspected. Further evaluation is indicated.

**HEARING** (check all that apply)

Does the child….  
- Breathe through the nose with mouth closed?  
- Speak in a normal tone of voice?  
- Have a normal voice quality?  
- Speak clearly without misarticulations?  
- Look at the speaker’s face rather than the speaker’s lips?  
- Look at the speaker straight on without turning an ear toward the speaker?  
- Turn when name is spoken while child is not looking?

☐ Functional hearing seems normal.  
☐ A hearing problem is suspected. Further evaluation is indicated.

Signature of Evaluator ___________________________  Date __________________

Title ___________________________

DoDEA Form 2500.13-G-F30, September 2005
EDUCATIONAL IMPACT

Student ____________________  Grade ____________________
Completed by ____________________  Date ____________________

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

☐ Observations  ☐ Parent/teacher interviews
☐ Medical report/consultation  ☐ Review of Records
☐ Other ______________________________________________________________________________

The results of assessment indicate the student exhibits the following characteristics that require modification and/or assistance in the school environment: (Check all that apply)

☐ Has difficulty playing appropriately with toys or objects
☐ Makes naïve/embarrassing remarks without regard to social norms
☐ Exhibits self-stimulating behaviors
☐ Exhibits perseverative behaviors
☐ Has echolalic speech
☐ Is tactically defensive
☐ Is non-responsive to verbal cues
☐ Exhibits extreme distress for no apparent reason
☐ Has limited number of interests
☐ Exhibits apparent insensitivity to pain
☐ Does not share enjoyment, interests, or achievements
☐ Is hypersensitive to ______________________________________________________________________

Noted special talents____________________________________________________________________
Displays unusual reactions related to: ☐ Sound  ☐ Smell  ☐ Taste  ☐ Touch  ☐ Visual stimuli

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

DoDEA Form 2500.13-G-F31, September 2005
B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G. Other
Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- Observations
- Medical report/consultation
- Parent/teacher interviews
- Review of Records
- Functional Hearing Assessment
- Other _______________________________________________________________________________

1. Audiological information _____________________________________________________________

   Date of last audiological exam______________
   Hearing loss identified:    Right ear   □ Mild   □ Moderate   □ Severe   □ Profound
   □ Left ear   □ Mild   □ Moderate   □ Severe   □ Profound

2. Equipment currently used (HA or FM)__________________________________________________

3. Communicates with others using:

   □ Speech   □ Gestures/Body Language   □ American Sign Language   □ Lib reading
   □ Pidgin Sign   □ Signs and speech   □ Picture cues
   □ Audition   □ Cued Speech   □ Signed Exact English

4. Check all that apply.

   □ Has difficulty hearing teacher/other students in the classroom environment
   □ Has difficulty following and/or participating in classroom discussions
   □ Cannot respond to fire alarm
   □ Has difficulty deriving benefit from educational videos
   □ Displays receptive/expressing language delays
   □ Has difficulty understanding large group programs/presentations
   □ Cannot understand information over public address system
   □ Has difficulty with collaborative group activities

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

DoDEA Form 2500.13-G-F32, September 2005
B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G. Other
Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

☐ Observations
☐ Medical report/consultation
☐ Parent/teacher interviews
☐ Review of Records
☐ Other _______________________________________________________________________

What is the suspected or confirmed medical condition? _______________________________________

Characteristics exhibited in educational environment: (Check all that apply)

☐ Lethargic/fatigues easily
☐ Overactive
☐ Demonstrates staring spells
☐ Poor organizational skills
☐ Difficulty sustaining
☐ Poor socialization
☐ Difficulty focusing/maintaining attention
☐ Poor pragmatic/social language
☐ Inappropriate talking out
☐ Other ________________________________
☐ Difficulty completing homework/assignments
☐ Poor attendance
☐ Attends to minute details
☐ Difficulty maintaining self-control
☐ Difficulty with personal hygiene/toileting
☐ Impaired cognitive skills
☐ Lack of endurance
☐ Difficulty with daily living/self-help skills

Instructio nal Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

DoDEA Form 2500.13-G-F33, September 2005
D. Assessment:

E. Safety:

F. Assistive Technology:

G. Other
Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- Observations  
- Medical report/consultation  
- Functional Vision Assessment  
- Parent/teacher interviews  
- Review of Records  
- Other _______________________________________________________________________________

1. Eye condition _____________________________________________________________
   Date of last eye exam ____________________________

   Visual Acuity: Distance w/correction Near w/correction
   Right Eye ____________________ ____________________
   Left Eye ____________________ ____________________
   Both Eyes ____________________ ____________________

   Visual Field:  □ Full  □ Reduced  Describe ____________________________________________

2. Travel methods currently used/recommended: (Check all that apply)
   □ Independent travel  
   □ Sighted guide in unfamiliar areas  
   □ Routine use of sighted guide  
   □ Cane  
   □ Protective arm techniques  
   □ Trailing  
   □ Assistance in safety evacuations

3. Recommended Literacy Media:
   □ Regular sized print  
   □ Braille  
   □ Large print (font size _____)  
   □ Books on tape

4. Equipment currently used/recommended: (Check all that apply)
   □ Closed circuit television  
   □ Computer with speech output  
   □ Braille writer  
   □ Bold or raised line paper  
   □ Computer screen magnifier  
   □ Hand-held magnifier  
   □ Monocular  
   □ Binoculars  
   □ Desk lamp  
   □ Dark writing implement  
   □ Sunglasses

DoDEA Form 2500.13-G-F34, September 2005
5. Visual functioning: (Check all that apply)

☐ Uses eccentric viewing  ☐ Requires extra time to adjust to lighting changes
☐ Uses close viewing distance for reading ☐ Experiences fatigue from extensive reading
☐ Requires preferential seating

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G. Other
# EDUCATIONAL IMPACT

## Orthopedic Impairment

<table>
<thead>
<tr>
<th>Student ________________________</th>
<th>Grade ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by __________________</td>
<td>Date ____________________</td>
</tr>
</tbody>
</table>

*Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.*

## Instruments/Techniques Used

- Observations
- Medical report/consultation
- Parent/teacher interviews
- Review of Records
- Other _______________________________________________________________________

## Seating and Positioning Considerations

1. Seating and positioning considerations: (Check all that apply)
   - Able to sit in regular chair
   - Requires adaptation to regular chair
   - Sits in wheelchair
   - Able to use regular desk
   - Requires adapted table or tray
   - Other ____________________________
   - Often indicates discomfort
   - Has difficulty using a desk
   - Seating does not appear to provide trunk stability
   - Difficulty maintaining head control

## Mobility

2. Mobility: (Check all that apply)
   - Walks independently
   - Needs extra time to reach destination
   - Has difficulty with stairs
   - Walks with appliance
   - Tires easily when walking
   - Requires extra time for safety evacuation
   - Requires physical assistance for safety evacuation
   - Requires assistance with personal hygiene/toileting
   - Walks with assistance
   - Uses wheelchair independently
   - Needs assistance to transfer in and out of wheelchair
   - Transfers independently
   - Requires assistance carrying books between classes
   - Requires assistance with eating

## Physical Education

3. Student is able to participate in Physical Education:
   - In regular PE without modification
   - Unable to participate in regular PE even with modifications
   - In regular PE with the following modification(s) ______________________________________

DoDEA Form 2500.13-G-F35, September 2005
4. Fine motor considerations: (Check all that apply)

- Difficulty with handwriting
- Has illegible handwriting
- Cannot copy written work from board
- Cannot use standard keyboard
- Tires easily when writing
- Unable to hold writing instrument
- Other _____________________________

**Instructional Implications of the Assessment Findings**

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G. Other