ORANGE TOWNSHIP PUBLIC SCHOOLS DEPARTMENT OF SPECIAL SERVICES

451 Lincoln Avenue Orange, New Jersey 07050 (973)-677-4027 fax (973)-677-4035

Barbara L. Clark, Director

Thomas N. Kennedy, Supervisor

ELIGIBILITY CONFERENCE REPORT

Pupil Name:	Chron. Age:	
DOB:	Home Phone:	
Sex:	Mother Work Phone:	
Parent/Guardian:	Father Work Phone:	
Address:	Grade:	
City/State/Zip:	Case Manager:	
Native Language:	Current Placement:	
School:	Current Teacher:	
Conference Date:	Guidance Counselor:	
Eligibility Date:		

ELIGIBILITY PARTICIPANTS

Title	Evaluators Print/Type Name	Evaluation Date	Eligibility Team Signature
LDT-C			
Psychologist			
Social Worker			
Speech/Lang Spec.			
Neurological			
Physical Therapist			
Occup. Therapist			
Spec.Ed.Teacher			
Reg.Ed.Teacher			
Principal			
Dir. Student Services			
Parent/Guardian			
Parent/Guardian			

I. ELIGIBILITY STATEMENT:

The members of the Child Study Team and other required persons met jointly with the parent(s) and determined collaboratively that this pupil is/is not eligible for special education and related services at this time.

CLASSIFICATION CRITERIA:

I/We agree that our child is currently eligible for spec classification.	cial education and related services and agree	to the above
Signature of Parent/Guardian	Date	
You may review this decision for 15 days from your If you disagree with the district's determination, you	1	
New Jersey Department of Education, Office of Spec	• •	•
Please refer to Parental Rights in Special Education.		

RECEIPT OF DOCUMENTS

RECEIVED		DATE RECEIVED	DOCUMENT	
Yes	No	Declined		
				N.J.A.C. 1:6A
				N.J.A.C. 6A:14
				Parental Rights in Special Education (PRISE)
				Eligibility Conference Report
				SIGNATURES
	STUDENT			
PARE	PARENT(S)/GUARDIAN(S)			
PARENT(S)/GUARDIAN(S)				

II. SUMMARY:

10/02

III. NOTICE OF ELIGIBILITY:

Affect on edu	cational performance determined by:
	Learning Evaluation
	Speech/Language Evaluation
	Psychological Evaluation
	Social Case History
	Vision and Hearing Screening
	Other
	Other
Requires spec	cial education and relate services as indicated by:
	Current cognitive, adaptive and/or emotional functioning
	Current academic functioning
	Family, social, and health factors which impact the pupil's learning and behavior in school
	Weaknesses in receptive and expressive language development
	Other:
	Other:
	PROCEDURAL SAFEGUARDS STATEMENT
identification, appropriate put A description Rights in Spectary A copy of PR meeting, upon	of a student, or as an adult student, who may have disabilities, you have rights regarding the evaluation, classification, the development of an IEP, placement, and the provision of a free, ablic education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A:14 of these rights, which are called procedural safeguards, is contained in the document, <i>Parental cial Education (PRISE)</i> . This document is published by the New Jersey Department of Education <i>ISE</i> is provided to you upon referral for an initial evaluation, upon each notification of an IEP reevaluation, and when a due process hearing is requested. In addition you may request a copy Student Services at
For help in un	derstanding your rights, you may contact any of the following:
_	derstanding your rights, you may contact any of the following: , Director of Student Services at
	, Director of Student Services at
Statewide	, Director of Student Services at Parent Advocacy Network (SPAN) at 1(800) 654-7726
Statewide New Jerse	, Director of Student Services at Parent Advocacy Network (SPAN) at 1(800) 654-7726 by Protection and Advocacy, Inc. at 1(800) 922-7233
Statewide New Jerse The New	, Director of Student Services at Parent Advocacy Network (SPAN) at 1(800) 654-7726