Enter District Name Here

**Functional Mental Disability (FMD)**

**Eligibility Determination Form**

Attachment *to Admissions and Release Committee (ARC) Conference Summary/Action Form*

|  |  |
| --- | --- |
| Initial Determination of Eligibility for this Category of Disability | Re-Determination of Eligibility for this Category of Disability |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name: |  | SSID: |  |
| Date of Birth: |  | Date of Eligibility Determination: |  |
| School: |  | | |

The **ARC** determines a student to have the disability of ***Functional Mental Disability*** and is eligible for specially designed instruction and related services when:

|  |  |  |
| --- | --- | --- |
| **Complete**  **During**  **ARC** | The **ARC** compared and analyzed evaluation data and documents the following interpretation: | |
| **Y**  **N**  **Insufficient** | 1a. | Cognitive functioning is at least three (3) standard deviations below the mean; |
| **Y**  **N**  **Insufficient** | 1b. | Adaptive behavior is at least three (3) standard deviations below the mean; |
| **Y**  **N**  **Insufficient** | 1c. | Severe deficit in overall academic performance including acquisition, retention, and application of knowledge; and |
| **Y**  **N**  **Insufficient** | 1d. | Is typically manifested during the developmental period. |
| **Y**  **N**  **Insufficient** | 2. | Evaluation information confirms there is an adverse effect on educational performance (must be present for eligibility). |
| **Y**  **N**  **Insufficient** | 3. | Evaluation information confirms that lack of instruction in reading and/or math was not a determinant factor in the eligibility decision. |
| **Y**  **N**  **Insufficient** | 4. | Evaluation information confirms that limited English proficiency was not a determinant factor in the eligibility decision. |

On the following page provide Supporting Documentation that demonstrates the **ARC**:

* Used multiple data sources that substantiate the existence of the disability (triangulation of data);
* Confirmed the progress of the child is impeded by the disability to the extent that the child’s educational performance is significantly and consistently below the level of similar age peers.

Functional Mental Disability

**Eligibility Determination Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name: |  | SSID: |  |

|  |
| --- |
| Supporting Evidence: |

The **ARC** used the above interpretation of the evaluation data to determine:

The student has a functional mental disability that adversely impacts his/her education and is eligible for specially designed instruction and related services.

The student does not have a functional mental disability and is not eligible for specially designed instruction and related services.

The student has a functional mental disability, but it does not adversely impact his/her education; therefore, the student is not eligible for specially designed instruction and related services.

Evaluation data was insufficient to determine eligibility. Additional assessments and/or data in will be obtained/collected the area(s) of:

|  |
| --- |
|  |

The **ARC** will reconvene by       to review and determine eligibility.