**Early Access Identification Team Review Form**

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| Student |  |
| Grade |  |
| Referral Date |  |
| Date of Determination Meeting |  |
| Team Members |  |

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| How was the student referred? |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instrument Type** | **Instrument Name** | **Score** | **Comments** | **Qualifying?** |
| Norm-referenced Test of **Cognitive Ability**  **97th Percentile** |  |  |  |  |
| Criterion- and Normed-referenced **Achievement Test 97th Percentile** |  |  |  |  |
| Norm-referenced **Observation Scale**  **97th Percentile** |  |  |  |  |
| **Performance** Evaluations |  |  |  |  |
| **Parent** Input/Checklist |  |  |  |  |
| **School Readiness**  (State approved) |  |  |  |  |
| Additional Data |  |  |  |  |

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| **Does the Body of Evidence meet the criteria for identifying the student as eligible for Early Access? In which areas does the student meet criteria for identification?** |  |
| **Next Steps**  Always include determination letter and invitation to ALP development |  |