**Early Access Identification Team Review Form**

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

|  |
| --- |
| How was the student referred? |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |  |  |  |

|  |  |
| --- | --- |
| **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 |  |