DISTRICT SCHOOL BOARD OF PASCO COUNTY
EXCEPTIONAL STUDENT EDUCATION SERVICES
STAFFING

MIS Form #795
Rev. 7/13

Student _____ Date _____

Student # _____ DOB _____ Grade ____ Zoned School _____ Receiving School _____

☐ Parent/Guardian/Adult Student received a copy of the evaluation report(s)

Based on a review by the Exceptional Student Education (ESE) Staffing Committee, the following recommendation has been made:

CODE		Eligible	Ineligible	Continue	Discontinue
P	Autism Spectrum Disorder (ASD)				
H	Deaf or Hard of Hearing (D/HH)				
T	Developmental Delay (DD)				
O	Dual-Sensory Impaired (DSI)				
J	Emotional Behavioral Disabilities (EBD)				
L	Gifted				
M	Hospital/Homebound (H/HB)				
W	Intellectual Disabilities (InD)				
G	Language Impaired (LI)				
C	Orthopedically Impaired (OI)				
V	Other Health Impaired (OHI)				
K	Specific Learning Disabilities (SLD)				
F	Speech Impaired (SI)				
S	Traumatic Brain Injury (TBI)				
I	Visually Impaired (VI)				

Related Services:						
Occupational Therapy (OT)	☐ Refer	☐ Recommended	☐ Not Recommended	☐ Continue	☐ Discontinue
Physical Therapy (PT)	☐ Refer	☐ Recommended	☐ Not Recommended	☐ Continue	☐ Discontinue
Speech Therapy (ST)	☐ Refer	☐ Recommended	☐ Not Recommended	☐ Continue	☐ Discontinue
Language Therapy (LT)	☐ Refer	☐ Recommended	☐ Not Recommended	☐ Continue	☐ Discontinue

Individual Educational Plan: ☐ Yes ☐ No

Develop/Revise:

EP, IEP, TIEP, FSP, Service Plan

Additional Information:

☐ **Dismissal: This student no longer qualifies for Exceptional Student Education.**

Staffing Committee Members:

ESE Director or Designee	Evaluation Team Member
School Administrator or Designee	Evaluation Team Member
Parent or Guardian	Evaluation Team Member
Student	Evaluation Team Member
Other	Evaluation Team Member

DISTRIBUTION: Cumulative Folder, OSSPS, Parent/Guardian/Adult Student