



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
EXCEPTIONAL STUDENT EDUCATION SERVICES
INFORMED NOTICE OF CONTINUED ELIGIBILITY**

MIS Form #707
Rev. 08/20

Student _____ Zoned School _____ Date _____

Student # _____ Receiving School _____ DOB _____ Grade _____

Parents/Guardians/Adult Student:

_____	_____
IEP Expiration	Reevaluation Due Date

Information indicates that this student was determined eligible and received special education services. In order to continue to meet this student's educational needs and to follow the requirements of the Florida State Board of Education Rules, the District School Board of Pasco County is continuing the eligibility for Exceptional Student Education (ESE) services.

The current education plan will be implemented until revision is required.

_____ at _____
Name of Contact Phone Number

* Requires EP or equivalent data per state board rule.
** Indicates continued eligibility pending completion of a medical or therapy evaluation within the past 12 months from a Florida physician/therapist.

Exceptional Student Education Programs:

<u>Previous</u>	<u>Continued</u>		<u>Previous</u>	<u>Continued</u>
<input type="checkbox"/>	<input type="checkbox"/>	Autism Spectrum Disorder (ASD)	<input type="checkbox"/>	Specific Learning Disabilities (SLD)
<input type="checkbox"/>	<input type="checkbox"/>	Deaf or Hard of Hearing (D/HH)	<input type="checkbox"/>	Speech and Language Impaired (SI LI)
<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delay (DD)	<input type="checkbox"/>	Traumatic Brain Injury (TBI)**
<input type="checkbox"/>	<input type="checkbox"/>	Dual-Sensory Impaired (DSI)		Visually Impaired (VI)**
<input type="checkbox"/>	<input type="checkbox"/>	Emotional Behavioral Disabilities (EBD)		Related Services:
<input type="checkbox"/>	<input type="checkbox"/>	Gifted*		Language Therapy
<input type="checkbox"/>	<input type="checkbox"/>	Hospital/Homebound (H/HB)**		Occupational Therapy**
<input type="checkbox"/>	<input type="checkbox"/>	Intellectual Disabilities (InD)		Physical Therapy**
<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic Impairment (OI)**		Speech Therapy
<input type="checkbox"/>	<input type="checkbox"/>	Other Health Impairment (OHI)**		

Continued eligibility is based on ONE of the following:

1. Current IEP _____
City and State

NOTE: If IEP is past the annual review date, indicate dates of enrollment in non-public school _____
Dates

2. Previous ESE Eligibility in Pasco County

For use by ESE office:

3. Evaluation data from _____ verifies Florida eligibility for ESE.

_____ Date
ESE Director or Designee

Method of Notification:

Provided on _____ Date _____ Parent/Guardian/Adult Student Signature

OR

Parent/Guardian/Adult Student is not in attendance.

Notification sent with Procedural Safeguards via U.S. Mail on _____
Date

Compliance Review By _____ Date _____
ESE Director or Designee