Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ IEP Date \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initial Evaluation

Date \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_  3-Year Re-evaluation

A specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may have manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The basic psychological processes included attention, visual processing, auditory processing, sensory-motor skills, and cognitive abilities including association, conceptualization and expression.

**Section I.** Instructions: Select Option A or B below.

A. The pupil does not achieve adequately for the pupil’s age or to meet state-approved grade-level standards when provided with learning experiences and instruction appropriate for the pupil’s age or state-approved grade level standards.

B. The pupil does not make sufficient progress to meet age or state-approved grade-level standards based on the pupil’s response to scientific, research-based intervention. .

Area/s in which the pupil meets criteria:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Oral Expression |  | Listening Comprehension |  | Written Expression |
|  | Basic Reading Skills |  | Reading Fluency Skills |  | Reading Comprehension |
|  | Mathematics Calculation |  | Mathematics Problem Solving |  |  |

**Section II. The specific learning disability identified above is directly related to a processing disorder**.  Yes  No

Check appropriate area(s):  Sensory Motor Skills  Visual Processing

Auditory Processing  Attention

Cognitive Abilities (including association, conceptualization and expression)

**Section III.** Specific learning disabilities do not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disability. If any of the items below (A-H) are checked “Yes”, the student may not be identified as having a learning disability.

1. Visual, hearing, or motor disability  Yes  No
2. Intellectual disability  Yes  No
3. Emotional disturbance  Yes  No
4. Cultural factors  Yes  No
5. Environmental or economic disadvantage  Yes  No
6. Limited English proficiency  Yes  No
7. Limited school experience or poor school attendance  Yes  No
8. Lack of appropriate instruction in reading or math  Yes  No
   1. The IEP team considered data that demonstrate that prior to, or as a part of, the referral process, the pupil was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
   2. The IEP team considered data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the pupil’s parents

**Section III.** Additional Relevant Information:

Basis for determination of eligibility:

Psychoeducational Evaluation utilizing multiple measures (see attached psychoeducational report).

Other (specify)

**Section IV.** Relevant behavior related to academic functioning, noted during observation:

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**Section V**. Educationally relevant medical findings, if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section VI.** Conclusion:

The pupil has a specific learning disability.  Yes  No

The degree of the pupil’s impairment requires special education.  Yes  No

I agree with the conclusions stated above:

School Psychologist/Date Special Ed. Admin./Designee/Date

Special Education Teacher/Date General Education Teacher/Date

LSH Specialist/Date Reading Teacher /Date

Parent/Guardian/Date Other/Date

My assessment of this student differs from the above report as follows: Statement (attach additional pages as necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Title/Date