

## Team Evaluation Summary Report and Written Notice of Eligibility Specific Learning Disabilities

Student \_\_\_\_\_ Date of Meeting \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

**Definition:** A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read write, spell, or to do mathematical calculations, including such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia that affects a student's educational performance.

All requirements of Rule II.J.10 must be documented below or attached.  
**COMPLETE THIS SECTION FOR ALL EVALUATED STUDENTS**

### Classification Information

The Student does not achieve adequately for the student's age or to meet State approved grade-level standards in one or more of the follow areas, when provided with learning experiences and instruction appropriate for the student's age or State-approved grade level standards:

- Yes (check areas below) No
- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Written Expression      | <input type="checkbox"/> Basic Reading               |
| <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Reading Comprehension   | <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Mathematics Problem Solving |

1. Document that the student does not achieve adequately for the students age or meet State approved grade-level Standards (i.e. CRT Results, \_\_\_\_):

Subject Adjustment	Date	Results Data

2. Are the students problems primarily the result of:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| ● A visual, hearing, or motor disability?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ● An intellectual disability?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ● An emotional disturbance?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ● Cultural Factors?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ● An environmental or economic disadvantage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ● Limited English Proficiency?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
3. Is a lack of instruction in reading or math the primary factor in determining eligibility?  Yes  No
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| ● Were data considered that demonstrate that prior to, or as the part of, the referral process, the student was provided appropriate instruction in regular education settings, delivered by qualified personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ● Was data-based documentation of repeated assessments of achievement, at reasonable intervals reflecting formal assessment, of student progress provided to the student's parents?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. An observation of student in his/her learning environment (including the regular classroom setting) documenting the student's academic performance and behaviors in the area(s) of difficulty is attached.  
 Yes       No
- Summary of relevant behavior noted during the observation of the student and the relationship of that behavior to the students functioning: \_\_\_\_\_
5. Are there educationally relevant medical findings? If yes, attach supporting data.  
 Yes       No
6. Input from parents: \_\_\_\_\_
7. **Method used to determine existence of specific learning disability was discrepancy.**

**COMPLETE THIS SECTION OF DISCREPANCY METHOD**

**Assessment Information for Classification: Indicate evaluation (formal and informal), date, and results for each area of assessment.**

Ability Data	Date	Results/Data
<input type="checkbox"/> Woodcock Johnson Cognitive		
<input type="checkbox"/> Wechsler Intelligence Scales		
<input type="checkbox"/> Other:		

Achievement Data	Date	Results/Data
<input type="checkbox"/> Woodcock Johnson Achievement		
<input type="checkbox"/> WIAT		
<input type="checkbox"/> Other:		

**LD Estimator Discrepancy Report;** or other report that shows a significant discrepancy, based on a commercial software program that employs a clearly specified regression formula that considers the relationship between the intelligence and achievement tests as well as the tests reliability is attached.

The student obtains scores that demonstrates that a severe discrepancy exists between the student's achievement and intellectual ability in one or more of the areas of Specific Learning Disability.

**Written Prior Notice for Eligibility Determination**

The Procedural Safeguards you have received upon the student's referral afford you protection. You may request another copy from the special education teacher at any time. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

**Based on the data from the IEP team summary report, the eligibility team proposes the following action:**

- This student has a Specific Learning Disability, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires special education and related services.
- This student does **not** have a Specific Learning Disability, as defined in the Individuals with Disabilities Education Act (IDEA) that adversely affects educational performance and requires special education and related services.

Special Education Teacher Signature	Date	Parent/Adult Student signature* (Signature acknowledges receipt of copy)	Date
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Regular Education Teacher Signature	Date	LEA Signature*	Date
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Signature/Title	Date	Signature/Title	Date
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Signature/Title	Date	Signature/Title	Date
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\*Signature of LEA representative certifies that the team is collectively qualified to conduct individual diagnostic assessments, interpret assessment and intervention data, develop education and transitional recommendations based on the assessment data, and deliver and monitor specially designed instruction and services for child with specific disabilities.

Signatures above certify team member's agreement with this conclusion. Dissenting team members must present a separate statement presenting the member's conclusions.

**\*Note:** If parent/adult student signature is missing, then parent/adult student:

- DID NOT attend (document efforts to involve parent/adult student)
- OR
- Participated via telephone, video conference or other means.

**AND**

Copy of this document was mailed to parent/adult Student on (Date) \_\_\_\_\_

White Copy: File

Yellow Copy: Parent \_\_\_\_\_