

EVALUATION TEAM RECOMMENDATION

Specific Learning Disability (SLD)

File #:	MET Date:
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Student: _____	D.O.B: _____	Age: _____
District: _____	School: _____	
Dom. Language: _____	Grade: _____	

PURPOSE

- Initial eligibility, MET recommendation/summary. *(Attach all referenced material)*
- Change of eligibility for special education. *(Attach all referenced material)* Previous Eligibility: _____

EVALUATION FINDINGS AND DOCUMENTATION

Required Information:	Name and Date of Attached Report/Document
1. Ability level and achievement level	_____
2. Classroom observations <i>(documenting academic performance and behavior in area of difficulty)</i>	_____
3. Supplementary intervention/instruction <i>(including rate of progress)</i>	_____
4. Information from parents	_____
5. Educationally relevant medical information <i>(if none, write "None")</i>	_____

ASSURANCE STATEMENTS

The Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

True	False	<u>Assurance Statement</u>	<u>Report and Date</u>
<input type="checkbox"/>	<input type="checkbox"/>	This student was provided appropriate instruction by qualified personnel in the general education setting.	_____
<input type="checkbox"/>	<input type="checkbox"/>	This student was provided repeated assessments of achievement at reasonable intervals with data-based documentation available and provided to parents.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or the essential components of reading.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability is not primarily the result of autism spectrum disorder or a cognitive, emotional, visual, hearing or motor impairment nor of an economic, cultural or environmental disadvantage.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability of this student is based on the following rationale: <i>(Check all that apply)</i>	_____
		<input type="checkbox"/> The student exhibits a pattern of strengths and weaknesses in performance, achievement, or both relative to student's age or to state approved grade level standards or intellectual development.	
		<input type="checkbox"/> The student did not make sufficient progress to meet age or state approved grade level standards in response to scientific, research based intervention.	
		<input type="checkbox"/> Other: <i>(Give rationale in report listed above)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability adversely affects this student's educational performance and requires special education.	

The above determinations are related to one or more of the following areas: (Check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> (a) oral expression | <input type="checkbox"/> (c) written expression | <input type="checkbox"/> (e) reading comprehension | <input type="checkbox"/> (g) math reasoning |
| <input type="checkbox"/> (b) listening comprehension | <input type="checkbox"/> (d) basic reading skills | <input type="checkbox"/> (f) math calculation | <input type="checkbox"/> (h) reading fluency skills |

RECOMMENDATION OF ELIGIBILITY

The Evaluation Team **1)** finds **all** the assurance statements to be true; **2)** has considered exclusionary factors; and **3)** recommends, based on the evaluation findings, that this student be considered eligible for special education programs/services under the specific learning disability rule (R340.1713). Yes* No

* If recommending eligibility, state present levels of academic achievement and functional performance on the back of this form or attach documentation that addresses this issue.

EVALUATION TEAM SIGNATURES

As a member of the Evaluation Team, I agree with the eligibility recommendation:

General Ed. Teacher	_____	Eval. Team Rep.	_____
Other/Title	_____	Other/Title	_____

This Evaluation Summary **does not** reflect my/our opinion and a separate statement is attached:

Signature/Title _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

With enough detail to determine a starting point for instruction, describe this student's present level of academic achievement and functional performance, including a description of student strengths, baseline data, disability/curricular need and impact on general education curriculum/activities.

EXCLUSIONARY FACTORS WORKSHEET

Specific Learning Disability

SLD

Each factor must be ruled out as the PRIMARY FACTOR for the student's inability to progress in the general education curriculum.	Yes	No
1. Lack of instruction in essential components of reading and math		
Does information obtained during assessment indicate lack of appropriate instruction in reading and math as the determinant factor in this student's inability to progress in the general education curriculum?		
2. Limited English Proficiency		
<i>Answer the following questions</i>		
• Is there a language other than English spoken by this student?		
• Is there a language other than English spoken by the student's home?		
• Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English?		
3. Cognitive Impairment		
<i>Document all information gathered in assessment that would exclude cognitive impairment as the determinant factor for this student's academic deficits.</i>		
• Cognitive score(s) _____ Is this student's cognitive profile consistent with cognitive impairment and equally depressed in all areas?		
4. Emotional Impairment		
<i>Document all information gathered in assessment that would exclude emotional impairment as the determinant factor for this student's academic deficits.</i>		
• Does the student exhibit emotional difficulties that interfere with learning?		
• Does the student have a medical history and/or school history of emotional difficulties?		
5. Vision, Hearing, or Motor Impairments		
<i>Document all information gathered in assessment that would exclude vision, hearing, or motor impairments as the determinant factor for this student's academic deficits.</i>		
• Do vision screening results indicate concern?		
• Do hearing screening results indicate concern?		
• Does the student have a history of significantly delayed motor development?		
6. Environmental, Cultural, or Economic Disadvantage		
<i>Document all information gathered in assessment that would exclude environmental, cultural, or economic disadvantage as the determinant factor for this student's academic deficits.</i>		
• Does the assessment data indicate that lack of opportunity to learn due to environmental, cultural, or economic disadvantage is the cause of the student's academic deficits.		
If any of the questions in sections 1-6 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's deficit scores.		
Impairment Specific Considerations		
7. Motivational Factors		
<i>Answer the following questions:</i>		
• Does the student attempt classroom assignments and/or homework?		
• If no, is the student's performance on grade level during classroom activities?		
• Are group achievement scores consistent with the student's grades?		
• Does information gathered indicate lack of motivation is NOT the determinant factor?		
8. Situational Trauma		
<i>Answer the following questions:</i>		
• Has the student's academic performance fallen dramatically within the last 6-12 months?		
• Is there knowledge of any situations within the student's family that would contribute to a drop in academic performance?		
• Does information gathered indicate situation trauma is not the determinant factor?		
9. Attendance		
• Does the student have a high absentee rate either due to illness, disciplinary issues or other factors?		
• Does information gathered indicate that absences are the determinant factor?		