

**Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination:
Specific Learning Disabilities**

Copy to parent/adult student and in student file.

Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination: Specific Learning Disabilities

School:	Date of meeting:
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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.

SPECIFIC LEARNING DISABILITIES ELIGIBILITY 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 following 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**

☐ Oral Expression

☐ Listening Comprehension

☐ Written Expression

☐ Basic Reading

☐ Reading Fluency

☐ Reading Comprehension

☐ Mathematics Calculation

☐ Mathematics Problem Solving

1. Document that the student does not achieve adequately for the student's age or meet State approved grade-level standards:

Area	Assessment tool/method (CRTs, schoolwide test, etc.)	Date	Results/Data
Reading			
Written Expression			
Math			
Other			

2. Are the student's learning problems primarily the result of:

• A visual, hearing, or motor disability?

☐ Yes ☐ No

• An intellectual disability?

☐ Yes ☐ No

• An emotional disturbance?

☐ Yes ☐ No

• Cultural Factors?

☐ Yes ☐ No

• An environmental or economic disadvantage?

☐ Yes ☐ No

• Limited English proficiency?

☐ Yes ☐ No

3. Is a lack of appropriate instruction in reading or math the primary factor in determining eligibility?

☐ Yes ☐ No

4. Were data considered that demonstrate that prior to, or as part of, the referral process, the student was provided appropriate instruction in regular education settings, delivered by qualified

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personnel? (Only required for initial evaluation; use N/A for reevaluation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Was data-based documentation of repeated assessments of achievement, at reasonable intervals reflecting formal assessment, of student progress provided to the student's parents? (Only required for initial evaluation; use N/A for reevaluation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. An observation of student in his/her learning environment (including the regular classroom setting) documenting the student's academic performance and behavior in the area(s) of difficulty is attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Summary of the relevant behavior noted during the observation of the student and the relationship of that behavior to the student's academic functioning: 	
7. Are there educationally relevant medical findings? If yes, attach supporting data.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Input from parents relevant to eligibility:	
9. Method used in LEA to determine existence of Specific Learning Disability:	<input type="checkbox"/> Discrepancy <input type="checkbox"/> Rtl <input type="checkbox"/> Combination

Complete this section for discrepancy and combination methods

ASSESSMENT INFORMATION FOR CLASSIFICATION: indicate evaluation tool/method (formal and informal), date, and results for each

Area	Assessment tool/method (norm-referenced test, program test, DIBELS, etc.)	Date	Results/Data
Ability (IQ/cognitive)			
Achievement-reading			
Achievement-math			
Other			
Other			

The student scored above the intellectual disability range on a standardized, norm-referenced, individually administered test of intellectual ability.

☐ Yes ☐ No

Attach a report that shows confidence of a severe discrepancy between ability and achievement based on a commercial software program that employs a clearly specified regression formula that considers the relationship between intelligence and achievement as well as test reliability.

Document the team's consideration of the discrepancy report and the team's determination of whether or not it represents a significant discrepancy:

Complete this section for Rtl and combination methods

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DOCUMENT THE INSTRUCTIONAL STRATEGIES USED AND THE STUDENT-CENTERED DATA COLLECTED:

Strategy Used:	Duration:	Results (including data):

Written Prior Notice for Eligibility Determination (Black Rules pp.73-74)

The Procedural Safeguards under Part B of the IDEA you received previously afford you protection. You may request another copy of the Procedural Safeguards from the special education teacher. 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 these evaluation data, 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.

The following options were considered and rejected for these reasons:

Other factors that are relevant to this eligibility classification proposal:

Notice in Understandable Language:

Federal regulations require that parents and adult students be provided prior notice in their native language or other mode of communication each time the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child/you or the provision of a free appropriate public education (FAPE) to your child/you, or upon conducting a manifestation determination.

If the native language or other mode of communication of the parent/adult student is not a written language:

☐ The notice was translated orally or by other means to the parent/adult student in his/her native language or other mode of communication on: _____ by: _____

☐ Parent/adult student verify to the translator that he/she understands the content of this notice.

Signature of Interpreter, if used

Date

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Special Education Teacher Signature Date

Parent/Adult Student Signature Date
(signature acknowledges receipt of copy)

Regular Education Teacher Signature (Required) Date

LEA Representative Signature* Date

Signature/Title Date

Signature/Title Date

**Signature of LEA representative certifies that team is collectively qualified to conduct individual diagnostic assessments, interpret assessment and intervention data, develop educational and transitional recommendations based on the assessment data, and deliver and monitor specially designed instruction and services for a student with specific learning 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):

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