

**DEMO SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)
SPECIFIC LEARNING DISABILITY
TEAM DETERMINATION OF ELIGIBILITY - PATTERNS OF STRENGTH AND WEAKNESS**

Student Name: Andrews, ElizabethBirthdate: 7/9/2014IEP Date: 4/2/2021School: School of Rock Initial Evaluation 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, phonological processing, and cognitive abilities including association, conceptualization and expression.

Section I.

The pupil exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development.

Area/s in which the pupil meets criteria

 Oral Expression Basic Reading Skills Mathematics Calculation Listening Comprehension Reading Fluency Skills Mathematics Problem Solving Written Expression Reading Comprehension**Section II.** The specific learning disability identified above is directly related to a processing disorder: Yes No

Check appropriate area(s):

 Sensory Motor Skills Auditory Processing Phonological Processing Cognitive Abilities, (including association, conceptualization and expression) Visual Processing Attention

Section III. Specific learning disability does 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 disadvantage. If the learning problem is primarily the result of any of the items below (A-H) check "Yes", and the student may not be identified as having a learning disability.

A. Visual, hearing, or motor disability

 Yes No

B. Intellectual disability disadvantage.

 Yes No

C. Emotional disturbance

 Yes No

D. Cultural factors

 Yes No

E. Environmental or economic disadvantage

 Yes No

F. Limited English proficiency

 Yes No

G. Limited school experience or poor school attendance

 Yes No

H. Lack of appropriate instruction in reading or math

 Yes No

a. 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

b. 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 IV. Additional Relevant Information:

Basis for determination of eligibility:

 Psychoeducational Evaluation utilizing multiple measures. See attached psychoeducational report. Other (specify)**Section V.** Relevant behavior related to academic functioning, noted during observation:**Section VI.** Educationally relevant medical findings, if any:**Section VII.** 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:

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Parent/Guardian/Surrogate/Adult / Date

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LEA Representative/Admin. Designee / Date

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Special Education Specialist / Date

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Additional Participant/Title / Date

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Additional Participant/Title / Date

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Additional Participant/Title / Date

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Parent/Guardian/Surrogate/Adult / Date

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General Education Teacher / Date

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Additional Participant/Title / Date

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Additional Participant/Title / Date

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Additional Participant/Title / Date

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Additional Participant/Title / Date

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

Signature and Title/Date: _____

Date: _____

