

**STATE SELPA IEP TEMPLATE**  
**SPECIFIC LEARNING DISABILITY**  
**TEAM DETERMINATION OF ELIGIBILITY- PATTERNS OF STRENGTHS AND WEAKNESSES**

Student Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

IEP Date \_\_\_/\_\_\_/\_\_\_\_\_

School \_\_\_\_\_

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

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):  Cognitive Abilities (including association, conceptualization and expression)

Sensory Motor Skills

Visual Processing

Auditory Processing

Attention

Phonological Processing

**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 disadvantage, 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.

A. Visual, hearing, or motor disability  Yes  No

B. Intellectual disability  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:

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

**STATE SELPA IEP TEMPLATE  
 SPECIFIC LEARNING DISABILITY  
 TEAM DETERMINATION OF ELIGIBILITY- PATTERNS OF STRENGTHS AND WEAKNESSES**

**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:

_____ Parent/Guardian/Surrogate/Adult	_____ Date
_____ LEA Representative/Admin. Designee	_____ Date
_____ Special Education Specialist	_____ Date
_____ Additional Participant/Title	_____ Date
_____ Additional Participant/Title	_____ Date
_____ Additional Participant/Title	_____ Date

_____ Parent/Guardian/Surrogate/Adult	_____ Date
_____ General Education Teacher	_____ Date
_____ Additional Participant/Title	_____ Date
_____ Additional Participant/Title	_____ Date
_____ Additional Participant/Title	_____ Date
_____ 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*