

**STATE SELPA IEP TEMPLATE
SPECIFIC LEARNING DISABILITY
TEAM DETERMINATION OF ELIGIBILITY**

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. Instructions: Select Option A and B below.

- A. The pupil does not achieve adequately for the pupil's age or to meet state-approved grade-level standards when provided with learning experiences and instruction appropriate for the pupil's age or state-approved grade level standards.
- B. The pupil does not make sufficient progress to meet age or state-approved grade-level standards based on the pupil's response to scientific, research-based intervention.

Area/s in which the pupil meets criteria under Section A or B:

Oral Expression

Listening Comprehension

Written Expression

Basic Reading Skills

Reading Fluency Skills

Reading Comprehension

Mathematics Calculation

Mathematics Problem Solving

Section II. The discrepancy 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**

Section VI. Educationally relevant medical findings, if any:

Section VII. Conclusion:

The pupil has a specific learning disability.

The degree of the pupil's impairment requires special education.

Yes No
 Yes No

I agree with the conclusions stated above:

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