



Exceptional Student Education
**Multidisciplinary Evaluation Team Written Report for
 Specific Learning Disability and/or Language Impairment**

Student Name: _____ Today's Date: _____

Student Number: _____ School: _____ Grade: _____

Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home: _____

A. Basis for Determination of Eligibility for a Specific Learning Disability and/or Language Impairment.

The Multidisciplinary Team (MDT) assures that this determination is made in accordance with state board rules. The MDT has reviewed the following information from a comprehensive evaluation of the student, including results from the student's response to intervention.

B. Noted behavior during observation of the student and the relationship of that behavior to the student's academic and/or language functioning in the area(s) of intervention:

C. Educationally relevant medical findings, if any:

D. Response to General Education Interventions. The MDT has considered data from the results of the interventions and other measures that may include: weekly test scores designating specific skills, curriculum-based testing, and statewide or district-wide tests, and individual assessments in the following areas of intervention:

<i>Areas for Interventions</i>	<i>Performs at or close to Grade Level Standards</i>	<i>Shows adequate progress on Grade Level Standards</i>	<i>Standard Scores on Individual Tests are consistently within or above average</i>	<i>List the grade level equivalents and SS from Individual Achievement Tests</i>
SLD Requirement				
<input type="checkbox"/> Oral expression	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Listening Comprehension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Written Expression	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Basic reading skills	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Reading fluency skills	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Reading Comprehension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Mathematics calculation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Mathematics problem solving	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Language Requirement				
<input type="checkbox"/> Oral expression	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Written Expression	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Reading Comprehension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Listening Comprehension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Social Interaction	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Phonological Processing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

To consider eligibility for SLD, the MDT has determined that due to academic learning difficulties, the student does not achieve adequately when compared to peers, that the student does not make adequate progress compared to peers, and that the standardized test scores support the results of the interventions in the following academic achievement areas:

Check here if NONE _____

To consider eligibility for Language Impairment, the MDT has determined that due to deficits in the student's language skills, the student does not make sufficient progress to meet chronological age and state-approved grade-level standards in one or more areas of language:

Check here if NONE _____

The MDT also certifies that the student's response to intervention data confirms the following (Check Yes or No):

- Performance or functioning discrepancy: The student displays significant discrepancies for the chronological age or grade level (bottom quartile) in which the student is enrolled, based on multiple sources of data when compared to multiple groups, including to the extent practicable the peer subgroup, classroom, school, district and state level comparison groups. Yes No
- Rate of progress: When provided well-delivered, scientific, research-based general education instruction and interventions of reasonable intensity and duration, with evidence of implementation with fidelity, the student's rate of progress is insufficient or requires sustained and substantial effort to close the achievement gap with typical peers or academic expectations for the chronological age or grade level in which the student is currently enrolled. Yes No
- Educational need: The student continues to demonstrate the need for interventions that significantly differ in intensity and duration from what can be provided through general education resources and services, thereby demonstrating a need for exceptional student education. Yes No

E. The student's level of performance and rate of progress is primarily the result of one of the following factors that may be affecting achievement. Attach documentation and provide summary of the team's analysis below:

SLD Factors

- | | | | |
|--|--|-------------------------------------|--|
| Cultural factors | Yes <input type="checkbox"/> No <input type="checkbox"/> | Limited English proficiency | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Irregular pattern of attendance or high mobility | Yes <input type="checkbox"/> No <input type="checkbox"/> | Emotional/behavioral disability | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Intellectual Disability | Yes <input type="checkbox"/> No <input type="checkbox"/> | Environmental or economic factors | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Classroom behavior | Yes <input type="checkbox"/> No <input type="checkbox"/> | Visual, hearing or motor disability | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other disability | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Language Factors

- | | | | |
|--|--|-----------------------------|--|
| Factors of culture or ethnicity | Yes <input type="checkbox"/> No <input type="checkbox"/> | Limited English proficiency | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Irregular pattern of attendance or high mobility | Yes <input type="checkbox"/> No <input type="checkbox"/> | Age | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Gender | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

F. Documentation of the student's response to intervention includes:

- Specific interventions, the support provided to the individuals implementing the interventions, adherence to the elements of the intervention design, the duration and frequency of the intervention, and the student data collected.
- Documentation that the student's parents or guardians had been notified about the student data to be collected, the interventions provided, and the parent right to request an evaluation

G. The MDT has determined that the student:

- Meets eligibility and placement criteria for Specific Learning Disability
- Meets eligibility and placement criteria for Language Impairment Program
- Meets eligibility and placement criteria for Language Therapy as a Related Service
- Does not meet eligibility and placement criteria for Specific Learning Disability
- Does not meet eligibility and placement criteria for Language Impairment Program

Group member signatures: Each of the following certifies their agreement with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of Rule 6A-6.0331, Rule 6A-6.03018., and Rule 6A-6.030121.

Any group member not in agreement must submit a separate statement presenting the members conclusion.

Parent/Guardian	Parent/Guardian	ESE Director/Designee
School Psychologist	General Education Teacher	ESE Teacher
Speech-Language Pathologist	Other: Name/Position	Other: Name/Position