

Specific Learning Disabilities Team Report

_____ County Schools

Student's Full Name: _____ EC Meeting Date: _____
 School: _____ DOB: _____
 Parent(s)/Guardian(s): _____ WVEIS#: _____
 Address: _____ Phone: _____

When considering if a student may be eligible for special education and related services as a student with a **Specific Learning Disability**, the Eligibility Committee must respond to each item below. The EC must answer "yes" to each yes/no statement to appropriately conclude a student is a student with a specific learning disability.

1) The student's multidisciplinary evaluation was sufficiently comprehensive to identify the student's special education and related services needs and administered in accordance with evaluation procedures specified in <i>Policy 2419, Chapter 3, Section 4</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No								
2) The student is provided with learning experiences and instruction appropriate for the student's age or state-approved grade level standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
3) Based on multiple and convergent sources of data, the student's level of learning reflects low academic performance compared to same-age peers in response to general classroom instruction based on West Virginia Content Standards and Objectives (CSOs) and targeted intervention in one or more of the following areas (<i>Check all areas that apply</i>): <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Oral Expression</td> <td><input type="checkbox"/> Reading Comprehension</td> </tr> <tr> <td><input type="checkbox"/> Listening Comprehension</td> <td><input type="checkbox"/> Reading Fluency Skills</td> </tr> <tr> <td><input type="checkbox"/> Written Expression</td> <td><input type="checkbox"/> Mathematics Calculation</td> </tr> <tr> <td><input type="checkbox"/> Basic Reading Skill</td> <td><input type="checkbox"/> Mathematics Reasoning</td> </tr> </table>	<input type="checkbox"/> Oral Expression	<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Listening Comprehension	<input type="checkbox"/> Reading Fluency Skills	<input type="checkbox"/> Written Expression	<input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Basic Reading Skill	<input type="checkbox"/> Mathematics Reasoning	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Written Expression	<input type="checkbox"/> Mathematics Calculation								
<input type="checkbox"/> Basic Reading Skill	<input type="checkbox"/> Mathematics Reasoning								
4) The student fails to achieve a rate of learning to make sufficient progress to meet grade level standards (CSOs) in one or more of the areas identified above when assessed using the RTI process.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
5) The student's achievement deficits are NOT primarily the result of vision, hearing, or motor impairments; mental impairment; emotional/behavioral disorder; cultural factors, environmental or economic disadvantage, or limited English proficiency.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
6) Evaluation information and documentation confirm that lack of appropriate instruction in reading, including the five essential components, written expression or mathematics was NOT the determinant factor in the eligibility decision.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
7) Evaluation information confirms there is an adverse effect on the student's educational performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
8) The student was observed in the learning environment and the following relevant behaviors were noted. Note: In the space below, describe the relationship of the behavior noted to the child's academic functioning in the learning environment (e.g., observation of reading behaviors during reading instruction).									

9) Note educationally relevant medical findings, if any (Write N/A if no relevant medical findings apply):	
10) Documentation of the instructional strategies, educational services, and data was collected on student performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) If using the RTI process, the student's parents were notified about the following: The state's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided; strategies for increasing the student's rate of learning; AND, the parent's right to request an evaluation at any time throughout the RTI process. Date of parent notification: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
*FOR CONSIDERATION <u>ONLY</u> IF USING THE SEVERE DISCREPANCY MODEL The student exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards or intellectual development.	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Policy 2419 phases out the use of the severe discrepancy model for the determination of a specific learning disability as follows: July 1, 2009 – elementary R/LA; July 1, 2010 – elementary mathematics; July 1, 2011 – middle level R/LA and mathematics; and, July 1, 2011 – high school R/LA and mathematics.

The Eligibility Committee used the above evaluation data analysis and discussion to determine:

- The student **HAS** a specific learning disability that adversely impacts his/her education and is eligible for special education and related services.
- The student **DOES NOT HAVE** a specific learning disability and is not eligible for special education and related services.

Eligibility Committee Members

Signature	Position	Agreement with EC Determination
_____	Chairperson	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Evaluator/Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: If this report does not represent an individual team member's conclusions, that team member must submit a separate statement presenting the member's conclusions.

Meeting Notes (if applicable)
