

**Kearsarge Regional School District
114 Cougar Court
New London, NH 03257**

SPECIFIC LEARNING DISABILITY ELIGIBILITY CHECKLIST

Student's Name:	Grade:
Date of Meeting:	DOB:

Specific Learning Disability (34 CFR 300.8(c)(10)): a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia

- **does not** include learning problems that are primarily the result of visual, hearing, or motor disabilities, an intellectual disability, an emotional disturbance, or environmental, cultural or economic disadvantage

ELIGIBILITY QUESTIONS - Answer ALL questions. Do not stop until ALL are answered.

1. The student has a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, (including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia).	YES	NO															
If YES, identify area(s) of disorder:																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">Oral Language</td> <td style="width: 33%; padding: 2px;">Phonological Processing</td> <td style="width: 33%; padding: 2px;">Short-Term Memory</td> </tr> <tr> <td style="padding: 2px;">Comprehension/Knowledge</td> <td style="padding: 2px;">Orthographic Processing</td> <td style="padding: 2px;">Working Memory</td> </tr> <tr> <td style="padding: 2px;">Quantitative Reasoning</td> <td style="padding: 2px;">Auditory Processing</td> <td style="padding: 2px;">Visual-Spatial Processing</td> </tr> <tr> <td style="padding: 2px;">Fluid Reasoning</td> <td style="padding: 2px;">Long-Term Storage & Retrieval</td> <td style="padding: 2px;">Processing Speed</td> </tr> <tr> <td style="padding: 2px;">Other:</td> <td></td> <td></td> </tr> </table>	Oral Language	Phonological Processing	Short-Term Memory	Comprehension/Knowledge	Orthographic Processing	Working Memory	Quantitative Reasoning	Auditory Processing	Visual-Spatial Processing	Fluid Reasoning	Long-Term Storage & Retrieval	Processing Speed	Other:				
Oral Language	Phonological Processing	Short-Term Memory															
Comprehension/Knowledge	Orthographic Processing	Working Memory															
Quantitative Reasoning	Auditory Processing	Visual-Spatial Processing															
Fluid Reasoning	Long-Term Storage & Retrieval	Processing Speed															
Other:																	

*To be eligible, the answer to Question 1 must be **yes**. Proceed to the next question.*

2. Is the student <u>failing to achieve adequately for the student's age</u> OR <u>meet State-approved grade level standards</u> in one or more of the any areas below, when provided with learning experiences and instruction appropriate for the student's age or State-approved grade-level standards?	YES	NO									
If YES, identify area(s):											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">Basic Reading Skills</td> <td style="width: 33%; padding: 2px;">Math Calculation</td> <td style="width: 33%; padding: 2px;">Written Expression</td> </tr> <tr> <td style="padding: 2px;">Reading Comprehension</td> <td style="padding: 2px;">Math Problem Solving</td> <td style="padding: 2px;">Oral Expression</td> </tr> <tr> <td style="padding: 2px;">Reading Fluency</td> <td style="padding: 2px;">Listening Comprehension</td> <td></td> </tr> </table>	Basic Reading Skills	Math Calculation	Written Expression	Reading Comprehension	Math Problem Solving	Oral Expression	Reading Fluency	Listening Comprehension			
Basic Reading Skills	Math Calculation	Written Expression									
Reading Comprehension	Math Problem Solving	Oral Expression									
Reading Fluency	Listening Comprehension										
Assessment Instruments:											

To be eligible, the answer to Question 2 must be **yes**. Proceed to the next question.

3a. Is the student <u>failing to make sufficient progress to meet age or State-approved grade level standards</u> in one or more areas below, when using a process based on the student's response to scientific, research based intervention (RTI)?		YES		NO			
If YES, identify area(s):							
<input type="checkbox"/> Basic Reading Skills					<input type="checkbox"/> Math Calculation	<input type="checkbox"/> Written Expression	
<input type="checkbox"/> Reading Comprehension					<input type="checkbox"/> Math Problem Solving	<input type="checkbox"/> Oral Expression	
<input type="checkbox"/> Reading Fluency	<input type="checkbox"/> Listening Comprehension						
Supporting Evidence:							

OR

3b. Does the student exhibit a pattern of strengths and weaknesses in <u>performance, achievement, or both</u> ; relative to age, State approved grade-level standards, or intellectual development, that is determined to be relevant to the identification of a specific learning disability, using appropriate assessments: All 3 must be present:		YES		NO			
Cognitive Strengths							
Cognitive Weaknesses							
Academic Deficits related to Cognitive Deficits							
Supporting Evidence:							

To be eligible, the answer to Question 3a or 3b must be **yes**. Proceed to the next question.

4. Is the student's lack of achievement primarily the result of:				
a. Visual, Hearing or Motor Impairment		YES		NO
b. Intellectual Disability		YES		NO
c. Emotional Disturbance		YES		NO
d. Environmental, Cultural or Economic Disadvantage		YES		NO
e. Limited English Proficiency		YES		NO
Explain:				

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To be eligible, the answer to all items in Question 4 must be **no**. Proceed to the next question.

5. Is the student's underachievement due to lack of appropriate instruction in reading or math?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<p>Considerations:</p> <ul style="list-style-type: none"> Prior to the referral process, was the student provided with appropriate instruction in regular education settings, delivered by qualified personnel? <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Does the Team hold data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents? 				

To be eligible, the answers to Question 5 must be **no**. Proceed to the next question.

6. Was the student observed in his/her learning environment? <i>In the case of a child less than school age, the student must be observed in an environment appropriate for a child of that age.</i>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
<p>Evidence:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Classroom Observation completed by:</td> <td></td> </tr> <tr> <td>Date of Classroom Observation:</td> <td></td> </tr> </table> <p>Relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning:</p> <div style="height: 100px;"></div>					Classroom Observation completed by:		Date of Classroom Observation:	
Classroom Observation completed by:								
Date of Classroom Observation:								

To be eligible, the answer to Question 6 must be **yes**. Proceed to the next question.

7. Is there documentation of an adverse effect on educational performance, due to the documented characteristics of a specific learning disability?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<p>Describe adverse effect:</p> <div style="height: 80px;"></div>				

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To be eligible, the answer to Question 7 must be **yes**. Proceed to the next question.

8. If there is a specific learning disability, does the child require specially designed instruction because of that disability?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

To be eligible, the answer to Question 8 must be **yes**. Proceed to Determination

DETERMINATION: The Team used the above evaluation data to determine:

The student has been determined to have a specific learning disability, and is eligible for special education services.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
The student has been determined to have a specific learning disability, but is <u>not</u> eligible for special education services at this time.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
The student <u>does not</u> meet requirements to be identified with a specific learning disability, and is <u>not</u> eligible for special education services.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

I am in agreement with the above conclusions:

Name	Title

I am NOT in agreement with the above conclusions. (Dissenting team members shall submit a separate, written statement).

Name	Title
