

SPECIFIC LEARNING DISABILITIES (SLD) TEAM REPORT

O qti cp'County Schools

Student's Full Name _____	Date _____
School _____	Date of Birth _____
Parent(s)/Guardian(s) _____	Grade _____
Address _____	WVEIS# _____
City/State/Zip _____	Telephone _____
<input type="checkbox"/> Initial	<input type="checkbox"/> Reevaluation

The Eligibility Committee (EC) must respond yes to each of the yes/no statements below to determine if the student meets the specific learning disabilities criteria.

<p>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</i>.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<p>2. Based on multiple and convergent sources of data, the student's level of learning reflects low academic performance compared to same-age peers when provided with learning experiences and instruction appropriate for the student's age or State-approved grade-level standards (West Virginia College- and Career-Readiness Standards-[WVCCR]) in one or more of the following areas (<i>Check all areas that apply</i>):</p> <table style="width: 100%; border: none;"> <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 Skills</td> <td><input type="checkbox"/> Mathematics Problem Solving</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 Skills	<input type="checkbox"/> Mathematics Problem Solving	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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 Skills	<input type="checkbox"/> Mathematics Problem Solving								
<p>3. Identify the method used to determine Eligibility:</p> <p><input type="checkbox"/> The student fails to achieve a rate of learning to make sufficient progress to meet State-approved grade-level standards (WVCCR) in one or more of the areas identified above when assessed using the MTSS process.</p> <p><input type="checkbox"/> OR</p> <p>The student exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age, State-approved grade-level standards (WVCCR) or intellectual development that is determined by the group to be relevant to the identification of a specific learning disability.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<p>4. The student's achievement deficits are NOT primarily the result of vision, hearing or motor impairments; intellectual disability; emotional/behavioral disorder; cultural factors, environmental or economic disadvantage or limited English proficiency.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<p>5. Evaluation information and documentation confirm that lack of appropriate instruction in English language arts or mathematics was NOT the determinant factor in the eligibility decision.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<p>6. Evaluation information confirms there is an adverse effect on the student's educational performance.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<p>7. The student was observed in the learning environment, including the general classroom setting, to document the student's academic performance and behavior in the areas of difficulty. An observation summary/report is attached and describes any relevant behavior noted during the observation, and the relationship of that behavior to the student's academic functioning.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No								

8. The specific instructional strategies used and the student-centered data collected are documented and available in the Eligibility Committee Report.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Note any educationally relevant medical findings. Write N/A if no relevant medical findings apply:	

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

- The student **DOES** meet the eligibility criteria for a specific learning disability that adversely impacts his/her education and **is eligible** for special education and related services.
- The student **DOES NOT** meet the eligibility criteria for a specific learning disability and **is not eligible** for special education and related services as a student with a specific learning disability.

The student's parent was notified about the following: The State's policy (i.e., Policy 2419 including Multi-Tiered System of Supports) 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; results of repeated assessments of student progress AND the parent's right to request an evaluation at any time throughout the Multi-Tiered System of Supports process.

Date of parent notification: _____

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: Any member(s) with dissenting opinions must submit a separate statement presenting the member's conclusions.

Meeting Notes (optional)