

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY
ARSD 24:05:24:01 & 24:05:25

(SPECIFIC LEARNING DISABILITY – 525)

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| STUDENT NAME: | | SIMS: |
| SCHOOL DISTRICT: | SCHOOL: | MEETING DATE: |
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| Specific Learning Disability – 525 | ARSD: 24:05:24.01:18, 24:05:24.01:19, 24:05:25:07, 24:05:25:08, 24:05:25:11, 24:05:25:12, 24:05:25:13, 24:05:25:13.01 |
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The team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation:

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|---|--|-------------------------|---|---|--|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-----------------------|
| 1 | Does the student achieve adequately for the student's age or to meet state-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the student's age or state- approved grade-level standards <table style="width: 100%;"> <tr> <td style="width: 15%;">Does</td> <td style="width: 15%;">Does not</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Oral Expression</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Listening Comprehension</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Written Expression</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Basic Reading Skills</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Reading Fluency Skills</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Reading Comprehension</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Mathematics Calculation</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Mathematics Reasoning</td> </tr> </table> | | Does | Does not | | <input type="checkbox"/> | <input type="checkbox"/> | Oral Expression | <input type="checkbox"/> | <input type="checkbox"/> | Listening Comprehension | <input type="checkbox"/> | <input type="checkbox"/> | Written Expression | <input type="checkbox"/> | <input type="checkbox"/> | Basic Reading Skills | <input type="checkbox"/> | <input type="checkbox"/> | Reading Fluency Skills | <input type="checkbox"/> | <input type="checkbox"/> | Reading Comprehension | <input type="checkbox"/> | <input type="checkbox"/> | Mathematics Calculation | <input type="checkbox"/> | <input type="checkbox"/> | Mathematics Reasoning |
| Does | Does not | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Oral Expression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Listening Comprehension | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Written Expression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Basic Reading Skills | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Reading Fluency Skills | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Reading Comprehension | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Mathematics Calculation | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Mathematics Reasoning | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Please indicate which method the team will be using to determine SLD eligibility: <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> (Method A Discrepancy) 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, that is determined by the team to be relevant to the identification of a specific learning disability in one or more of the areas identified above when using appropriate assessments. </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> (Method B Response to Intervention) Based upon the data gathered, the evaluation team determines the student has not made sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified above when using a process based on the student's response to scientific, research-based interventions. (Send Rtl plan to SD DOE for approval) </td> </tr> </table> | | <input type="checkbox"/> (Method A Discrepancy) 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, that is determined by the team to be relevant to the identification of a specific learning disability in one or more of the areas identified above when using appropriate assessments. | <input type="checkbox"/> (Method B Response to Intervention) Based upon the data gathered, the evaluation team determines the student has not made sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified above when using a process based on the student's response to scientific, research-based interventions. (Send Rtl plan to SD DOE for approval) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (Method A Discrepancy) 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, that is determined by the team to be relevant to the identification of a specific learning disability in one or more of the areas identified above when using appropriate assessments. | <input type="checkbox"/> (Method B Response to Intervention) Based upon the data gathered, the evaluation team determines the student has not made sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified above when using a process based on the student's response to scientific, research-based interventions. (Send Rtl plan to SD DOE for approval) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

The Following Sections (3-8) Required only for Initial Eligibility Determination

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| 3 | Document data that demonstrates that prior to, or as part of, the referral process, the student was provided appropriate instruction in regular education settings by qualified personnel: <hr style="width: 40%; margin-left: 0;"/> |
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| 4 | <p>(Method A Discrepancy)</p> <p>Nothing needed</p> | <p>(Method B Response to Intervention)</p> <p>Qualified Personnel:</p> <p>Teacher: _____ Certified: Yes <input type="checkbox"/> No <input type="checkbox"/> For: Tier I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/></p> <p>Teacher: _____ Certified: Yes <input type="checkbox"/> No <input type="checkbox"/> For: Tier I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/></p> <p>Teacher: _____ Certified: Yes <input type="checkbox"/> No <input type="checkbox"/> For: Tier I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/></p> <p>Teacher: _____ Certified: Yes <input type="checkbox"/> No <input type="checkbox"/> For: Tier I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/></p> |
| 5 | <p>Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents:</p> <p>_____</p> | |
| 6 | <p>(Method A Discrepancy)</p> <p>Nothing needed</p> | <p>(Method B Response to Intervention)</p> <p>Week 1: Date: _____ Score: _____ Week 2: Date: _____ Score: _____ Week 3: Date: _____ Score: _____ Week 4: Date: _____ Score: _____ Week 5: Date: _____ Score: _____ Week 6: Date: _____ Score: _____ Week 7: Date: _____ Score: _____ Week 8: Date: _____ Score: _____ Week 9: Date: _____ Score: _____ Week 10: Date: _____ Score: _____ Week 11: Date: _____ Score: _____ *Week 12: Date: _____ Score: _____</p> <p><i>*Attach information if needed</i></p> |
| 7 | <p>Attendance Record:</p> <p>School Year: _____ Total days of school: _____ Total days in attendance: _____ Total days absent: Quarter 1: _____ Quarter 2: _____ Quarter 3: _____ Quarter 4: _____</p> <p>School Year: _____ Total days of school: _____ Total days in attendance: _____ Total days absent: Quarter 1: _____ Quarter 2: _____ Quarter 3: _____ Quarter 4: _____</p> | |
| 8 | <p>A student may not be determined to be a student with a disability if the determinant factor is a lack of appropriate instruction.</p> <p>Is the underachievement of the student due to the lack of instruction in:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Reading <input type="checkbox"/> Yes <input type="checkbox"/> No – Math</p> | |

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The Following Sections Required for all Eligibility Determination

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| | <p>(Method A Discrepancy)</p> <p><input type="checkbox"/> Observation of the student’s performance in the regular classroom was done after the student has been referred for an evaluation.</p> | <p>(Method B Response to Intervention)</p> <p><input type="checkbox"/> Information from an observation in routine classroom instruction and monitoring of the student’s performance was done before the student was referred for an evaluation.</p> |
| <p align="center">9</p> | <p>Observation: Relevant behaviors, if any, noted during the observation of the student and relationship of those behaviors to academic functioning. The observation must occur in the student’s learning environment (including regular classroom setting) to document the student’s academic performance and behavior in the <u>areas of difficulty</u>.</p> <p>In the case of a student of less than school age or out of school, a group member must observe the student in an environment appropriate for a student of that age.</p> <p>Observer: _____ Date of Observation: _____</p> <p>Observation Comments:</p> <p>_____</p> | |
| <p align="center">10</p> | <p>Document educationally relevant medical findings:</p> <p>_____</p> | |
| <p align="center">11</p> | <p>The evaluation team determines that the student’s achievement level problem is/is not primarily the result of:</p> <p> <input type="checkbox"/> Is <input type="checkbox"/> Is Not - Visual, hearing or motor disabilities; <input type="checkbox"/> Is <input type="checkbox"/> Is Not – Cognitive Disability; <input type="checkbox"/> Is <input type="checkbox"/> Is Not – Emotional Disability; <input type="checkbox"/> Is <input type="checkbox"/> Is Not – Cultural factors; <input type="checkbox"/> Is <input type="checkbox"/> Is Not – Environmental or economic disadvantage; <input type="checkbox"/> Is <input type="checkbox"/> Is Not – Limited English proficiency. </p> | |

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This Section should only be completed if using a state-approved response to Intervention model AND Rtl criteria will be used to determine eligibility

(Method B Response to Intervention)

If the student has participated in a process that assesses the student's response to scientific, research-based intervention document the following:

The instructional strategies used in the Rtl process that assesses the student's response to scientific, research-based intervention:

The student has participated in ____ weeks of Tier 3 interventions. (At least two phases of Tier 3 interventions to consider eligibility)

Tier 3 supports include ____ minutes of core reading instruction (to include flexible reading small group time) and ____ minutes of intensive, individualized intervention. The frequency of the interventions is ____ times per week.

Researched-based intervention strategies (please list by type, not name).

Name of Research-based Intervention strategy:

Duration of the intervention:

Universal Screening scores: Fall: _____ Winter: _____ Spring: _____

Actual rate of progress compared to benchmark standard: _____

Grade level benchmark standard for end of school year: _____

Desired Rate of Progress: _____ Predicted Rate of Progress: _____

Is the Predicted Rate of Progress significantly below grade level expectations? Yes No

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The Eligibility team determined that:

Yes No - The student meets criteria under the category of **Specific Learning Disability**

This report reflects the Eligibility team's conclusions. If not, person(s) in disagreement will indicate such and must submit a separate statement.

Name Team Members

| | | | |
|-------|---------------------------------------|--------------------------------|-----------------------------------|
| _____ | Parent (s) | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| _____ | General Education Teacher | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| _____ | Person qualified to interpret results | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| _____ | _____ | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| _____ | _____ | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| _____ | _____ | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| _____ | _____ | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| _____ | _____ | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |