

# Specific Learning Disabilities

## Assessment Documentation

School System \_\_\_\_\_  
 Student \_\_\_\_\_

School \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_\_  
 Age \_\_\_\_\_

1. Definition		
<ul style="list-style-type: none"> <li>▪ assessment documents SLD – a disorder in one or more of basic psychological processes in understanding or in using language which is manifested in deficient ability to listen, think, speak, read, write, spell, or do mathematical calculations, and adversely affects educational performance and includes perceptual disabilities, brain injury not due to an external physical force, minimal brain dysfunction, dyslexia, developmental aphasia</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
<ul style="list-style-type: none"> <li>▪ pre-referral interventions based on scientifically-validated instruction in reading and math are documented</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ pre-referral interventions are based on State-approved grade level standards</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ instruction is researched using rigorous, well-designed, objective, systematic, and peer-reviewed studies</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ the student was provided appropriate instruction prior to or as a part of referral process in general education settings</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ pre-referral instruction was delivered by appropriately trained personnel</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ data-based documentation of repeated formal assessment of student progress during instruction—1 data point weekly</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ progress monitoring data provided to student's parents at least once per 4 ½ week period</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ evidence that the child did not achieve at a proficiency level or rate consistent with State-approved grade level standards or with the child's age when provided scientifically-validated instruction and appropriate interventions and learning experiences in one or more of these areas               <ul style="list-style-type: none"> <li>○ oral expression</li> <li>○ listening comprehension</li> <li>○ written expression</li> <li>○ basic reading skills</li> <li>○ reading fluency skills</li> <li>○ reading comprehension</li> <li>○ mathematics calculation</li> <li>○ mathematics problem solving</li> </ul> </li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ evidence of a pattern of strengths and weaknesses in performance, achievement, or both relative to State-approved grade-level standards, the student's age, or intellectual development</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ there is evidence and documentation that the Specific Learning Disability is <u>not primarily due to</u> <ul style="list-style-type: none"> <li>○ Visual Impairment</li> <li>○ Hearing Impairment</li> <li>○ Orthopedic Impairment</li> <li>○ Emotional Disturbance</li> <li>○ Intellectual Disability</li> <li>○ limited English proficiency</li> <li>○ environmental or cultural factors</li> <li>○ Situational trauma</li> </ul> </li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ documentation (observation and/or assessment) of how SLD adversely impacts educational performance</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<b>Responsiveness to Intervention</b>		
▪ State-approved RTI Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ data demonstrating child's non-responsiveness to scientifically-validated interventions from comprehensive, curriculum-based data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ documentation ruling out other disabilities or factors, including administration of a culturally-fair cognitive ability test (may be short form)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ comprehensive psycho-educational assessment when brief assessment results are inconclusive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>IQ/Achievement Discrepancy</b>		
▪ individual standardized multi-factored assessment of cognitive ability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ individual standardized assessment of academic achievement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ IQ/achievement severe discrepancy** (1.5 SDs with SEe) and regression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ severe discrepancy** of IQ/achievement is not evidenced through standardized tests; however, student's response to pre-referral interventions documents a severe IQ/Achievement discrepancy and clinical judgment providing rationale for determination of SLD is evidenced and documented in the Written Psychoeducational Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ documentation of performance on group or individually administered achievement tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ documentation of performance on criterion-referenced or curriculum/performance-based assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ documented observations, indirect by the child's general education teacher, direct by a professional other than the person providing the indirect observation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
 Signature of Psychologist

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Assessment Team Member

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Assessment Team Member

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 Date