

ELIGIBILITY WORKSHEET - SPECIFIC LEARNING DISABILITY

| Student: | Student UID#: | DOB: |
|----------|---------------|------|
| School: | Grade: | Age: |

The required screenings and formal evaluations required to determine eligibility are as follows:

| Date | Evaluation/Screening | Summary of Eva | luations/Screening |
|------|---|----------------|---------------------------------------|
| | Hearing Screening | 🗌 Pass 🗌 Fail | dBHz |
| | | Comment: | |
| | | | |
| | | | |
| | Vision Screening | Pass Fail | Far: R 20/ L 20/ Near: R 20/ L 20/ |
| | | | Neal. R 20/ L 20/ |
| | | Comment: | |
| | Speech/Language | | |
| | Screening | | |
| | | | |
| | | | |
| | (2) Scientific, research- based interventions to | | |
| | address deficiencies in | | |
| | academic skills (including | | |
| | progress monitoring data) Parent Conference(s) | | |
| | Parent Contenence(S) | | |
| | | | |
| | | | |
| | Review of existing data (for | | |
| | Rtl-documentation of problem- solving process) | | |
| | | | |
| | | | |
| | Social/Developmental | | |
| | History | | |
| | | | |
| | | | |



Eligibility Worksheet – Specific Learning Disability

| | | | Opeonie Loanning | |
|-----------|---------------------|------|------------------|--|
| Observa | ation(s) Across | | | |
| Settings | s (academic and | | | |
| functiona | al skills) | | | |
| | | | | |
| | | | | |
| Educati | onal Evaluation | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| *Psvcho | ological Evaluation | | | |
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| | | | | |
| | | | | |
| | | | | |
| Other: | | | | |
| Oulor: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* Optional

As a result of the required screenings, evaluations, and review of existing information, what do we now know about the student?

Strengths

Needs



To be determined eligible in the disability category of Specific Learning Disability, the criteria in subsections (A), (B) and (C) below must be met:

| Characteristic | Documentation/Summary |
|---|-----------------------|
| (A) The child does not achieve adequately for the child's age, intellectual development or to meet State-approved grade level standards in one or more of the following areas: Listening Comprehension; Oral Expression; Written Expression; Basic Reading; Reading Fluency; Reading Comprehension; Mathematics Problem Solving | |
| (B) The child does not achieve adequately for the child's age, intellectual development or to meet State-approved grade level standards in one or more areas in (A) when using a process based on the child's response to scientific, research-based intervention; or when the child 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 group to be relevant to the identification of a specific learning disability, using appropriate assessments. | |
| (C) The disability must not be the primary result of: Sensory deficits; Motor deficits; Intellectual disability; Emotional disability; Environmental influences; Cultural factors; Economic influences Lack of appropriate instruction in reading or math; and/or Limited English proficiency | |



What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

After completing the Eligibility Worksheet, the IEP Team must determine eligibility. (Complete the Eligibility Report)

Student UID#: _____