ENTER DISTRICT NAME HERE

SPECIFIC LEARNING DISABILITY

TEAM DETERMINATION OF ELIGIBILITY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student  |       | SASID # |       | Grade  |       | Date  |       |

Component 1

All requirements for historical information and educational assessment have been addressed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]   | Historical Review | and | [ ]   | Performance History |
| [ ]   | Participation Skills | [ ]   | Medical Information |

**Attach completed SLD 1.**

Component 2

|  |
| --- |
| The Team has identified the Area(s) of Concern and has evidence that:  |
| [ ]   | The student is not making effective educational progress for his/her age or to meet ELA or Math Curriculum Framework standards when using a process based on the student’s response to scientific, research-based intervention.  |
| **Attach completed SLD 2.** |
| and/or |
| [ ]   | There is a severe discrepancy between IQ and achievement and the student exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age or ELA or Math Curriculum Framework standards, or intellectual development. |
| **Attach completed SLD 2.** |

Component 3

|  |  |
| --- | --- |
| [ ]   | The Team has determined that the lack of achievement in the area of concern is not a result of cultural factors; environmental or economic disadvantage; limited English proficiency; visual, hearing, or motor disability; intellectual disability; or an emotional disturbance.  |
| **Attach completed SLD 3.** |

Component 4

|  |  |
| --- | --- |
| [ ]   | Relevant behavior has been observed and the relationship of that behavior to the student’s academic functioning has been noted.  |
| **Attach completed Observation form(s).** |

Findings

|  |
| --- |
| The Team[[1]](#footnote-1) has reviewed Components 1-4 and the Eligibility Flow Chart and has determined that the student has a Specific Learning Disability and requires Special Education services.  |
| **[ ]**  | **Yes**  | **[ ]**  | **No** |

Sign and check if you agree or disagree with the findings above[[2]](#footnote-2).

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | [ ] agree |  | [ ] agree |
|  | [ ] disagree |  | [ ] disagree |
| Name and Title  |  | Name and Title  |  |
|  |  |  |  |
|  | [ ] agree |  | [ ] agree |
|  | [ ] disagree |  | [ ] disagree |
| Name and Title  |  | Name and Title  |  |
|  |  |  |  |
|  | [ ] agree |  | [ ] agree |
|  | [ ] disagree |  | [ ] disagree |
| Name and Title  |  | Name and Title  |  |

1. The Eligibility Team must include the parent of the student, the student’s general education teacher or a general education teacher qualified to teach a student of his or her age, and at least one person qualified to conduct individual diagnostic examinations of students. [↑](#footnote-ref-1)
2. If a Team member disagrees with the conclusions of the Team report, the Team member must submit, and attach to this documentation, a separate statement presenting his or her conclusions. [↑](#footnote-ref-2)