

Sonoma County SELPA
SPECIFIC LEARNING DISABILITY
TEAM DETERMINATION OF ELIGIBILITY

Student _____ Birthdate _____ Initial Evaluation
School _____ Date _____ 3-Year Re-evaluation

I. Presence of Severe Discrepancy. (Select either A or B and then complete items II through IV.)

- A. The IEP Team finds a severe discrepancy between measures of intellectual ability and one or more of the following areas of achievement:
- | | | |
|--|---|--|
| <input type="checkbox"/> Oral expression | <input type="checkbox"/> Written expression | <input type="checkbox"/> Listening comprehension |
| <input type="checkbox"/> Mathematics calculation | <input type="checkbox"/> Basic reading skills | <input type="checkbox"/> Mathematics reasoning |
| <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Reading fluency | |
- B. Standard measures do not reveal a severe discrepancy, but the IEP Team finds that a severe discrepancy does exist based upon the additional documentation provided in the attached report.
(Complete and attach Specific Learning Disability Discrepancy documentation form)

II. The discrepancy identified in Item I (above) is directly related to a processing disorder. Yes No
Check appropriate area(s): Sensory-motor skills Visual processing Auditory processing
 Attention Cognitive Abilities, (including association, conceptualization and expression)

- III. If ANY of the items below (A-E) are checked "Yes", the student MAY NOT be identified as having a specific learning disability.
- | | | |
|--|------------------------------|-----------------------------|
| A. The discrepancy is due primarily to limited school experience or poor school attendance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. The discrepancy is a result of environmental, cultural difference or economic disadvantage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. The discrepancy is due primarily to mental retardation or emotional disturbance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. The discrepancy is due primarily to a visual, hearing, or motor disability. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. This discrepancy can be corrected through other regular or categorical services offered within the regular Instructional program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. The discrepancy is due to limited English proficiency. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. The discrepancy is due to lack of appropriate instruction in reading and math. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IV. The Student has a specific learning disability. Yes No

- V. Basis for determination of eligibility
- Psychoeducational Evaluation utilizing multiple measures. See attached psychoeducational report.
- Other (specify) _____

VI. Relevant behavior related to academic functioning, noted during observation _____

See attached Psychoeducational report.

VII. Educationally relevant medical findings, if any (describe) _____

I agree with the conclusions stated above:

School Psychologist/Date

Special Ed. Admin./Designee/Date

Special Education Teacher/Date

General Education Teacher/Date

LSH Specialist/Date

Reading Teacher/Date

Parent/Guardian/Date

Other/Date

My assessment of this student differs from the above report as follows: Statement (attach additional pages as necessary)

Signature and Title/Date