

Delaware Department of Education
Exceptional Children Resources

**Self-Assessment Report for Review of Policies, Practices, and Procedures
Based on Identification of Disproportionate Representation**

The Delaware Department of Education (DDOE) is required by the reauthorized Individuals with Disabilities Education Act (IDEA) to address disproportionality in special education that is the result of inappropriate identification. To do so, the State first identifies the LEAs with disproportionate representation of racial and ethnic groups in special education, and in specific disability categories.

The DOE has applied a formula to calculate disproportionate representation based on December 1st child count data using one year of data. The DOE applies a relative risk ratio methodology to identify LEAs with disproportionate representation. A further explanation and example of how the DOE calculates disproportionate representation can be found in the State's Annual Performance Report submitted to the U.S. Office of Special Education Programs.

Once disproportionate representation is identified, the State must determine whether the LEAs are in compliance with child find, evaluation, and special education eligibility requirements. To do so, the DOE relies upon monitoring data and the LEA's self-assessment of policies, practices, and procedures to determine districts with inappropriate identification.

The LEA is directed to complete and submit this self-assessment to Mary Ann Mieczkowski, Director of Exceptional Children Resources, no later than Friday, December 12, 2014.

Please direct all questions relating to the self-assessment to Barbara Mazza (Barbara.mazza@doe.k12.de.us) and questions relating to the data used to identify disproportionate representation to Michele Rush (michele.rush@doe.k12.de.us).

LEA:	MOT Charter School
Special Education Director:	Terry Angelus, Principal (also serves as Special Education Director)
Phone Number:	302-376-5125
Email Address:	Terry.angelus@mot.k12.de.us

Self-Assessment Process:

1. Identify a team to conduct the assessment
 - The LEA will determine the make-up of the team and the number of team members.
2. Review of Policies, Procedures and Practices
 - Child Find
 - ✓ Review policies, procedures and practices relating to the Delaware Administrative Code regulations referenced.
 - ✓ Explain, in detail, any noncompliance identified.
 - Eligibility Determination
 - ✓ Review policies, procedures and practices relating to the Delaware Administrative Code regulations referenced.
 - ✓ Explain, in detail, any noncompliance identified.
3. Individual Student Record Review
 - Using the attached Individual Student File Review forms, review 10% of student records in each disability/ethnicity category identified with disproportionate representation, with a maximum total of 25 files for all areas identified combined. For example, if there are a total of 35 white students with Autism in the cell, you would review 4 records.
 - Records reviewed must represent all disability/ethnicity categories where disproportionate representation was identified and multiple schools where applicable.
4. Email this self-assessment along with 3 Eligibility Summary Reports of three student records reviewed to Barbara Mazza no later than Friday, December 12, 2014.

Team Members Who Participated in the Self-Assessment Process:

Name	Title
Cara Dougherty	School Psychologist
Linda Jennings	Head of School

Child Find

Regulation	Item	Criteria	Compliance Rating	
			Yes	No
14 DE Admin Code §923.11 34 CFR §300.111	Identification Process	The LEA has policies and procedures for identifying children, who are suspected of being a child with a disability, require special education and/or to identify children who need general education interventions. If no, explain in detail the noncompliance identified.	x	
14 DE Admin Code §923.11 34 CFR §300.111	Referral Process	The LEA has procedures to establish, and to refer students to, school or program based instructional support teams. If no, explain in detail the noncompliance identified.	x	
14 DE Admin Code §923.11 34 CFR §300.111	Problem Solving in General Education and Instructional Support Teams	The LEA has established instructional support teams or similar teams to ensure that a student's learning and behavioral needs are comprehensively assessed. The problem solving process includes the following components: <ul style="list-style-type: none"> • Description of the problem • Data collection and problem analysis • Intervention design and implementation • Progress monitoring • Evaluation of intervention effects. If no, explain in detail the noncompliance identified.	x	
14 DE Admin Code §923.11 34 CFR §300.111	Child Find Practices	The LEA has reviewed all practices relating to Child Find and has determined that the LEA is in compliance with regulations. If no, explain in detail the noncompliance identified.	x	

Evaluation and Eligibility Determination

Regulation	Item	Criteria	Compliance Rating	
			Yes	No
14 DE Admin Code §925 34 CFR §300.300 – 300.311	Parent Consent	The LEA has policies and procedures for obtaining parent consent prior to evaluating children who are suspected of being a child with a disability and who may require special education. If no, explain in detail the noncompliance identified.	<input checked="" type="checkbox"/>	
14 DE Admin Code §925 34 CFR §300.300 – 300.311	Evaluation Procedures	The LEA has policies and procedures to ensure that evaluations are conducted by qualified professionals. If no, explain in detail the noncompliance identified.	<input checked="" type="checkbox"/>	
14 DE Admin Code §925 34 CFR §300.300 – 300.311	IEP Team	The LEA has policies and procedures to ensure that the IEP team includes the appropriate members, including the parent when eligibility is being determined. If no, explain in detail the noncompliance identified.	<input checked="" type="checkbox"/>	
14 DE Admin Code §925 34 CFR §300.300 – 300.311	Eligibility Determination	The LEA has policies and procedures to ensure that eligibility is determined in accordance with specified disability category criteria. If no, explain in detail the noncompliance identified.	<input checked="" type="checkbox"/>	
14 DE Admin Code §925 34 CFR §300.300 – 300.311	Evaluation Practices	The LEA has reviewed all practices relating to evaluations and eligibility and has determined that the LEA is in compliance with regulations. If no, explain in detail the noncompliance identified.	<input checked="" type="checkbox"/>	

Individual Student File Review

Regulation		Item	Response Criteria	Student ID#	Primary Disability	Grade	School Attending (Initials)
14 DE Admin Code §925.4.0		Variety of Sources Used to Determine Eligibility	<p>Yes = File contains documentation from at least two sources used to determine eligibility, including, but not limited to:</p> <ul style="list-style-type: none"> Review of existing evaluation data; Information from RTI process; Observations (classroom based, teacher, and related service providers); Current classroom, local or state assessment(s), and/or Evaluations and input provided by parent(s). <p>No = File does NOT contain documentation from at least two sources used to determine eligibility.</p>	580462	245129	289922	SLI
34 CFR §300.306				✓	✓	✓	SLI
				yes	yes	yes	SLI
14 DE Admin Code §925.6.0		Special Rule for Eligibility Determination: ESR documents the IEP team ruled out lack of appropriate instruction in reading/math or limited English Proficiency (LEP) as determinant factor for eligibility determination	<p>Yes = ESR documents the IEP team's consideration of special rule.</p> <p>No = ESR does NOT document the IEP team's consideration of special rule.</p>	✓	✓	✓	SLI
34 CFR §300.306				yes	yes	yes	SLI
14 DE Admin Code §925.6.0		For students WITHOUT a learning disability (LD): Eligibility was determined by a group of qualified professionals (IEP team) and the parent. For OHI/OI, a nurse was part of the IEP team.	<p>Yes = ESR contains evidence qualified professionals and the parent participated in the eligibility determination.</p> <p>No = ESR does NOT contain evidence qualified professionals and/or the parent participated in the eligibility determination.</p> <p>NA = Student has a LD.</p>	✓	✓	✓	SLI
34 CFR §300.306				yes	yes	yes	SLI
14 DE Admin Code §925.6.0 §925.11.0		For students WITH a learning disability (LD): ESR documents the evaluation and eligibility determination, including specific requirements for students with a learning disability (as applicable)	<p>Yes = ESR documents the evaluation and eligibility determination as required. (All appropriate sections of the ESR are completed)</p> <p>No = ESR does NOT document the evaluation and/or eligibility determination as required.</p> <p>NA = Student does not have a LD.</p>	NA	NA	NA	NA
34 CFR §300.306 §300.311				NA	NA	NA	NA
14 DE Admin Code §925.8.0		For students WITH a learning disability (LD): Eligibility was determined by the parent and qualified professionals, including:	<p>Yes = ESR contains evidence qualified professionals and the parent participated in the eligibility determination.</p> <p>No = ESR does NOT contain evidence qualified professionals and/or the parent participated in the eligibility determination.</p> <p>NA = Student does not have a LD.</p>	NA	NA	NA	NA
34 CFR §300.308		<ul style="list-style-type: none"> the student's regular education teacher; or if the student does not have a regular education teacher (or preschool teacher), a regular education teacher (or preschool teacher) qualified to teach a student of similar age; AND at least one person qualified to conduct individual diagnostic examinations of students, such as school psychologist, speech-language pathologist, or remedial reading teacher 		NA	NA	NA	NA

**EVALUATION SUMMARY REPORT:
DATA REVIEW AND DOCUMENTATION OF ELIGIBILITY**

Date: 3/14/2014

Initial: ☒

Reevaluation: ☐

Dismissal: ☐

Student: _____

Date of Birth: _____ Grade: 5th

PURPOSE

To review recent assessments and evaluation measures to determine:

- whether the child is a child with a disability as defined by the IDEA and state regulations;
and
- the educational needs of the child.

SECTION A: REVIEW OF INFORMATION *(Complete for ALL disability categories)*

(1)	Information and Evaluations Provided by Parents: `s parents expressed that he has always had difficulty with the "r" sound and that "it used to be cute but it is no longer cute."
(2)	Current Classroom-Based and/or State Assessments, and Classroom-Based Observations, including information acquired from the Child's Response to Scientific, Research-Based Intervention (i.e., "RTI"):
N/A	

(3) **Observations and Recommendations by Teacher(s) and Related Services Provider(s):**
eachers have expressed concern that he sometimes has difficulty "understanding questions, explaining answers, applying skills in a new way." They have also noted his difficulty with the "r" sound and report that Rohan's peers have called attention to it.

(4) **Other Information About the Child's Physical Condition, Social or Cultural Background, and Adaptive Behavior, including Aptitude and Achievement test scores (as applicable):**

N/A

(5) **Other:**

CELF-4:

<i>Language Area</i>	<i>Standard Score</i>
<i>Core Language</i>	97
<i>Receptive Language</i>	88
<i>Expressive Language</i>	105
<i>Language Memory</i>	94

"R" Deep Screening Probe: significant errors of the /r/ sound noted in all contexts

Clinical observation of speech in conversation: significant errors of the /r/ sound noted in all contexts

SECTION B: LEARNING DISABILITY *(Complete for LD category only)*

(1)	Relevant behavior (if any) noted during observation of the child:	
(2)	Educationally relevant medical findings (if any):	
(3)	Has the child participated in an RTI process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(i) <u>If Yes</u> , describe the instructional strategies used and the student centered data collected:	
	(ii) <u>If Yes</u> , describe the documentation to indicate the child's parents were notified about:	
	(a) the DOE's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;	
	(b) strategies for increasing the child's rate of learning; and	
	(c) the parents right to request an evaluation.	
(4)	The team determines the child has a <i>specific learning disability</i> in the following area(s):	
	<input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Mathematics Problem Solving <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression

(5)	The basis for the team's determination in (4) above is:	
(i) LACK OF ACHIEVEMENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The child does not achieve adequately for his or her age or to meet State approved grade level standards in the following area(s) above when provided with learning experiences appropriate for the child's age or State approved grade level standards:		
<input type="checkbox"/>	Basic Reading Skills	<input type="checkbox"/> Mathematics Problem Solving
<input type="checkbox"/>	Reading Fluency Skills	<input type="checkbox"/> Oral Expression
<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/> Listening Comprehension
<input type="checkbox"/>	Mathematics Calculation	<input type="checkbox"/> Written Expression

-AND-

(ii) INSUFFICIENT PROGRESS	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
The child does not make sufficient progress to meet age or State approved grade level standards in the following area(s) when using an RTI process:	
<input type="checkbox"/>	Basic Reading Skills
<input type="checkbox"/>	Reading Fluency Skills
<input type="checkbox"/>	Reading Comprehension
<input type="checkbox"/>	Mathematics Calculation
<input type="checkbox"/>	Mathematics Problem Solving
<input type="checkbox"/>	Oral Expression
<input type="checkbox"/>	Listening Comprehension
<input type="checkbox"/>	Written Expression

← OR →

(iii) PATTERN OF STRENGTHS AND WEAKNESSES	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
The child exhibits a pattern of strengths and weaknesses in the following area(s) in performance, achievement, or both, relative to age, State-approved grade level standards, intellectual development, that was determined by the team to be relevant to the identification of a specific learning disability, using appropriate assessments.	
<input type="checkbox"/>	Basic Reading Skills
<input type="checkbox"/>	Reading Fluency Skills
<input type="checkbox"/>	Reading Comprehension
<input type="checkbox"/>	Mathematics Calculation
<input type="checkbox"/>	Mathematics Problem Solving
<input type="checkbox"/>	Oral Expression
<input type="checkbox"/>	Listening Comprehension
<input type="checkbox"/>	Written Expression

(6)	The team determines the existence of the learning disability identified in (4) above:
<input type="checkbox"/> Is	<input type="checkbox"/> Is Not
PRIMARILY the result of a visual, hearing, or motor disability, mental retardation, emotional disturbance, cultural factors, environmental or economic disadvantage, or limited English proficiency on the child's achievement level.	

SECTION C: ELIGIBILITY DETERMINATION (complete for ALL disability categories)

IMPORTANT NOTE:

A child shall not be determined to be a child with a disability if the determinant factor for that determination is: (1) lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in § 1208(3) of the ESEA); or (2) lack of appropriate instruction in math; or (3) limited English proficiency.

Based upon review of the data, the team determines

(Name of Child)

- ☒ Meets
☐ Does not meet

the eligibility criteria to receive special education and related services in the following disability category:

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Preschool Speech Delayed |
| <input type="checkbox"/> Emotional Disturbance | <input checked="" type="checkbox"/> Speech and/or Language Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Mental Disability (check one) | |
| <input type="checkbox"/> Educable Mental Disability | |
| <input type="checkbox"/> Trainable Mental Disability | |
| <input type="checkbox"/> Severe Mental Disability | |

STATEMENT OF ASSURANCE:

In making the eligibility determination described above, the school district, charter school, or other public agency assures it has drawn upon information from a variety of sources and information from all such sources are documented and were carefully considered.

Briefly describe the team's discussion of the eligibility determination. (attach additional pages if needed)

The IEP team has determined that the 'K' is demonstrating difficulty with the 'K' sound and is eligible for speech therapy services.

SECTION D: SIGNATURES AND CERTIFICATION (complete for ALL disability categories)

By signing below, each team member certifies this report reflects his or her conclusions.

Title	Print	Sign
Parent (1)		
Parent (2)		
Student		
General Education Teacher	Jennifer Vail	Jennifer Vail
Special Education Teacher		
Administrator/Designee		
Evaluation Specialist		
Speech-Language Pathologist	Carrie Chen	Carrie Chen
Other (please identify) Gen. Ed.	Jessica Priester	Jessica Priester
Other (please identify)		
Other (please identify)		
Other (please identify)		

This report does not reflect my conclusions and a separate statement reflecting my conclusions are attached.

Title	Print	Sign

**EVALUATION SUMMARY REPORT:
DATA REVIEW AND DOCUMENTATION OF ELIGIBILITY**

Date: 2/25/2013

Initial: ☒

Reevaluation: ☐

Dismissal: ☐

Student: _____

Date of Birth: _____ Grade: K

PURPOSE

To review recent assessments and evaluation measures to determine:

- whether the child is a child with a disability as defined by the IDEA and state regulations;
and
- the educational needs of the child.

SECTION A: REVIEW OF INFORMATION *(Complete for ALL disability categories)*

(1)	Information and Evaluations Provided by Parents: 's parents expressed concern with his speech skills.
(2)	Current Classroom-Based and/or State Assessments, and Classroom-Based Observations, including information acquired from the Child's Response to Scientific, Research-Based Intervention (i.e., "RTI"):
N/A	

(3)	Observations and Recommendations by Teacher(s) and Related Services Provider(s): teacher expressed concern regarding his speech skills.
(4)	Other Information About the Child's Physical Condition, Social or Cultural Background, and Adaptive Behavior, including Aptitude and Achievement test scores (as applicable): N/A
(5)	Other: Goldman-Fristoe Test of Articulation-2: frontal lisp when producing /s/ and /z/ noted Clinical observation of conversational speech: significant frontal lisp noted

SECTION B: LEARNING DISABILITY (Complete for LD category only)

(1)	Relevant behavior (if any) noted during observation of the child:			
(2)	Educationally relevant medical findings (if any):			
(3)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Has the child participated in an RTI process?</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	Has the child participated in an RTI process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the child participated in an RTI process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<p>(i) <u>If Yes</u>, describe the instructional strategies used and the student centered data collected:</p> <p>(ii) <u>If Yes</u>, describe the documentation to indicate the child's parents were notified about:</p> <p style="margin-left: 40px;">(a) the DOE's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;</p> <p style="margin-left: 40px;">(b) strategies for increasing the child's rate of learning; and</p> <p style="margin-left: 40px;">(c) the parents right to request an evaluation.</p>				
(4)	<p>The team determines the child has a <i>specific learning disability</i> in the following area(s):</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Mathematics Calculation </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Mathematics Problem Solving <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression </td> </tr> </table>	<input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Mathematics Problem Solving <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression	
<input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Mathematics Problem Solving <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression			

(5)	The basis for the team's determination in (4) above is:	
(i) LACK OF ACHIEVEMENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The child does not achieve adequately for his or her age or to meet State approved grade level standards in the following area(s) above when provided with learning experiences appropriate for the child's age or State approved grade level standards:		
<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Mathematics Problem Solving	
<input type="checkbox"/> Reading Fluency Skills	<input type="checkbox"/> Oral Expression	
<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Listening Comprehension	
<input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Written Expression	

-AND-

(ii) INSUFFICIENT PROGRESS	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
The child does not make sufficient progress to meet age or State approved grade level standards in the following area(s) when using an RTI process:	
<input type="checkbox"/> Basic Reading Skills	
<input type="checkbox"/> Reading Fluency Skills	
<input type="checkbox"/> Reading Comprehension	
<input type="checkbox"/> Mathematics Calculation	
<input type="checkbox"/> Mathematics Problem Solving	
<input type="checkbox"/> Oral Expression	
<input type="checkbox"/> Listening Comprehension	
<input type="checkbox"/> Written Expression	

← OR →

(iii) PATTERN OF STRENGTHS AND WEAKNESSES	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
The child exhibits a pattern of strengths and weaknesses in the following area(s) in performance, achievement, or both, relative to age, State-approved grade level standards, intellectual development, that was determined by the team to be relevant to the identification of a specific learning disability, using appropriate assessments.	
<input type="checkbox"/> Basic Reading Skills	
<input type="checkbox"/> Reading Fluency Skills	
<input type="checkbox"/> Reading Comprehension	
<input type="checkbox"/> Mathematics Calculation	
<input type="checkbox"/> Mathematics Problem Solving	
<input type="checkbox"/> Oral Expression	
<input type="checkbox"/> Listening Comprehension	
<input type="checkbox"/> Written Expression	

(6)	The team determines the existence of the learning disability identified in (4) above:
<input type="checkbox"/> Is	<input type="checkbox"/> Is Not
PRIMARILY the result of a visual, hearing, or motor disability, mental retardation, emotional disturbance, cultural factors, environmental or economic disadvantage, or limited English proficiency on the child's achievement level.	

SECTION C: ELIGIBILITY DETERMINATION *(complete for ALL disability categories)*

IMPORTANT NOTE:

A child shall not be determined to be a child with a disability if the determinant factor for that determination is: (1) lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in § 1208(3) of the ESEA); or (2) lack of appropriate instruction in math; or (3) limited English proficiency.

Based upon review of the data, the team determines _____

(Name of Child)



Meets



Does not meet

the eligibility criteria to receive special education and related services in the following disability category:



Autism



Deaf/Blind



Developmental Delay



Emotional Disturbance



Hearing Impairment



Learning Disability



Mental Disability (check one)



Educable Mental Disability



Trainable Mental Disability



Severe Mental Disability



Orthopedic Impairment



Other Health Impairment



Preschool Speech Delayed



Speech and/or Language Impairment



Traumatic Brain Injury



Visual Impairment

STATEMENT OF ASSURANCE:


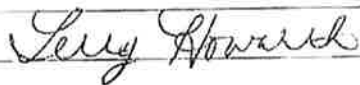

In making the eligibility determination described above, the school district, charter school, or other public agency assures it has drawn upon information from a variety of sources and information from all such sources are documented and were carefully considered.

Briefly describe the team's discussion of the eligibility determination. (attach additional pages if needed)

The IEP team has determined that _____ s demonstrating a frontal lisp and is eligible for speech therapy services.

SECTION D: SIGNATURES AND CERTIFICATION (complete for ALL disability categories)

By signing below, each team member certifies this report reflects his or her conclusions.

Title	Print	Sign
Parent (1)		
Parent (2)		
Student		
General Education Teacher	Sarah Killingsworth	
Special Education Teacher		
Administrator/Designee	Terry Howarth	
Evaluation Specialist		
Other (please identify) Speech-Language Pathologist	Carrie Chen	
Other (please identify)		
Other (please identify)		
Other (please identify)		
Other (please identify)		

This report does not reflect my conclusions and a separate statement reflecting my conclusions are attached.

Title	Print	Sign

**EVALUATION SUMMARY REPORT:
DATA REVIEW AND DOCUMENTATION OF ELIGIBILITY**

Date: 10/15/2014

Initial: ☒

Reevaluation: ☐

Dismissal: ☐

Student: _____

Date of Birth: _____ Grade: 3rd

PURPOSE

To review recent assessments and evaluation measures to determine:

- whether the child is a child with a disability as defined by the IDEA and state regulations;
and
- the educational needs of the child.

SECTION A: REVIEW OF INFORMATION *(Complete for ALL disability categories)*

(1)	Information and Evaluations Provided by Parents: 's mother has noticed s difficulty pronouncing the "r" sound in some words.
(2)	Current Classroom-Based and/or State Assessments, and Classroom-Based Observations, including information acquired from the Child's Response to Scientific, Research-Based Intervention (i.e., "RTI"): N/A

(3)	Observations and Recommendations by Teacher(s) and Related Services Provider(s): 's classroom teacher noted some "r" sound errors.
(4)	Other Information About the Child's Physical Condition, Social or Cultural Background, and Adaptive Behavior, including Aptitude and Achievement test scores (as applicable):
N/A	
(5)	Other: <u>Goldman-Fristoe Test of Articulation-2:</u> errors of the /r/ sound noted <u>"R" Deep Screening Probe:</u> errors of the /r/ sound noted when produced in the medial and final positions of words and in /r/-controlled vowel combinations Clinical observation of speech in conversation: some errors of /r/ sound, primarily in the medial and final positions of words

(1)	Relevant behavior (if any) noted during observation of the child:	
(2)	Educationally relevant medical findings (if any):	
(3)	Has the child participated in an RTI process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(i) <u>If Yes</u> , describe the instructional strategies used and the student centered data collected:	
	(ii) <u>If Yes</u> , describe the documentation to indicate the child's parents were notified about:	
	(a) the DOE's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;	
	(b) strategies for increasing the child's rate of learning; and	
	(c) the parents right to request an evaluation.	
(4)	The team determines the child has a <i>specific learning disability</i> in the following area(s):	
	<input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Mathematics Problem Solving <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression

(5) The basis for the team's determination in (4) above is:		
(i) LACK OF ACHIEVEMENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The child does not achieve adequately for his or her age or to meet State approved grade level standards in the following area(s) above when provided with learning experiences appropriate for the child's age or State approved grade level standards:		
<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Mathematics Problem Solving	
<input type="checkbox"/> Reading Fluency Skills	<input type="checkbox"/> Oral Expression	
<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Listening Comprehension	
<input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Written Expression	

-AND-

(ii) INSUFFICIENT PROGRESS	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
The child does not make sufficient progress to meet age or State approved grade level standards in the following area(s) when using an RTI process:	
<input type="checkbox"/> Basic Reading Skills	
<input type="checkbox"/> Reading Fluency Skills	
<input type="checkbox"/> Reading Comprehension	
<input type="checkbox"/> Mathematics Calculation	
<input type="checkbox"/> Mathematics Problem Solving	
<input type="checkbox"/> Oral Expression	
<input type="checkbox"/> Listening Comprehension	
<input type="checkbox"/> Written Expression	

← OR →

(iii) PATTERN OF STRENGTHS AND WEAKNESSES	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
The child exhibits a pattern of strengths and weaknesses in the following area(s) in performance, achievement, or both, relative to age, State-approved grade level standards, intellectual development, that was determined by the team to be relevant to the identification of a specific learning disability, using appropriate assessments.	
<input type="checkbox"/> Basic Reading Skills	
<input type="checkbox"/> Reading Fluency Skills	
<input type="checkbox"/> Reading Comprehension	
<input type="checkbox"/> Mathematics Calculation	
<input type="checkbox"/> Mathematics Problem Solving	
<input type="checkbox"/> Oral Expression	
<input type="checkbox"/> Listening Comprehension	
<input type="checkbox"/> Written Expression	

(6) The team determines the existence of the learning disability identified in (4) above:
<input type="checkbox"/> Is <input type="checkbox"/> Is Not
PRIMARILY the result of a visual, hearing, or motor disability, mental retardation, emotional disturbance, cultural factors, environmental or economic disadvantage, or limited English proficiency on the child's achievement level.

SECTION C: ELIGIBILITY DETERMINATION (complete for ALL disability categories)

IMPORTANT NOTE:

A child shall not be determined to be a child with a disability if the determinant factor for that determination is: (1) lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in § 1208(3) of the ESEA); or (2) lack of appropriate instruction in math; or (3) limited English proficiency.

Based upon review of the data, the team determines

(Name of Child)

- ☒ Meets
☐ Does not meet

the eligibility criteria to receive special education and related services in the following disability category:

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Preschool Speech Delayed |
| <input type="checkbox"/> Emotional Disturbance | <input checked="" type="checkbox"/> Speech and/or Language Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Mental Disability (check one) | |
| <input type="checkbox"/> Educable Mental Disability | |
| <input type="checkbox"/> Trainable Mental Disability | |
| <input type="checkbox"/> Severe Mental Disability | |

STATEMENT OF ASSURANCE:

In making the eligibility determination described above, the school district, charter school, or other public agency assures it has drawn upon information from a variety of sources and information from all such sources are documented and were carefully considered.

Briefly describe the team's discussion of the eligibility determination. (attach additional pages if needed)

The IEP team has determined that the child is demonstrating difficulty with the "r" sound and is eligible for speech therapy services.

SECTION D: SIGNATURES AND CERTIFICATION (complete for ALL disability categories)

By signing below, each team member certifies this report reflects his or her conclusions.

Title	Print	Sign
Parent (1)		
Parent (2)		
Student		
General Education Teacher	Janine Harris	J Harris
Special Education Teacher		
Administrator/Designee	Terry Angell	Terry Angell
Evaluation Specialist		
Speech-Language Pathologist	Carrie Chen	Carrie Chen
Other (please identify)		
Other (please identify)		
Other (please identify)		
Other (please identify)		

This report does not reflect my conclusions and a separate statement reflecting my conclusions are attached.

Title	Print	Sign