

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

Date: _____

Initial:

Reevaluation:

Dismissal:

Student: _____

Date of Birth: _____ Grade: _____

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:
(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"):

(3) Observations and Recommendations by Teacher(s) and Related Services Provider(s):

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

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(5) Other:

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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
<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>(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>(b) strategies for increasing the child’s rate of learning; and</p> <p>(c) the parents right to request an evaluation.</p>		
(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"/> 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	

(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 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"/> Intellectual Disability (check one) | |
| <input type="checkbox"/> Mild Intellectual Disability | |
| <input type="checkbox"/> Moderate Intellectual Disability | |
| <input type="checkbox"/> Severe Intellectual 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)

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		
Special Education Teacher		
Administrator/Designee		
Evaluation Specialist		
Other (please identify)		
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