

We are champions of children who inspire and nurture the whole child by providing innovative, high-quality educational opportunities that prepare all students to embark on individual paths of success in a globally diverse community.

WRITTEN REPORT OF DETERMINATION OF ELIGIBILITY
FOR STUDENTS SUSPECTED OF HAVING A LEARNING DISABILITY

Student Name: _____ School: _____ Grade: _____ Date: _____

*Section 200.4 (j) (5) of the Regulations of the Commissioner (10/2016 Update) requires specific documentation for the eligibility determination of a student suspected of having a **learning disability** to include the following information:*

1. Is there evidence in the reports of a disorder in one or more of the basic psychological process (Attention, Perception, Discrimination, Sequencing Memory, Symbolization, Synthesis, and Conceptualization)?
 (Briefly describe the evidence and indicate in which reports it can be found)

2. Is there evidence in the reports that the process disorders affect the student’s ability to Listen, Think, Speak, Read, Write, Spell, do Mathematical Calculation?
 (Briefly describe the evidence and indicate in which reports it can be found)

3. Is there evidence that tiered interventions were used and is there evidence of progress monitoring in reports to support the implementation of Response to Intervention services (RtI/AIS)? YES _____ NO _____

4. Are the student’s learning problems primarily due to:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Lack of instruction in reading or math	<input type="checkbox"/>	<input type="checkbox"/>	A visual impairment
<input type="checkbox"/>	<input type="checkbox"/>	Prolonged absence from school	<input type="checkbox"/>	<input type="checkbox"/>	A hearing impairment
<input type="checkbox"/>	<input type="checkbox"/>	Limited English Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	A motor impairment
<input type="checkbox"/>	<input type="checkbox"/>	Environmental, cultural, or economic disadvantage	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Disturbance
NOTE: If YES to any of the above questions, an alternative to Special Education should be considered.			NOTE: If YES to any of the above questions, a different classification should be considered.		

Based on the data in the observations and reports, the student meets the eligibility criteria for a learning disability and requires special education supports and or services, as described on the IEP, to benefit from instruction.

YES **NO**

Attendance Signature:

_____ Parent/Legal Guardian
 _____ CSE Chairperson
 _____ School Psychologist
 _____ Other

_____ General Education Teacher
 _____ Special Education Teacher
 _____ Student