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# POUGHKEEPSIE CITY SCHOOL DISTRICT

## Office of Family and Student Support Services

160 Union Street, Poughkeepsie, N.Y. 12601 (845) 437-3473 FAX (845) 437-3477

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*Delivering on the promise of a high-quality education  
"Every child. Every day. Every classroom."*

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ELEMENTARY INSTRUCTIONAL SUPPORT

**STEVE RAPPLEYEA, Psy. D., C.A.S.**  
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### COMPLIANCE VERIFICATION FORM FOR A STUDENT SUSPECTED OF A SPECIFIC LEARNING DISABILITY

The CSE reviewed the individual evaluation results for \_\_\_\_\_  
on \_\_\_\_\_.

\_\_\_ Data reviewed that demonstrate that prior to, or as part of, the referral process, the student was provided appropriate instruction in regular education settings, delivered by qualified personnel.

**AND**

\_\_\_ Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents.

**AND** the evaluation results indicated:

\_\_\_\_\_ The student has a specific learning disability requiring special education services demonstrated by an inability to respond to individualized instructional strategies developed in response to student specific deficits evident in data collected.

\_\_\_\_\_ Does not have a specific learning disability

The CSE has determined, consistent with section 200.4(j) of the Regulations, that:

\_\_\_\_\_ The Student does not achieve adequately for the student's age or to meet State-approved grade level standards in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading fluency skills, reading comprehension, mathematics calculation, mathematics problem solving;

**AND**

\_\_\_\_\_ The student either does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in this paragraph when using a process based on the student's response to scientific, research-based intervention Pursuant to section 100.2(ii);

**OR**

\_\_\_\_\_ Data indicates a pattern of strengths and weakness in performance or achievement relative

to grade level standards and/or intellectual development that appear relevant to the identification of a specific learning disability using appropriate assessments consistent with section 200.4(b)

Are the findings above primarily the result of any of the following?	<b>YES</b>	<b>NO</b>
A visual, hearing, or motor disability:	<b>YES</b>	<b>NO</b>
Mental retardation:	<b>YES</b>	<b>NO</b>
Emotional disturbance:	<b>YES</b>	<b>NO</b>
Cultural factors:	<b>YES</b>	<b>NO</b>
Environmental or economic disadvantage:	<b>YES</b>	<b>NO</b>
Limited English proficiency:	<b>YES</b>	<b>NO</b>

Vision/Hearing	Date: _____	Cognitive Evaluation	Date: _____
Achievement	Date: _____	Physical	Date: _____
Observation	Date: _____	Social History	Date: _____
FBA	Date: _____	Adaptive Behavior	Date: _____
Speech	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____

**Complete this item if the student has participated in a process that assesses the student's response to scientific, research-based intervention.**

\_\_\_The following pertinent evaluation results were used and student-centered data was collected:  
Response to Intervention Strategies:

1. \_\_\_\_\_ Data collection reviewed: **YES NO**
2. \_\_\_\_\_ Data collection reviewed: **YES NO**
3. \_\_\_\_\_ Data collection reviewed: **YES NO**

**AND**

Documentation of how parents were notified about the amount and nature of student performance data that was collected and the general education services that were provided; strategies for increasing the student's rate of learning; and the parents' right to request an evaluation for special education programs and/or services were reviewed: **YES NO**

## CERTIFICATION

\_\_\_\_\_ Regular Education Teacher

\_\_\_\_\_ Special Education Teacher

\_\_\_\_\_ School Psychologist

\_\_\_\_\_ Parent/Guardian

\_\_\_\_\_

\_\_\_\_\_

If this report does not support your conclusion please submit a separate statement.