

Specific Learning Disability Team Report

Student's Name: _____ Date: _____
Residence School: _____ Grade: _____
Service County: _____
Service School: _____
SASID: _____ Date of Birth: _____
Local Student ID: _____

For students being evaluated for a specific learning disability, indicate which of the following have been considered and documented appropriately.

Information demonstrating that the student was provided appropriate instruction in general education:

Information demonstrating that the student received repeated assessments of achievement reflecting student progress:

Date above assessment results shared with parents: _____

The team considered the student's achievement relative to his or her age, or to meeting state-approved grade level standards and has determined that the student does not achieve adequately in one or more of the following areas:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Mathematic Problem Solving |
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Reading Fluency Skills | <input type="checkbox"/> Mathematic Calculations | <input type="checkbox"/> Written Expression |

Observations by teachers and special education providers in general education classroom setting including relevant behaviors:

Describe educationally relevant medical findings, if any:

Describe the student's progress relative to meeting age or state-approved grade level standards in areas indicated above when using:

a process based on the student's response to scientific, research-based intervention(s):

OR

the student's strengths and weaknesses in performance, achievement or both relative to age, state-approved grade level standards or intellectual development:

Is the lack of achievement a result of any of the following? (If yes, check areas that apply) Yes No

