Specific Learning Disability Team Report

Student's Name: Residence School: Service County:	Grade:
Service County. Service School: SASID: Local Student ID:	Date of Birth:
For students being evaluated for a specific learning diappropriately.	isability, indicate which of the following have been considered and documented
Information demonstrating that the student wa	as provided appropriate instruction in general education:
Information demonstrating that the student rec	ceived repeated assessments of achievement reflecting student progress:
Date above assessment results shared with p	arents:
The team considered the student's achievement relativ determined that the student does not achieve adequately	e to his or her age, or to meeting state-approved grade level standards and has in one or more of the following areas:
Oral ExpressionBasic Reading SkillsListeningReading Fluency SkillsComprehensionComprehension	Reading ComprehensionMathematic Problem SolvingMathematic CalculationsWritten Expression
Observations by teachers and special ed behaviors:	ucation providers in general education classroom setting including relevant
Describe educationally relevant medical find	lings, if any:
Describe the student's progress relative to meeting age	or state-approved grade level standards in areas indicated above when using:
	OR
standards or intellectual development:	performance, achievement or both relative to age, state-approved grade level

Visual, Hearing, or Motor Disability
 Emotional Disability
 Environmental, Cultural, or Economic Disadvantage

Intellectual Disability
 English Language Learner (ELL)

If the student participated in a process that assesses the student's response to scientific, research-based intervention include a statement for each of the following:

Intervention/Strategy	Length of time intervention/strategy provided	Data-based results of assessment of intervention/strategy	Qualified personnel providing the intervention/strategy

Based upon the information reviewed, discussed and documented above, is the student a student with a specific learning disability who requires the provision of special education services in order to receive a free, appropriate public education under the Individuals with Disabilities Education Act (IDEA)? \Box Yes \Box No

As a team member, I certify that this report reflects my conclusion regarding the student. Person(s) in disagreement will attach a written statement presenting their conclusions.

Team Members

Print Name	Title	Signature	
			Agree Disagree