

## AMHERST POLICY

### **IHBAA - Student Evaluations Specific Learning Disability**

It shall be the policy of the Amherst school district to evaluate students suspected of having a specific learning disability in a manner consistent with the procedures and standards included in the attached form entitled, "Specific Learning Disability Eligibility Process."

"Specific Learning Disability Evaluation Procedures" will be utilized to determine the existence of a specific learning disability using multiple sources of data to identify a child's pattern of strengths and weaknesses in performance, achievement, or both, relative to age, intellectual development, and or state approved grade-level standards. A specific learning disability is determined through professional judgment using multiple supporting evidences. The manner in which a student responds to instruction and interventions will also be considered in the determination of eligibility as a child with a specific learning disability.

### Legal References

*20 U.S.C. §1414(b)(6) (2004) 34 C.F.R. §§ 300.8(a)(10), 300.307-300.311 (2006) RSA 186-C:16 NH Code of Administrative Rules, Ed 1106.01 (b), (d)-(e)1107.01(a), 1107.02, 1107.04(a)-(b), Table 1100.1 (2008)*

Adopted December 3, 2009

SAU 39

LEARNING DISABILITY ELIGIBILITY PROCESS

LEA:

Amherst \_\_\_\_\_
Mont Vernon \_\_\_\_\_
Souhegan \_\_\_\_\_
School Attending \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ District: \_\_\_\_\_

The following eligibility process is intended to guide the IEP Team through the required compliance components of the Individuals with Disabilities Education Act, New Hampshire RSA 186-C, and the New Hampshire Rules for Special Education in making decisions relative to student eligibility in special education under the category of specific learning disability.

Specific Learning Disability Definition:

Pursuant to NH Ed 1102.01, a specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Required IEP Team Composition:

To make the determination of a specific learning disability, the team must have the following representation:

LEA Representative: \_\_\_\_\_ (initials)

- 1. Parent/legal guardian/surrogate parents/adult student;
2. Child's regular teacher or regular classroom teacher qualified to teach child of his/her age;
3. Person(s) qualified to conduct individual diagnostic evaluations of children;
4. Person certified in Specific Learning Disabilities; and
5. LEA Representative.

Eligibility Questions – Answer All Of Them

Table with 3 columns: Question, YES, NO. Row 1: 1. Is there a disorder in one or more of the basic psychological processes? Row 2: Required Assessment: Intelligence \_\_\_\_\_ by \_\_\_\_\_ on \_\_\_\_\_ List Assessment Findings:

To be eligible, the answer to Question 1 must be yes. Proceed to next question.

2. Is the student failing to achieve adequately for the student's age or to meet State-approved grade level standards in any of the areas below, when provided with learning experiences and instruction appropriate for the student's age or State approved grade level standards?	YES	NO
<p>Required Assessment: Academic Achievement _____ by _____ on _____</p> <p>If so, identify the area(s):</p> <p> <input type="checkbox"/> oral expression                      <input type="checkbox"/> reading fluency skills  <input type="checkbox"/> listening comprehension           <input type="checkbox"/> reading comprehension  <input type="checkbox"/> written expression                   <input type="checkbox"/> mathematics calculation  <input type="checkbox"/> basic reading skill                   <input type="checkbox"/> mathematics problem solving </p> <p>List assessments/findings:</p>		

*To be eligible, the answer to Question 2 must be yes. Proceed to next question.*

3. Does the student exhibit a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards, or intellectual development, that is determined by the IEP team to be relevant to the identification of a specific learning disability, using appropriate assessments?	YES	NO	N/A
Verification:			

*To be eligible, the answer must be yes to either Question 3 or 4 must be yes. Proceed to question 5.*

4. Has the student failed to make sufficient progress to meet age or State-approved grade level standards in one or more of the areas identified in Question 2 when using a process based on the student's response to scientific, research based intervention (RTI)?	YES	NO	N/A
<p>Required Evidence/Verification:</p> <p>1. Instructional strategies used</p> <p>2. Student-centered data collected</p> <p>3. Parent notification about strategies used and right to request an evaluation</p>			

*To be eligible, the answer must be yes to either Question 3 or 4 must be yes. Proceed to question 5.*

5. Is the underachievement due to the lack of appropriate instruction in math or reading (phonemic awareness, phonics, fluency, vocabulary, comprehension)?	YES	NO
<i>In making this determination, the Team must consider:</i> <i>a) Data that demonstrates that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and</i> <i>b) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.</i>		
<b>Verification:</b>  		

*To be eligible, the answer to Question 5 must be no. Proceed to next question.*

6. Is the student's lack of achievement primarily the result of:		
a. Visual, Hearing or Motor Disability	YES	NO
<b>Required Assessments:</b> Vision _____ by _____ on _____ Hearing _____ by _____ on _____ <b>Verification:</b>  		
b. Mental Retardation	YES	NO
<b>Verification:</b>  		
c. Emotional Disturbance	YES	NO
<b>Verification:</b>  		
d. Environmental, Cultural or Economic Disadvantage and/or Limited English Proficiency?	YES	NO
<b>Verification:</b>  		

*To be eligible, the answer to all of Question 6 must be no. Proceed to next question.*

7. Relevant behavior noted during the observation(s) and its relationship to academic functioning:		
<b>Required Assessment:</b> Classroom Observation _____ by _____ on _____  		
<i>The child must be observed in learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.</i>		

<b>8. Educationally relevant medical findings:</b>	<b>YES</b>	<b>NO</b>
<b>If yes, specify:</b>		

<b>9. Consistent with Ed 1107.04, are the evaluations utilized valid, reliable and performed by qualified individuals?</b>	<b>YES</b>	<b>NO</b>
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**Eligibility Conclusions:**

<b>1. Does a specific learning disability exist?</b> <i>To be eligible, answers to questions 1, 2, and 3 must each be "Yes," and the answers to questions 4 and 5 must each be "No."</i>	<b>YES</b>	<b>NO</b>
<b>Summarize basis for decision:</b>		

*To be eligible, the answer to Question 1 must be yes. Proceed to Question 2.*

<b>2. If there is a specific learning disability, does the child require special education and related services because of that disability?</b>	<b>YES</b>	<b>NO</b>
<b>Verification:</b>		

*If the answers to questions 1 and 2 are "yes," the student qualifies as a child with a specific learning disability. If the answer to either question is "no," then the student is ineligible under this identification.. Team members should certify their agreement or disagreement by signing below.*

**I certify that this report reflects my conclusions:**

<b>NAME and TITLE:</b>	<b>NAME and TITLE:</b>