**Deer Park Independent School District**

**Department of Special Services**

**Request for Learning Disability Evaluation Section 1 Supplement Part A & B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of student: |        |  | ID number: |        |

**Section 1, Parts A and B are required for all referrals for initial / new L.D. evaluations in any of the domain(s) below:**

Domain(s) of suspected LD based on the SST’s review of the RtI data and school records:

|  |  |
| --- | --- |
| * Basic Reading (phonological/phonics/fluency)
 |        |
| * Reading Comprehension (vocabulary/comprehension)
 |        |
| * Writing (spelling)
 |        |
| * Writing (expression of ideas)
 |        |
| * Oral Language (oral expression)
* Oral Language (listening comprehension)
 |        |
| * Math (calculation)
 |        |
| * Math (problem solving)
 |        |

**Instructions for form completion:**

Prior to completing the referral documents, all Exclusionary Factors for LD Summary Indicators (Part A) and Determinant Factors for LD (Part B) must be reviewed and signed-off on by the Campus Administrator or designee. Please note this Supplemental form is the responsibility of SST committee to complete for Learning Disability referrals only. The purpose of this document is for staff members to have a clear understanding of factors (as required by law/by IDEA) that must be taken into consideration when determining eligibility as a student with a Learning Disability in one or more of the categories listed above. The completion of this form is not the responsibility of the assessment staff. This form can be completed electronically or by hand. This form must accompany Section 1 for all LD initial referrals.

* Part A:
	+ Exclusionary Factors for LD, pages 2 - 5
	+ Signature required for: Outcome 1, or Outcome 2, page 6
	+ When completing Section A, if you are unsure of an answer please leave it blank and highlight at the SST meeting
	+ Extenuating Circumstances should be noted by campus administrator or designee when applicable
* Part B:
	+ History of Academic Difficulty, page 7
	+ Current Academic Problems, page 7
	+ Participation in RtI, page 8
	+ Signature required for: Outcome 1, or Outcome 2, page 8

**Section 1, Part B Worksheet:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exclusionary Factors**The relevant campus staff members, using the most current and complete data available, *considered and ruled-out each of the Federally mandated factors*, which may explain significant performance gaps in children suspected of having a learning disability. | **Questions to Consider** | **Y/N** | **Summary Indicators:**Is there reason to suspect this area may be a primary contributing factor to the specified academic performance problem? |
| **Vision** | Does the student have a history of difficulties with vision? |  [ ] Yes  [ ] No |  |
|  | Does the student wear glasses? |  [ ] Yes  [ ] No |  |
|  | Are there barriers that prevent the student from routinely wear glasses during instruction? |  [ ] Yes  [ ] No | [ ]  YES |
|  | Did the student fail to pass a recent (within one school year) vision test completed by school nurse? |  [ ] Yes  [ ] No | or |
|  | Has the student complained about not being able to see? |  [ ] Yes  [ ] No | [ ]  NO |
|  | Did the child fail to pass the Near-Vision Screener? |  [ ] Yes  [ ] No |  |
|  | Did the child fail to pass the Far-Vision Screener?If Yes, findings:       |  [ ] Yes  [ ] No |  |
|  | If recommended, indicate the follow up results:       |  |  |
| **Hearing** | Does the student have a history of difficulties with hearing (including chronic ear infections)? |  [ ] Yes  [ ] No |  |
|  | Are there barriers to the student wearing hearing aids/devices during the school day? |  [ ] Yes  [ ] No | [ ]  YES |
|  | Has the student complained about not being able to hear? |  [ ] Yes  [ ] No | or |
|  | Did the child fail a hearing screener?If Yes, findings:       |  [ ] Yes  [ ] No | [ ]  NO |
|  | If recommended, indicate the follow up results: |  |  |
|  |       |  |
| **Motor** | Has the student had a history of motor difficulties? |  [ ] Yes  [ ] No |  |
|  | Does the student exhibit fine motor difficulties?If Yes, please note difficulties:       |  [ ] Yes  [ ] No | [ ]  YES |
|  | Does the student exhibit gross motor difficulties?If Yes, please note difficulties:       |  [ ] Yes  [ ] No | [ ]  NO |
|  | Has the student been assessed by OT and/or PT?If Yes, findings:       |  [ ] Yes  [ ] No |  |
|  | Does student utilize motoric assistive devices?If Yes, please list:       |  [ ] Yes  [ ] No |  |

**Section 1, Part B Worksheet:**

|  |  |  |  |
| --- | --- | --- | --- |
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| **Cognitive Development** | Does student exhibit evidence of significant and global cognitive delays? For example, does the student have general difficulties retaining recently taught materials, recalling basic instructions, learning schedules, or applying basic skills in multiple academic domains including ELA and Math? |  [ ] Yes [ ] No | [ ]  YES |
|  | Indicate examples of delays:       |  | or |
|  | Formal IQ/Cognitive scores, if available: |  |  |
|  |       |  | [ ]  NO |
|  | COGAT scores: |  |  |
|  |       |  |  |
| **Adaptive Behavior** | Does the student exhibit evidence of significant delays in the development of basic life skills? For example, given the child’s age does the student demonstrate significant delays in functional communication, awareness of basic personal safety, basic social skills/sharing/turn taking, basic personal hygiene, basic situational problem solving?  |  [ ] Yes [ ] No | [ ]  YESor |
|  | If so, please list:       |  |  |
|  | Does student exhibit severe deficits in academic achievement skills?  |  [ ] Yes [ ] No | [ ]  NO |
|  | If so, please list evidence:       |  |  |
| **Emotional & Behavioral Functioning** | Does the student have a documented history of behavioral problems: |  [ ] Yes [ ] No | [ ]  YES |
|  | Do the students’ behaviors appear to significantly interfere with this student? |  [ ] Yes [ ] No | or |
|  | Have behavior interventions been tried with student? |  [ ] Yes [ ] No | [ ]  NO |
|  | If Yes, have they been successful? List interventions attempted:       |  |  |
| **Environmental or Economically** | Do parents work multiple jobs and have limited time for involvement? |  [ ] Yes [ ] No |  |
| **Disadvantaged** | Is there an apparent lack of access to educational resources and materials at home? |  [ ] Yes [ ] No | [ ]  YESor |
|  | Is there an apparent lack of access to health care and nutrition? |  [ ] Yes [ ] No |  [ ]  NO  |
|  | Is there an apparent lack of adult supervision at home (to include routine times for school work and academic learning)? |  [ ] Yes [ ] No |  |

**Section 1, Part B Worksheet:**

|  |  |  |  |
| --- | --- | --- | --- |
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| **Environmental or Economically****Disadvantaged, Cont’d.** | Is the child exposed to a large number of risk factors (e.g., trauma/ violence, crime, pollution, excessive number of people in the home, etc.)? |  [ ] Yes [ ] No | [ ]  YES |
|  | Is the child currently or in the recent past being followed by the CPS system/case-worker? |  [ ] Yes [ ] No | or |
|  | Is there a history or current status of homelessness with student or family? |  [ ] Yes [ ] No | [ ]  NO |
|  | Is the child currently or in the recent past in foster care/other type of guardianship/away from parents? |  [ ] Yes [ ] No |  |
| **Cultural Factors** | Do the family’s expectations/standards for educational achievement and social-behavior appear to be significantly different than DPSID’s?  |  [ ] Yes [ ] No |  |
|  | If the student is new to the United States, were the child’s prior educational opportunities adequate to support academic skills development? |  [ ] Yes [ ] No |  |
|  | How long has student attended accredited schools in the United States?       |  | [ ]  YES |
|  | Has communication been delayed/complicated between parents and school due to cultural and/or ethnic differences? |  [ ] Yes [ ] No | or[ ]  NO |
|  | Are parents less involved due to cultural and/or language barriers? |  [ ] Yes [ ] No |  |
|  | Did previously administered standardized assessments fail to take into consideration the student’s culture/dominant language? |  [ ] Yes [ ] No |  |
| **Limited English Proficiency** | Did the parent(s) “deny” recommended Bilingual educational services?Dominant language spoken at home per Home Language Survey:       |  [ ] Yes [ ] No |  |
|  | Home Language Survey results are not consistent with child or parent interviews/home visit? |  [ ] Yes [ ] No | [ ]  YES |
|  | Oral Proficiency Scores in: |  | or |
|  | -Native Language:       |  |  |
|  | -English:       |  | [ ]  NO |
|  | BICS Level:       | CALP Level:       |  |  |
|  | Is student currently in a Bilingual program?If so, describe:       |  [ ] Yes [ ] No |  |
|  | Has the student received Bilingual instruction?If so, how long:       |  [ ] Yes [ ] No |  |
|  | Number of years exposed to English instruction:       |  |  |

**Section 1, Part B Worksheet:**

|  |  |  |  |
| --- | --- | --- | --- |
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| **Instructional****Opportunity** | Does the history suggest that the student has received instruction from less than highly qualified teachers (certified in academic area)? |  [ ] Yes [ ] No | [ ]  YES |
|  | If student is currently in elementary, did they attend a bonafide Pre-K and/or Kindergarten program? |  [ ] Yes [ ] No | or |
|  | Does the student have a documented history of excessive absences, to include tardies and school suspension (total exceeds 10% to elapsed school days)? |  [ ] Yes [ ] No | [ ]  NO |
|  | Does the child have a documented history of frequent mobility (e.g., migrant workers, military family, etc.)? |  [ ] Yes [ ] No |  |

**Part A: Exclusionary Factors sign off**

**Outcome 1: Exclusionary Factors review:**

* All **summary indicators above indicate “NO”** and are based on current/accurate data.
* Proceed to Part B of Section 1.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Campus Administrator’s signature |  |  | Date: |  |

|  |  |
| --- | --- |
| Date reviewed by SST: |  |

**Outcome 2: Exclusionary Factors review:**

* One or more **summary indicator(s) above indicates “YES”.**
* The Campus Administrator determined that extenuating circumstances make the Referral for Special Education valid and necessary.
* Campus administrator contacts Executive Director of Special Programs to discuss prior to completing and submitting the referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Campus Administrator’s signature |  |  | Date: |  |

|  |  |
| --- | --- |
| Date reviewed by SST: |  |

**Extenuating Circumstances:**

* Campus Administrator or designee explanation/notes of about “extenuating circumstances”:

**Part B: Determinant Factors for L.D. worksheet**

Prior to completing the referral, all L.D. Determinant Factors must be reviewed and signed-off on by the Campus Administrator or designee.

**Section 1, Part B Worksheet:**

**History of Academic Difficulty**

1. History of norm-referenced universal screening data with scores significantly below grade level (generally at or below the 15th percentile rank or 2nd stanine)

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No | [ ] Not clear/more data needed |

1. Report card grades indicate historic pattern of performance below proficient in LD related area(s).

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No | [ ] Not clear/more data needed |

1. Group administered measures (STAAR/ BM, etc.) indicate historic pattern of performance below proficient in LD related area(s).

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No | [ ] Not clear/more data needed |

**Current Academic Problems**

1. Current universal screening data with scores significantly below grade level (at or below the 15th percentile rank for assigned grade level).

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No | [ ] Not clear/more data needed |

1. Tier 2 progress monitoring data (guideline = three Tier 2 data points forming a trend line that is significantly below the expected range for currently assigned grade level and the performance level is overall significantly below average for grade level).

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No | [ ] Not clear/more data needed |

1. Tier 3 progress monitoring data (recommendation = three Tier 3 data points forming a trend line that is significantly below the expected range for grade level given the intensity and frequency of the intervention sessions).

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No | [ ] Not clear/more data needed |

**Participation in the RtI process**

1. Has the school documented the use of research-based instructional strategies implemented with adequate fidelity (frequency/duration/intensity) to address the student’s specific academic deficits?

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No | [ ] Not clear/more data needed |

1. Has student’s response to instruction been documented through the district recommended progress monitoring?

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No | [ ] Not clear/more data needed |

1. Has documentation been provided to show a strong match between grade level curricula and student skill level?

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No | [ ] Not clear/more data needed |

**Part B: Determinant Factors for L.D. sign-off**

**Outcome 1: LD related determinant factors review:**

* All LD related **items above indicate “YES”** and are based on current/accurate data.
* Referral is completed; parent consent is obtained by the assessment staff member, and the FIE is completed within 45 school days or within the REED specified time frame for re-evals.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Campus Administrator’s signature |  |  | Date: |  |

|  |  |
| --- | --- |
| Date reviewed by SST: |  |

**Outcome 2: LD related determinant factors review:**

* One or more LD related **items in the section above indicates “NO.”**
* The Campus Administrator determined that extenuating circumstances make the Referral for Special Education valid and necessary.
* Campus administrator contacts Executive Director of Special Programs to discuss prior to completing and submitting the referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Campus Administrator’s signature |  |  | Date: |  |

|  |  |
| --- | --- |
| Date reviewed by SST: |  |