

**SANTA CLARA COUNTY
SPECIFIC LEARNING DISABILITY
TEAM DETERMINATION OF ELIGIBILITY**

Student _____ Birthdate _____ Initial Evaluation
 School _____ Date _____ 3-Year Re-evaluation

I. Presence of Severe Discrepancy. (Select either A or B and then complete items II through IV.)

- A. The IEP Team finds a severe discrepancy between measures of intellectual ability and one or more of the following areas of achievement:
- | | | |
|--|---|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Mathematics Reasoning |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Reading Fluency | |
- B. Standard measures do not reveal a severe discrepancy, but the IEP Team finds that a severe discrepancy does Exist based upon the additional documentation provided in the attached report.
 (Complete and attach Specific Learning Disability Discrepancy documentation form)

II. The discrepancy identified in Item I. (above) is directly related to a processing disorder. Yes No
 Check appropriate area(s): Sensory Motor Skills Visual Processing Auditory Processing
 Attention Cognitive Abilities, (including association, conceptualization and expression)

- III. **If any** of the items below (A-E) are checked "Yes", the student may not be identified as having a specific learning disability.
- | | | |
|--|------------------------------|-----------------------------|
| A. The discrepancy is due primarily to limited school experience or poor school attendance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. The discrepancy is a result of environmental, cultural difference or economic disadvantage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. The discrepancy is due primarily to mental retardation or emotional disturbance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. The discrepancy is due primarily to a visual, hearing, or motor disability. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. This discrepancy can be corrected through other regular or categorical services offered within the regular Instructional program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. The discrepancy is due to limited English Proficiency. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. The discrepancy is due to lack of appropriate instruction in reading and math. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- IV. The Student has a specific learning disability. Yes No

- V. Basis for determination of eligibility
- Psychoeducational Evaluation utilizing multiple measures. See attached psychoeducational report.
- Response to Intervention (RTI) _____
- Other (specify) _____

VI. Relevant behavior related to academic functioning, noted during observation _____

See attached Psychoeducational report.

VII. Educationally relevant medical findings, if any (describe) _____

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I agree with the conclusions stated above:

_____ School Psychologist	_____ Date	_____ Special Ed. Admin./Designee	_____ Date
_____ Special Education Teacher	_____ Date	_____ General Education Teacher	_____ Date
_____ LSH Specialist	_____ Date	_____ Reading Teacher	_____ Date
_____ Parent/Guardian	_____ Date	_____ Other	_____ Date

My assessment of this student differs from the above report as follows: Statement (attach additional pages as necessary)

Signature, Title and Date