# Group Evaluation Summary Report and Prior Written Notice of Eligibility Determination: Specific Learning Disabilities – Method B: Combination of RtI and Discrepancy Analysis

(USBE Rules II.J.11.; and IV.C.)

District/School: Date of Meeting:

Student Name: DOB: Grade:

**Definition:** 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 do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia that affects a student’s educational performance. *Specific learning disabilities* does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of intellectual disability; of emotional behavioral disability; or of environmental, cultural, or economic disadvantage.

## All Requirements of USBE Rules II.J.11. Must be Documented Below or Attached

### Instruction Information for Evaluation

Did the group consider data that demonstrate that prior to, or as part of, the referral process, the student was provided appropriate instruction in regular education settings, delivered by qualified personnel? *(Only required for initial evaluation; use N/A for reevaluation.)* Yes No N/A

Did the group consider data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction which was provided to the student’s parent(s) or the student who is an adult? *(Only required for initial evaluation; use N/A for reevaluation.)* Yes No N/A

Is an observation of the student in the student’s learning environment (including the regular classroom setting) documenting the student’s academic performance and behavior in the areas of concern attached? Yes No

Date(s) of observation(s):

Summary of the relevant behavior, if any, noted during the observation of the student and the relationship of that behavior to the student’s academic functioning:

Are there educationally relevant medical findings? Yes No If yes, attach supporting data.

### Specific Learning Disabilities Information

Document data from a variety of sources formal (e.g., Acadience, RISE, etc.) and informal (e.g., classroom data, common formative assessments, progress monitoring, etc.) in one or more of the following areas. Document if the data show the student does not achieve adequately for the student’s age or to meet State-approved grade-level standards when provided with learning experiences and instruction appropriate for the student’s age or State-approved grade-level standards.

| **Area** | **Date** | **Measurement Tool/Method** | **Results** | **Data show the student does not achieve adequately for the student’s age or to meet State-approved grade-level standards (Yes or No)** |
| --- | --- | --- | --- | --- |
| Oral expression |  |  |  |  |
| Basic reading |  |  |  |  |
| Mathematics calculation |  |  |  |  |
| Listening comprehension |  |  |  |  |
| Reading comprehension |  |  |  |  |
| Mathematics problem-solving |  |  |  |  |
| Written expression |  |  |  |  |
| Reading fluency |  |  |  |  |

Are the student’s learning problems primarily the result of any of the following external factors?

| **Factor** | **Yes or No** | **Basis for Decision** |
| --- | --- | --- |
| A visual, hearing, or motor disability |  |  |
| An intellectual disability |  |  |
| An emotional-behavioral disability |  |  |
| Cultural factors |  |  |
| An environmental or economic disadvantage |  |  |
| Limited English proficiency |  |  |

While none of the factors above may be the primary factor in determining eligibility, is there any effect of these factors on the student’s achievement level?

Yes No

If yes, explain:

Parent input:

### Documentation of the Scientific, Evidence-Based Interventions and the Student-Centered Data Collected

The intervention process must include high quality research-based instruction delivered by qualified staff in the general education setting; assessment of student performance that specifically includes universal screening and progress-monitoring; multiple tiers of evidence-based interventions to address individual student difficulties; and strategies for increasing the student’s rate of learning (USBE Rules II.J.11.c.(5)(f)).

| **Area of Concern** | **Instructional Strategy Used** | **Duration (start and end dates)** | **Results (including progress monitoring data)** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Academic Achievement and Intellectual Ability Scores

Document the student’s performance on a standardized, norm-referenced, individually administered achievement measure in the area of the suspected disability and the student’s performance on a standardized, norm-referenced, individually administered measure of intellectual ability (USBE Rules II.J.11.c.(5)(g)(i)).

| **Area** | **Date** | **Measurement Tool/Method** | **Results/Data** |
| --- | --- | --- | --- |
| Achievement – math |  |  |  |
| Achievement – reading |  |  |  |
| Achievement – written expression |  |  |  |
| Intellectual ability |  |  |  |

### Additional Evaluations

If the group completed additional evaluations, summarize below.

| **Area** | **Date** | **Measurement Tool/Method** | **Results/Data** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

Did the student score above the intellectual disability range on a standardized, norm-referenced, individually administered measure of intellectual ability (USBE Rules II.J.11.c.(5)(g)(ii))? Yes No

Attached is the comparison of the standard scores on the tests of achievement and intellectual ability using an LEA board-approved and USBE-reviewed discrepancy analysis (USBE Rules II.J.11.c.(5)(g)(ii)(A)).

Did the group determine the discrepancy analysis represents a severe discrepancy (USBE Rules II.J.11.c.(5)(g)(ii)(A))? Yes No

Document the group’s consideration of the discrepancy analysis as part of this evaluation (USBE Rules II.J.11.c.(5)(g)(ii)(A)):

## Prior Written Notice of Specific Learning Disabilities Eligibility Determination

1. Using the Combination method, did the group determine the student meets the criteria for specific learning disabilities (USBE Rules II.J.11.b.(1)(b))? Yes No
2. Did the group determine the specific learning disability adversely affects the student’s educational performance (USBE Rules II.J.11.b.(4))? Yes No
3. Did the group determine the student requires special education and related services (USBE Rules II.J.11.b.(5))? Yes No
4. Did the group determine the specific learning disability is the student’s primary disability (USBE Rules II.J.11.b.(6))? Yes No
5. Did the group determine a lack of appropriate instruction in reading is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(1))? Yes No
6. Did the group determine a lack of appropriate instruction in mathematics is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(2))? Yes No

All the above are “Yes.” The group determines the student ***is eligible*** for special education and related services under the categorical classification of specific learning disabilities.

At least one of the above is “No.” The group determines the student ***is not eligible*** for special education and related services under the categorical classification of specific learning disabilities.

The following options were considered and rejected for the following reasons:

Other factors that are relevant to this eligibility proposal:

Parents and students who are adults must be provided prior written notice (PWN) in language understandable to the general public in their native language or other mode of communication before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your student/you, or the provision of a free appropriate public education (FAPE) to your student/you (USBE Rules IV.C.).

The Procedural Safeguards under Part B of the Individuals with Disabilities Education Act (IDEA) afford you protection. If you do not have a copy, you may request one from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal/director or special education teacher.

Was a translator/interpreter provided to enable the parent(s)/student who is an adult to participate in the eligibility meeting?

No, translator/interpreter not needed

Yes Translator/Interpreter Signature Date

☐ Your native language or other mode of communication is ***not*** a written language.

**Therefore:**

☐ The notice was translated orally or by other means in your native language or other mode of communication on[date]: by[person]: **AND**

☐ You verified with the translator/interpreter that you understand the content of this notice.

☐ The student is not currently enrolled in the district/charter school. Under Child Find requirements this student’s eligibility determination entitles the student to a free appropriate public education (FAPE) if the student is enrolled in an LEA. Under Utah Special Education Rules VI.B., if the student is enrolled in a nonprofit private school, the student is eligible to receive equitable services, as determined through consultation between the district and the private school. The student may also be eligible for the Carson Smith Scholarship or the Special Needs Opportunity Scholarship Program. If the student receives a scholarship, the student continues to be eligible for equitable services.

## Agreement with Conclusion

Signatures below certify group members’ agreement with this conclusion. Dissenting group members must present a separate statement presenting their conclusions (USBE Rules II.J.11.c.(8)).

***NOTE:*** *The student’s regular education teacher,* *or teacher qualified to teach a student of the student’s age, is a required group member.*

Regular Education Teacher Date Parent/Student who is an Adult Date

Special Education Professional Date Signature/Title Date

Signature/Title Date Signature/Title Date

**Signature below acknowledges receipt of copy of eligibility determination.**

Parent/Student who is an Adult Date