RTI-Based Specific Learning Disability Determination Worksheet

Student Information

Name ___________________________ Date of Birth ___________________ Grade ____ Teacher __________________________

Educational History:

Attendance: ______ Grade(s) retained: _____ ELL/reading or other support services: ____________________________

Information from parent(s) concerning student’s school history and progress: ________________________________

CRITERION 1

Failure to meet age- or grade-level state standards in one of eight areas when provided appropriate instruction.

A. Check the area(s) in which the student did not meet the standard(s):

☐ Oral Expression ☐ Basic Reading Skills ☐ Mathematics Calculation
☐ Listening Comprehension ☐ Reading Fluency Skills ☐ Mathematics Problem Solving
☐ Written Expression ☐ Reading Comprehension

B. List the source(s) of documentation of student performance (examples: score report for state or district assessment, scores from universal screening measures, WIDA ACCESS or other English proficiency scores, norm-referenced assessment scores)

Measure(s) Date(s) Given Student’s Score(s) Proficient Grade-Level/Standard Score(s) a

________________________________________________________________________________________

________________________________________________________________________________________

C. Has student’s failure to meet state standards been discussed with parent(s)? ___ Yes ___ No

Explain: ____________________________________________________________

CRITERION 2

Lack of sufficient progress in response to scientific, research-based intervention in the area(s) identified in Criterion 1

A. List the scientific, research-based specific intervention(s) used with the student (e.g., direct instruction: word identification and error monitoring; strategy instruction in writing: editing and revision; multisensory instruction in math), the dates implemented, how many times per week, and the length of each session. Note the intervention(s) should have been recognized as scientific and research-based by the school district and/or a national resource.

1. Intervention: ___________________________ Dates: _____ – _____ Frequency: _____/week Duration: _____/session

Interventionist: ___________________________ Title/Position: ___________________________

Measure: ___________________________ Baseline: __________ Goal score a: ________ Goal rate of progress a,b: _____/week

Weekly Scores: 1)____ 2)____ 3)____ 4)____ 5)____ 6)____ 7)____ 8)____ 9)____ 10)____ 11)____ 12)____ 13)____ 14)____ 15)____

Student’s rate of progress a: ________/week Will student meet goal by the end of the current school year? ___ Yes ___ No

Outcome: ___________________________

a For students from cultural and/or linguistic minority populations, consider whether to compare this student’s performance with that of “true” peers who are from the same language and/or cultural background.

b If applicable for assessment type (i.e., curriculum-based measures).
CRITERION 2 (continued)

2. Intervention: __________________________ Dates: _____ – _____ Frequency: _____/week Duration: _____/session
Interventionist: __________________________ Title/Position: __________________________
Measure: __________________________ Baseline: __________ Goal score^a: __________ Goal rate of progress^ab: _____/week
Weekly Scores: 1) __________ 2) __________ 3) __________ 4) __________ 5) __________ 6) __________ 7) __________ 8) __________ 9) __________ 10) __________ 11) __________ 12) __________ 13) __________ 14) __________ 15) __________
Student’s rate of progress^a: __________/week Will student meet goal by the end of the current school year? __________ Yes __________ No
Outcome: __________________________

3. Intervention: __________________________ Dates: _____ – _____ Frequency: _____/week Duration: _____/session
Interventionist: __________________________ Title/Position: __________________________
Measure: __________________________ Baseline: __________ Goal score^a: __________ Goal rate of progress^ab: _____/week
Weekly Scores: 1) __________ 2) __________ 3) __________ 4) __________ 5) __________ 6) __________ 7) __________ 8) __________ 9) __________ 10) __________ 11) __________ 12) __________ 13) __________ 14) __________ 15) __________
Student’s rate of progress^a: __________/week Will student meet goal by the end of the current school year? __________ Yes __________ No
Outcome: __________________________

CRITERION 3

Findings are not primarily the result of a visual, hearing, or motor disability, an intellectual disability, emotional disturbance, cultural factors, environmental or economic disadvantage, or limited English proficiency.

A. Information from parent(s) concerning visual, hearing, or motor disability, an intellectual disability, emotional disturbance, medical conditions, cultural factors, environmental or economic disadvantage, or limited English proficiency:
__________________________________________
__________________________________________

B. Does the student have any educationally relevant medical conditions that affect school progress? __________ Yes __________ No
If yes, explain the medical conditions and their effects on school outcomes here:
__________________________________________
__________________________________________

C. Does the student have an Intellectual Disability? __________ Yes __________ No
If yes, do not complete this form and instead refer to the requirements for eligibility on the basis of Intellectual Disability.
D. State the evidence showing whether the student displays any of the following and check the box if it is the PRIMARY factor responsible for the poor performance

☐ Visual impairment: __________________________

☐ Hearing impairment: __________________________

☐ Motor disability: __________________________

☐ Emotional disturbance: __________________________

^a For students from cultural and/or linguistic minority populations, consider whether to compare this student’s performance with that of
“true” peers who are from the same language and/or cultural background.

^b If applicable for assessment type (i.e., curriculum-based measures).
CRITERION 3 (continued)

Environmental or economic disadvantage: ________________________________

Limited English proficiency: ________________________________

Does the team agree that one or more of the above factors affect the student's school success, but there is evidence that none of these factors are the PRIMARY factor responsible for the poor performance?      Yes      No
If yes, explain here how evidence of a Specific Learning Disability is above and beyond the factors identified:

____________________________________________________________________

E. Are there cultural factors that could explain the student's lack of school progress?      Yes      No
If yes, does the team agree that cultural factors affect the student's school success, but there is evidence of a Specific Learning Disability (SLD) above and beyond the presence of the cultural factors?      Yes      No
If yes, explain the cultural factors here:

____________________________________________________________________

CRITERION 4

Underachievement is not due to lack of appropriate instruction in reading \(^c\) or math.

A. Information from parents about the student's school history and access to reading and math instruction:

____________________________________________________________________

B. What core academic instructional program(s) (e.g., materials and methods) were provided to the student with fidelity in the area(s) of concern? ________________

____________________________________________________________________

C. Provide the percentage(s) of students \(^a\) in the same grade as the referred student meeting the proficiency benchmark in the most recent universal screening assessment:

<table>
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<tr>
<th>Grade Level</th>
<th>Measure</th>
<th>Proficient Grade-Level/Standard Score(s)</th>
<th>% of Grade Proficient</th>
<th>Date</th>
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D. Provide the name(s) of teacher(s) who implemented the core instruction:

____________________________________________________________________

E. Was the instruction adequate:
   In reading?      Yes      No
   In math?      Yes      No

If the determinant factor for this student is lack of instruction in reading or math, then the child must not be determined to be a child with a disability (see 300.306).

\(^a\) For students from cultural and/or linguistic minority populations, consider whether to compare this student's performance with that of "true" peers who are from the same language and/or cultural background.

\(^c\) Effective reading instruction should include elements that teach five critical areas of literacy: phonemic awareness; phonics; vocabulary development; reading fluency, including oral reading skills; and reading comprehension strategies (ESEA §1208 (3) and the National Reading Panel, 2000).
CRITERION 5
Observation(s) of student in the learning environment documents academic performance and behavior in areas of difficulty.
A. Provide details of the observation(s) conducted in the student's learning environment. This might include one or more classroom settings.

<table>
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<tr>
<th>Date(s)</th>
<th>Content Area(s)</th>
<th>Teacher(s)</th>
<th>Observation Method(s) &amp; Results</th>
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B. Attach detailed descriptions or reports of the observation(s).

CRITERION 6
Specific documentation for eligibility determination includes required components.
A. This criterion is met by filling out this form accurately and completely and attaching relevant related documents. The team must decide both whether (a) the student has a specific learning disability and (b) whether the student is eligible for special education services. Regarding identification of a specific learning disability, the team can make one of three decisions:

- ☐ 1. Based on the data provided with this worksheet, the team determines that the student has a specific learning disability.
- ☐ 2. As specified in IDEA [34 C.F.R. Section 300.309(c)], the parent(s) and school district can agree to extend the timeline for initial evaluation beyond 60 days.d
- ☐ 3. Based on the data provided with this worksheet, the team determines that the student does not have a specific learning disability.

B. Based on the data provided with this worksheet, the team determines that the student:

- ☐ 1. is eligible for special education services.
- ☐ 2. is not eligible for special education services.

C. If this student does not have an SLD and/or is not eligible for special education, what are the planned steps for meeting this student's current learning needs (e.g. differentiation in Tier 1 core instruction, additional Tier 2 or 3 intervention):

D. Signatures

1. The following team participants agree with the above-stated findings and results:

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<th>Signature</th>
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2. The following team participants DO NOT agree with the above-stated findings and results (these individuals are encouraged to submit a statement and documentation of other findings):

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d The extension must be documented in writing by the school district and include the reason(s) for the extension and the specific date by which the evaluation must be completed, and must be signed by both the parent(s) and a school district representative.

A special thank you to Rachel Brown, Laura Hauerwas, and Amy Scott, who developed this worksheet as a sample form for eligibility determination. Use of the worksheet must be approved by the school district and state department to ensure compliance with federal, state, and district requirements.