



Miami-Dade County Public Schools
Division of Special Education
Language Impaired K-12 Evaluation Team Report

Student ID #	First Name	M.I.	Last Name	Birth Date
Gender	Grade	School		Date Completed

SECTION A: General Education and Minimum Evaluation Procedures *per 6A-6.0331 and 6A-6.030121*

1. **A variety of assessment tools and strategies** were used to gather relevant functional, developmental, and academic information.
- A. Reviewed existing data:
- ☐ Anecdotal ☐ Attendance ☐ Social ☐ Psychological ☐ Medical ☐ Achievement (classroom, district-wide assessments)
- B. Gathered information from the sources below regarding the concerns AND description of language skills:
- ☐ Parent(s)/guardian(s) ☐ Teacher(s) ☐ Student, when appropriate
- C. Documented and dated observation(s) of the student's language skills by a speech-language pathologist (SLP) in one or more setting(s) (attached):
- Date of SLP's observation: Date of SLP's observation:
(second observation optional)
- D. Vision and hearing screenings were completed: ☐ Yes ☐ No
2. The data obtained from the **Response to Intervention (Rti) process** verifies (data attached):
- A. Well-delivered, scientific, research-based instruction and interventions addressing the area(s) of concern were provided in the general or exceptional education setting(s). ☐ Yes ☐ No
- B. Data-based documentation was present of repeated measures of performance and/or functioning at reasonable intervals reflecting the student's response to intervention. ☐ Yes ☐ No
- C. Parent involvement and communication regarding general education interventions were documented on Rti form. ☐ Yes ☐ No
- D. Interventions were implemented for a reasonable period of time with fidelity and intensity that matched student needs. ☐ Yes ☐ No
- E. The results of the scientific, research-based intervention(s) implemented in Tier 2 are summarized below.
- The student
- F. The results of the scientific, research-based intervention(s) implemented in Tier 3 are summarized below.
- The student
3. One or more **standardized instrument(s) designed to measure language skills**** was administered by an SLP (Summary Report FM-7418 or Narrative attached). ☐ Yes ☐ No
- ☐ **If an SLP was unable to use standardized tools, a scientific, research-based alternative was used AND the report documents the rationale for use, results obtained, and basis for recommendations.

SECTION B: Eligibility Consideration for Language Impaired *per 6A-6.030121*

Based on the General Education Procedures and Minimum Evaluation Components, the **Team has determined that:**

1. Due to deficits in the student's language skills, the student does not perform or function adequately for the student's chronological age or grade level standards in one or more of the following areas:
- | | | |
|---|--|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Social Interaction |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Phonological Processing | <input type="checkbox"/> Reading Comprehension |
2. Given the student's response to scientific, research-based interventions, due to deficits in the student's language skills, the student does not make sufficient progress to meet chronological age or grade level standards in one or more of the following areas:
- | | | |
|---|--|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Social Interaction |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Phonological Processing | <input type="checkbox"/> Reading Comprehension |

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SECTION B: Eligibility Consideration for Language Impaired *per 6A-6.030121 and 6A-6.0331 (continued)*

3. Based on comprehensive language evaluation components, evidence of a language impairment is documented by:

- ☐ A. Observations show **significant** language deficits that interfere with the student's functioning or performance in the educational environment.
- ☐ B. Standardized instrument(s)** reveal language deficits **significantly** below the mean in one or more of the areas listed below:
- ☐ Phonology ☐ Morphology ☐ Syntax ☐ Semantics ☐ Pragmatics
- ☐ **If an SLP was unable to use standardized tools, the scientific, research-based alternative used revealed **significant** language deficits in one or more of the areas listed above.
- ☐ **For pragmatic language deficits not verified by standardized instrument(s), the SLP documented at least one additional observation after obtaining consent to evaluate AND information gathered from EACH of the following **supports** the result(s) of the observation(s):
- ☐ Parent(s)/guardian(s) ☐ Teacher(s) ☐ Student, when appropriate

4. Information gathered from parent(s) or guardian(s), teacher(s), and student when appropriate **supports** the results of the standardized instruments and observations conducted. ☐ Yes ☐ No
5. The language deficits are NOT primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency. ☐ Yes ☐ No
6. The student was assessed in all areas related to a suspected disability. ☐ Yes ☐ No
7. Technically sound instruments were used as part of the assessment. ☐ Yes ☐ No
8. No single measure was used as the sole criterion for eligibility consideration. ☐ Yes ☐ No

SECTION C: Determination of Eligibility for Language Impaired *per 6A-6.030121 and 6A-6.0331*

1. Are one or more boxes checked in Section B, number 1? ☐ Yes ☐ No
2. Are one or more boxes checked in Section B, number 2? ☐ Yes ☐ No
3. Are boxes in Section B, number 3A AND 3B checked? ☐ Yes ☐ No
4. Are the answers to section B, numbers 4, 5, 6, 7, and 8 "Yes"? ☐ Yes ☐ No
5. Has the student either not responded adequately to research-based interventions, or have the intensive interventions been effective, but required sustained and substantial effort that may have included the provision of specially designed instruction? ☐ Yes ☐ No
6. Does the student demonstrate a need for special education services? ☐ Yes ☐ No

- ☐ **"Yes"** is checked to **all** statements in **Section C** (above); the student **meets** eligibility criteria for Language Impaired.
- ☐ **"No"** is checked to one or more statements in **Section C** (above); the student **does not meet** eligibility criteria for Language Impaired.

Signatures marked (*) indicate individuals who must be in attendance.

Signature of Speech/Language Pathologist*	Date	Signature of General Education Teacher*	Date
Signature of ESE Teacher/ESE Service Provider	Date	Signature of LEA Representative*	Date
Signature of Student	Date	Signature of Parent/Guardian	Date
Signature of Parent/Guardian	Date	Signature of	Date