

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

Student ID #		First	First Name		. Last Name		Birth Date					
Gender C		Grade	School	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 ob	servation:		f SLP's observation: I observation optional)							
	D. Vision	and hearin	ng screenings were completed:	(33333	,		☐ Yes	☐ No				
 The data obtained from the Response to Intervention (Rti) process verifies (data attached): Well-delivered, scientific, research-based instruction and interventions addressing the area(s of concern were provided in the general or exceptional education setting(s). 								☐ 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.							☐ No				
	C. Parent involvement and communication regarding general education interventions were documented on Rti form.							☐ No				
		ntions wered student	re implemented for a reasonable needs.	of time with fidelity and	d intensity that	☐ Yes	☐ No					
	E. The results of the scientific, research-based intervention(s) implemented in Tier 2 are summarized below.											
	The stu	ıdent										
	F. The res		e scientific, research-based inter	rvention(s)	implemented in Tier 3	3 are summarized I	oelow.					
3.			rdized instrument(s) designe			was	☐ Yes	☐ No				
				able to use standardized tools, a scientific, research-based alternative was used AND the report to use, results obtained, and basis for recommendations.								
SE	CTION B:	Eligibility	Consideration for Language	Impaired	per 6A-6.030121							
Ba	sed on the	General E	ducation Procedures and Minin	num Evalu	ation Components, the	e Team has deteri	mined tha	at:				
1. Due to deficits in the student's language skills, the student does not perform or function adequate chronological age or grade level standards in one or more of the following areas:								student's				
	☐ Oral Expression ☐ Listening Comprehension			Social Interac								
	■ Written	Expression	on L Phonologic	cal Proces	sing	☐ Reading Com	prehensio	n				
2.	the studen	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:										
	☐ Oral Ex	pression	sion				tion					
	☐ Written Expression ☐ Phonological Processing ☐ Reading Comprehens					prehensio	n					

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Student ID #		First Name M.I. Last Name		Last Name	Birth Date									
SE	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:													
	☐ Pho	nology \square Morphology \square	☐ Synta	ıx 🗆 Se	emantics									
	**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):													
	□ F	Parent(s)/guardian(s)	Teacher	(s) \Box	Student, when appropriate									
	•	thered from parent(s) or guresults of the standardized ins	`	, .	r(s), and student when appropriate ervations conducted.	☐ Yes	☐ No							
	The language deficits are NOT primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.													
	The student was assessed in all areas related to a suspected disability.													
7.	Technically sound instruments were used as part of the assessment.													
3.	No single meas	sure was used as the sole cri	terion fo	r eligibility	consideration.	☐ Yes	☐ No							
SE	CTION C: Dete	ermination of Eligibility for	Langua	ge Impair	ed per 6A-6.030121 and 6A-6.0331									
1.	Are one or mor	re boxes checked in Section E	B, numbe	mber 1?			☐ No							
2.	Are one or mor	☐ Yes	☐ No											
3.	Are boxes in Se	☐ Yes	☐ No											
4. Are the answers to section B, numbers 4, 5, 6, 7, and 8 "Yes"?														
	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?													
3.	Does the stude	ent demonstrate a need for sp	oecial ed	ucation se	ervices?	☐ Yes	☐ No							
	"Yes" is check	ed to all statements in Section	on C (ab	ove); the	student meets eligibility criteria for Lang	uage Impa	aired.							
	"No" is checke Language Impa		nts in S e	ection C((above); the student does not meet e	ligibility cr	iteria for							
Sig	natures marked	d (*) indicate individuals who	must be	in attenda	ince.									
Sig	gnature of Speecl	h/Language Pathologist*	Date	<u> </u>	Signature of General Education Teacher*	Dat	te							
Sig	gnature of ESE To	eacher/ESE Service Provider	Date	S	Signature of LEA Representative*	Dat	te							
Sig	gnature of Studen	nt	Date	S	Signature of Parent/Guardian	Dat	te							
Sic	gnature of Parent	/Guardian	Date		Signature of		te							
3	,			_	٠	u	-							