

Miami-Dade County Public Schools
Multidisciplinary Team's Analysis of Specific Learning Disability Eligibility

Complete for all evaluations when considering initial eligibility for a Specific Learning Disability.

Student Name: _____ ID#: _____
School: _____ Grade: _____
Date of Birth: _____ Date: _____

Section A

Area of Concern

- | | | |
|--|--|--|
| <input type="checkbox"/> Basic Reading | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Mathematics Calculation |
| <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Mathematics Problem Solving |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Other: _____ |
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Section B

Analysis of Response to Intervention Data

- Yes No Data is attached (including graphs) detailing intervention(s) and student's response to intervention(s). Indicate type of documentation provided:
- Miami-Dade County Public Schools RtI Comprehensive Evaluation
 - Other source (please specify): _____
- _____
- _____

1. Inclusionary Factors

Refer to the Comprehensive RtI Evaluation report for evidence of all the following factors.

RATE OF PROGRESS: Is the student progressing at a significantly slower rate than is expected in any areas of concern?

- No
- Yes, the student is progressing at a significantly slower rate than expected.
- Yes, the student is currently demonstrating an acceptable rate of progress but requires sustained and substantial effort to close the achievement gap.

PERFORMANCE DISCREPANCY: Is the student's performance discrepant from peers' performance or expected standards in any areas of concern? (Check all that apply)

- No
- Yes, student's performance is below performance of grade-level peers
- Yes, student's performance is below performance of class
- Yes, student's performance is below state/district standards

INSTRUCTIONAL NEED: Are the student's needs in any areas of concern significantly different from the needs of typical peers and of an intensity or type that exceeds general education resources?

- No
- Yes, the student's instructional needs are significantly different and exceed general education resources.

If any of the boxes immediately above is checked "no", the student is NOT eligible for services under the Individual with Disabilities Education Act (IDEA).

2. Exclusionary Factors

Is student's level of performance and rate of progress, primarily, the result of any of the following exclusionary factors? If so, please explain all that apply and document the source of evidence for each area.

- Visual, hearing, or motor disability _____
- Intellectual disability _____
- Emotional/behavioral disability _____
- Irregular pattern of attendance or high mobility rate _____
- Cultural factors _____
- Environmental or economic factors _____
- Classroom behavior _____
- Limited English Proficiency _____

If any of the above exclusionary factors are checked off, the student cannot have a primary eligibility of Specific Learning Disability.

Section C

Eligibility Criteria for a Specific Learning Disability

Refer to the Comprehensive Rtl Evaluation report for evidence of all the following criteria.

Student does not achieve adequately for age or does not meet grade level standards in one or more of the following areas:

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

Yes No Student does not make adequate progress based on response to scientific, research-based intervention.

Yes No The student's progress is not primarily the result of any of the exclusionary factors mentioned above.

Yes No The student's progress is not primarily the result of lack of appropriate instruction.

Yes No The student needs intervention(s) that differ significantly in intensity and duration from what can be provided through general education resources alone.

Yes No **The student demonstrates evidence of eligibility for a specific learning disability.**

Section D

Signatures of group determining eligibility: Each of the following individuals certifies their **agreement** with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of Rule 6A-6.0331.

ESE Administrator/Designee	General Education Teacher	Parent
School Psychologist	Speech/Language Pathologist	Other
Other	Other	Other

The following team members **disagree** with the conclusion of the group. Attach a separate statement presenting each member's conclusion.

Name/Position	Name/Position	Name/Position
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