

Student Name: _____ DOB: _____ Date of Meeting: _____

SPECIAL FACTORS TO BE CONSIDERED

1. Does student require assistive technology devices and/or services or low incidence services, equipment or materials to meet educational goals and objectives? No Yes (specify) _____

2. Is student blind or visually impaired? No Yes
Instruction in Braille and/or the use of Braille will be provided? No Yes
Instruction in Braille and/or the use of Braille is not appropriate because _____

3. Is student deaf or hard of hearing? No Yes
If yes, address the following areas based on student needs: Specialized communication strategies, opportunities for direct instruction, communication with peers and adults in the student's language, and mode of communication

4. Does student's behavior impede learning of self or others? No Yes (describe target behavior briefly)
Specify positive behavior interventions, strategies, and supports:
 Behavior Goals Included Behavior Support Plan (BSP) attached Behavior Intervention Plan (BIP) attached

5. Transition - Activities to support transition (e.g., from infant to preschool, preschool to kindergarten, special education to general education class, middle school to high school, other transitions)

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DISABILITY: PUT #1 TO INDICATE REPORTING SEQUENCE; CHECK ANY OTHERS THAT APPLY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Autistic |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Deaf | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Speech/Language Impairment | |
| <input type="checkbox"/> Est. Med. Disability (0-5) | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> No Disability Identified |

SPECIFIC LEARNING DISABILITY DOCUMENTATION

Complete this section **only** when identifying eligibility as learning disabled.

(Also check all that apply in areas below) (Complete 3 and 4 for Initial and Triennial IEP Reviews)

1. A severe discrepancy exists between intellectual ability and achievement in the following academic area(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> Basic Reading | <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Mathematics Calculation |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Mathematics Reasoning |
| <input type="checkbox"/> Written Expression | | |

2. A disorder exists in the following psychological process(es):

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Attention | <input type="checkbox"/> Visual Processing | <input type="checkbox"/> Auditory Processing | <input type="checkbox"/> Sensory Motor Skills |
| <input type="checkbox"/> Association | <input type="checkbox"/> Conceptualization | <input type="checkbox"/> Expression | |

3. As determined by: standardized tests alternative means (separate report must be attached)

4. Check if true:

- The discrepancy is not the result of environment, cultural difference or economic disadvantage.
- The discrepancy is not the result of visual, hearing, or motor disability or mental retardation.
- The discrepancy is not the result of limited school experience or poor attendance.
- The discrepancy cannot be accommodated through regular or categorical services offered within the regular instructional program.

5. If normative test data did not indicate that a severe discrepancy exists, provide the other supportive documentation such as work samples and group test results that support a severe discrepancy.
