*[insert LEA]*

[ ] New Referral

[ ] Review

[ ] Re-Evaluation

*Interim - Draft as of 3/5/2011*

Rhode Island

**GROUP REVIEW OF REFERRAL AND EVALUATION OR RE-EVALUATION REPORT**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SASID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CA\_\_\_\_\_\_\_\_\_\_

Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Language Proficiency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language Spoken at Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL MEETING (Initial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group Review of Evidence of Prior Instruction, Intervention, Achievement/**

**Performance and Progress:**

**A) Description of appropriate, high-quality, research-based instruction** provided in all educational settings and by trained personnel; interventions of appropriate type, progression and intensity, implemented with fidelity; and data indicating that frequent, repeated, appropriate assessments of this student’s achievement/performance and progress were made, and that results were provided to the child's parents (summarize here or attach summary and indicate location of full documentation records, for example: previous intervention plans (PLPs, ILPs, BIPs), assessment results)

**B) Student’s achievement/performance** (e.g. on assessment that measures progress towards Grade Level/Span Expectation; on district reading/math assessments; on behavioral observations and/or rating scales; on standardized norm-referenced tests; on language proficiency assessments)

|  |  |  |
| --- | --- | --- |
| Assessment | Child’s Performance | Date Administered |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Is the student’s achievement/performance significantly different from his/her peers?**

**YES \_\_\_\_ NO \_\_\_\_**

**C) Progress during Instruction and Intervention**

**1.** Has the child received comprehensive classroom instruction (including supplemental strategies and differentiated instruction)? **YES\_\_\_\_\_ NO\_\_\_\_\_**

**2.** Has the child received individual and/or small group interventions and frequent progress monitoring with reliable and valid measures by classroom teacher and/or other personnel? **YES\_\_\_\_\_ NO\_\_\_\_\_**

**3.** Has the child received two periods of intensive interventions and weekly progress monitoring with reliable and valid measures (including clear evidence of fidelity of implementation) **YES \_\_\_\_\_ NO\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| If NO, what is lacking? | What needs to be done? | Who will do it? | Dates to be completed |
|  |  |  |  |
| Results of Additional Interventions and Monitoring:Date Meeting Reconvened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*When the group has documented (A) and can document “YES” answers from both (B) AND (C1) through (C3), proceed to (C4).*

**4.** Is the difference between the student’s performance and that of his/her peers less at the end of period(s) of intensive interventions than it was at the beginning? (ie: Is the gap between the student’s performance and his/her peers being closed?)

 **[ ]** **Yes**, assessments indicate student’s performance is no longer significantly different than his/her peers.

Can the student’s progress be maintained without intensive support?

**YES\*\_\_\_\_\_ NO\*\*** **\_\_\_\_\_**

*\*If* **YES***, describe effective strategies and interventions.*

*\*\*If* **NO***, proceed to consider suspicion of disability.*

|  |
| --- |
| Effective Strategies, Interventions and Supports (consider curriculum, instruction, environment): |

 **[ ] No**, assessments indicate that even with two periods of intensive intervention student’s performance is still significantly different than his peers. S/he has not made sufficient progress, proceed to consider suspicion of disability and revise interventions being provided.

*When the group has completed sections (A), (B)* ***AND*** *(C) above, proceed to consider suspicion of disability.*

**SUSPICION OF DISABILITY:**

Given the inadequacy of this student’s achievement/performance, and the student’s progress during intensive interventions is there a suspicion that the student might have a disability? **YES\_\_\_\_NO\_\_\_\_**

If **NO**, consider supports needed within general education.

If **YES**, proceed to the assessment questions*.*

**REFERRAL MEETING (Re-evaluation) DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evidence of Prior Instruction, Intervention and Progress:**

Description of appropriate, high-quality, research-based instruction provided in all educational settings and by trained personnel; interventions of appropriate type, progression and intensity, implemented with fidelity; and data indicating that frequent, repeated, appropriate assessments of this student’s achievement/performance and progress were made, and that results were provided to the child's parents (summarize here or attach summary and indicate location of full documentation records).

|  |
| --- |
|  |

***> When evidence of prior instruction, intervention and progress has been shared and discussed by the group, you may proceed to the assessment questions.***

**EVALUATION OR RE-EVALUATION PROCESS**

The Comprehensive Evaluation: If the group agrees there is a suspicion that a student may have a disability and is in need of special education and related services proceed to determine what questions about the student’s performance and needs must still be answered before deciding if there is a disability.

*Assessment Questions and Evidence Gathering:*

After reviewing all the information already gathered, are there questions remaining before a disability determination can be made, confirmed or changed? If not, proceed to the next step, review of evaluation or re-evaluation information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions:** | **Evidence needed: information, interventions and/or assessments** | **Person(s) responsible** | **Date Due** | **Date Done** | **Answers to assessment questions****(Attach documentation)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***When the group has gathered necessary evidence and answered all assessment questions, proceed to review the full and individual comprehensive evaluation or re-evaluation information.*MEETING TO REVIEW**

**EVALUATION OR RE- EVALUATION INFORMATION DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1a.** If the group cannot check both of the following, a disability cannot be determined.

**[ ]** None of the following considerations is the PRIMARY cause of this student’s needs:

 \* lack of appropriate instruction in literacy

\* lack of appropriate instruction in math

\* limited English proficiency

**[ ]** This determination has been made based on evaluative information from a variety of sources, including parent input among others - information from all sources having been documented and carefully considered. [See Sec. 300.306 (c)(1)]

**1b.** Given the answers to your assessment questions, along with all previously-gathered information, and, if applicable, the criteria of one of the following categories the group determination is:

*Learning Disabilities Documentation Form* ***must*** *be attached if the determination is Learning Disability.*

[ ] **No disability** [ ] Developmental Delay [ ] Traumatic Brain Injury

[ ] Learning Disability [ ] Other Health Impairment [ ] Visual Impairment

[ ] Speech/Language Impairment [ ] Orthopedic Impairment [ ] Multiple Disabilities

[ ] Emotional Disturbance [ ] Hearing Impairment [ ] Deaf-Blindness

[ ] Mental Retardation [ ] Autism Spectrum Disorder

**2.** Does the student require special education and related services? YES\_\_\_\_\_ NO\_\_\_\_\_\_

Group conclusions regarding successful/supportive instructional strategies:

|  |
| --- |
|  |

Signatures of participants:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant | Role | MeetingDate | MeetingDate | Determination reflects my conclusions |
| YES | NO\*\* |
|  | LEA Representative |  |  |  |  |
|  | Parent(s) |  |  |  |  |
|  | General Education Teacher(s)\* |  |  |  |  |
|  | Special Education Provider(s) |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\*required for LD decision, also at least one person qualified to conduct individual diagnostic examinations of children*

*\*\*Statement attached*

**LEARNING DISABILITIES DOCUMENTATION FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Extra year(s) in school? Which one(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Observation** - Relevant behavior noted during the observation of the child and the relationship of that behavior to the child's academic functioning, based on documented observation(s) of the child’s academic performance and behavior in the areas of difficulty in appropriate learning environment(s), including the regular classroom or as appropriate the ESL/bilingual education setting. [Observation must comply with the requirements in Sec. 300.310]:

**Medical** - Educationally relevant medical findings:

**Intervention and Student Progress Data**

**[ ]** As part of the evaluation described in Sec. 300.304 through 300.306, the group considered:

1. Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate and specific culturally and linguistically appropriate instruction and interventions in regular education settings, delivered by qualified personnel;
2. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

**[ ]** Documentation is attached of the process used to assess the child's response to research-based intervention, including:

1. The instructional strategies and interventions and student-centered data collection, with evidence of fidelity of implementation; and
2. The documentation that the child's parents were notified about:
3. The State's policies regarding the amount and nature of student performance data that were collected and the general education services that were provided;
4. Strategies and interventions for increasing the child's rate of learning; and

 c. The parents' right to request an evaluation. [Sec. 300.311]

**Basis for Determination of Learning Disability:**

1. Indicate in the following table the student’s response to learning experiences and instruction appropriate for the child's age or State-approved grade level/span expectations and results from the comprehensive evaluation:

|  |  |  |
| --- | --- | --- |
| **Areas:**Check any area below thatmeets the description in both (a) and (b) and include documentation in the child’s special education record | **a) Achievement Gap** Summarize group’s conclusion regarding evidence that the student’s current achievement\* of State-approved Grade Level/Span Expectations and English Language Proficiency Standards is significantly different than his/her peers relative to national normative data with consideration of state and local data when provided with appropriate learning experiences and instruction (\*after provision of appropriate general education learning experiences including at least two periods of intensive interventions). | **AND b) Educational Progress**Summarize group’s conclusion regarding the evidence that the student does not make sufficient progress to meet age or State-approved grade level/span expectations and English Language Proficiency Standards, based on child’s limited responsiveness to intensive scientific, research-based interventions which have been implemented with fidelity.  |
| Oral expression |  |  |
| Listening comprehension |
| Written expression |
| Basic reading skill |
| Reading fluency skills |
| Reading comprehension |
| Mathematics calculation |
| Math. problem solving |

 **In one or more of the eight areas of Table (1), does the student’s performance meet the description under**

 **(a) Achievement Gap AND (b) Educational Progress?**

**YES \_\_\_\_\_ (**both box a. and b. checked)

**NO \_\_\_\_\_** (a determinationof learning disability is not justified)

**2.** If **YES,** consider and check the group’s confirmation of the following requirements:

**[ ]** Student performance in areas indicated above isNOT primarily the result of:

|  |  |
| --- | --- |
| · A visual, hearing, or motor disability; · Mental retardation; · Emotional disturbance;  | · Cultural factors;  · Environmental or economic disadvantage; or· Limited English Proficiency |

**[ ]** The determinant factor of the findings is not any of the following

|  |  |
| --- | --- |
| · Student has lacked appropriate instruction in literacy· Student has lacked appropriate instruction in  math· Student has had extended absences | · Student has had repeated change of schools· Student has had an inconsistent or inappropriate educational program |

**[ ]** This determination has been made based on evaluative information from a variety of sources, including parent input among others - information from all sources having been documented and carefully considered. [See Sec. 300.306 (c)(1)]

*\*\*A learning disability determination cannot be made unless all boxes are checked\*\**

1. On the basis of the group’s findings regarding this student’s response to intervention (Achievement and Educational Progress) and the above considerations, a determination has been made that the child has a specific learning disability **YES \_\_\_\_ NO \_\_\_\_\_**

and needs special education and related services.  **YES \_\_\_\_ NO \_\_\_\_\_**

|  |
| --- |
| Provide recommendations for tailoring instruction and interventions to support the child’s progress:  |

**Additional Group Comment:**