

The Howard County Public School System
Department of Special Education
10910 Route 108
Ellicott City, MD 21042

Evaluation Report Specific Learning Disability (SLD) Supplement

This SLD supplement shall be completed for a student suspected of having a specific learning disability (SLD).

Student: _____ **Date:** _____

1. Classroom Observation

A member of the IEP team, other than the child's general education teacher, shall observe the student's academic performance in a learning environment in which the concerns raised may be observed to document academic performance and behaviors in the areas of difficulty. If the child is younger than school age, the observation shall be conducted in an age appropriate environment.

Date: _____ **Observed by:** _____ (Signature and Title)

Observations relevant to the student's academic performance:

2. Medical Findings

Are there medical findings relevant to the child's academic performance? Yes No If Yes, describe.

3. Pattern of Strengths and Weaknesses

Pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards, or intellectual development are evident in one or more of the following areas: Yes No If Yes, check only the area(s) of strengths and weaknesses that apply.

Strength Weakness

- | | | |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Oral Expression |
| <input type="checkbox"/> | <input type="checkbox"/> | Listening Comprehension |
| <input type="checkbox"/> | <input type="checkbox"/> | Written Expression |
| <input type="checkbox"/> | <input type="checkbox"/> | Basic Reading Skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Reading Fluency Skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Reading Comprehension |
| <input type="checkbox"/> | <input type="checkbox"/> | Mathematics Calculation |
| <input type="checkbox"/> | <input type="checkbox"/> | Mathematics Problem Solving |

4. Exclusionary Factors

Is the pattern of strengths and weaknesses **primarily** a result of any of the following? Yes No If Yes, check area(s) below.

- | | |
|---|--|
| <input type="checkbox"/> A visual, hearing, or motor disability | <input type="checkbox"/> Cultural factors |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Environmental, cultural, or economic disadvantage |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Lack of appropriate instruction in math |
| <input type="checkbox"/> Lack of appropriate instruction in reading | <input type="checkbox"/> Limited English proficiency |

5. Psychological Processes

There is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations.
Yes No

6. Determination of Disability

The IEP team shall determine that a child has a Specific Learning Disability if the child does not achieve adequately for the child's age or meet State-approved grade level standards when provided with learning experiences appropriate for the child's age and ability levels in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving.

Based on assessment reports and the above documentation, does the student have a Specific Learning Disability which requires special education? Yes No

7. Signature and Titles of the IEP Team

Signatures below certify that this report reflects the IEP team members' conclusions. A member who does not concur must attach a signed, written statement presenting his or her conclusions including reasons for disagreement and supporting information.

Chairperson: _____

School
Psychologist: _____

Special Educator: _____

Other: _____

General Educator: _____

Other: _____

SE 2 SLD (1999)

Attach to complete set of assessment reports

Parent