

## Department of Special Education

**Specific Learning Disability Supplement**

Student Name:

Student ID:

Date:

**Part I: The Presence of a Disorder or Condition:**

1(a): Has a condition been identified per COMAR 13A.05.01.03(B)(73)(b)?

☐ Yes ☐ No

If yes, please select the identified condition(s) and describe the source(s) of assessment data. Conditions include, but are not limited to:

☐ Perceptual Disabilities☐ Dyslexia☐ Brain Injury☐ Developmental Aphasia☐ Minimal Brain Dysfunction☐ Dysgraphia☐ Dyscalculia☐ Other:Discussion and source(s) of assessment data:

1(b): Does the student have a disorder in one or more of the basic psychological processes involved in understanding or in using language, written or spoken, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, in accordance with COMAR 13A.05.01.03(B)(73)(a)?

☐ Yes ☐ No

1(c): Was a psychological processing disorder, separate from any conditions in 1(a), identified as part of the current evaluation data?

☐ Yes ☐ No

1(d): Please select the psychological process(es) in which a disorder was found and identify the sources(s) of assessment data. Psychological processes include:

☐ Auditory Comprehension

☐ Language Use

☐ Memory

☐ Mental Control

☐ Orthographic Processing

☐ Phonological Processing

☐ Problem-Solving & Judgement

☐ Processing Speed

☐ Visual

☐ Visual-Motor Integration

Discussion and source(s) of assessment data:

**NOTE:** Even if a student has a condition included in the definition of Specific Learning Disability, the public agency must conduct an evaluation to determine whether the student meets the criteria for identification as a student with a disability under the IDEA. The presence of any of these conditions **may, but does not automatically, form the basis for the determination that a student has a Specific Learning Disability under the IDEA** (34 CFR §§300.304-.311, *Dear Colleague Letter*, United States Department of Education, Office of Special Education and Rehabilitative Services, October 23, 2015, and *Specific Learning Disability & Supplement*, MSDE Technical Assistance Bulletin, July 1, 2017).

**Part II: Educational Impact.** The IEP team may determine that a student has a Specific Learning Disability if the student does not achieve adequately for the student's age or meet state-approved grade level standards when provided with learning experiences

appropriate for the student's age and ability levels in one or more of the specific areas. (COMAR 13A.05.01.06(D)(2) and *Specific Learning Disability & Supplement*, MSDE Technical Assistance Bulletin, July 1, 2017, p. 2).

The IEP team may determine "adequate achievement" by considering evaluative data and appropriate assessments to determine whether the student exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development (COMAR 13A.05.01.06(D)(3)(ii) and *Specific Learning Disability & Supplement*, MSDE Technical Assistance Bulletin, July 1, 2017, p. 2).

2(a) Does the student demonstrate a pattern of strengths and weaknesses in any of the following areas?

	Strength	Weakness	Neither	The Weakness is Related To:
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Performance <input type="checkbox"/> Achievement <input type="checkbox"/> Both
Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Performance <input type="checkbox"/> Achievement <input type="checkbox"/> Both
Basic reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Performance <input type="checkbox"/> Achievement <input type="checkbox"/> Both
Reading fluency skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Performance <input type="checkbox"/> Achievement <input type="checkbox"/> Both
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Performance <input type="checkbox"/> Achievement <input type="checkbox"/> Both
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Performance <input type="checkbox"/> Achievement

				<input type="checkbox"/> Both
Mathematics calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Performance <input type="checkbox"/> Achievement <input type="checkbox"/> Both
Mathematics problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Performance <input type="checkbox"/> Achievement <input type="checkbox"/> Both

Document the basis of the decision(s):

2(b) Is the student achieving adequately in the following areas?

	Yes	No	The student's lack of adequate achievement is based on (check all that apply):
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The student's age <input type="checkbox"/> The state-approved grade level standards <input type="checkbox"/> The student's intellectual development
Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The student's age <input type="checkbox"/> The state-approved grade level standards <input type="checkbox"/> The student's intellectual development
Basic reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The student's age <input type="checkbox"/> The state-approved grade level standards <input type="checkbox"/> The student's intellectual development
Reading fluency skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The student's age <input type="checkbox"/> The state-approved grade level standards

			<input type="checkbox"/> The student's intellectual development
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The student's age <input type="checkbox"/> The state-approved grade level standards <input type="checkbox"/> The student's intellectual development
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The student's age <input type="checkbox"/> The state-approved grade level standards <input type="checkbox"/> The student's intellectual development
Mathematics calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The student's age <input type="checkbox"/> The state-approved grade level standards <input type="checkbox"/> The student's intellectual development
Mathematics problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The student's age <input type="checkbox"/> The state-approved grade level standards <input type="checkbox"/> The student's intellectual development

Document the basis of the decision(s):

2(c) Check all data sources that apply to the discussion and decisions in this section (be sure to utilize a variety of formal and informal data sources).

- ☐ Standardized assessments
- ☐ Intervention data
- ☐ Classroom based assessments
- ☐ School-based assessments
- ☐ Other:

- ☐ Grades
- ☐ County-wide assessments
- ☐ Individual assessments
- ☐ Observation

3. Based on the responses to Questions 2(a) through 2(c), please check one of the following boxes:

	<b>The student does achieve adequately for the student's age, intellectual development, or to meet State-approved grade level standards.</b>	<b>The student does not achieve adequately for the student's age, intellectual development, or to meet state-approved grade level standards.</b>
<b>The student does exhibit a pattern of strengths and weaknesses</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The student does not exhibit a pattern of strengths and weaknesses</b>	<input type="checkbox"/>	<input type="checkbox"/>

If student does not exhibit a pattern of strengths and weaknesses and does not achieve adequately for the student's age, intellectual development, or to meet state-approved grade level standards, provide an explanation.

### **Part III: Other Requirements - Observation**

4. If a student is suspected of being a student with a Specific Learning Disability, or is a student with a Specific Learning Disability, at least one member of the IEP team, other than the student's general education teacher, shall observe the student in the student's learning environment, including the general education classroom setting, to document academic performance and behavior in the areas of difficulty, in accordance with COMAR 13A.05.01.05(B)(5).

Date:                      Observer: **Position:**

**Include (if appropriate) a description of the student's relevant behaviors and the relationship of the behaviors to the student's academic functioning (COMAR 13A.05.01.06(D)(5)(c) and (d)).**

5(a). Does the student have any relevant medical findings (COMAR 13A.05.01.06(D)(5)(e))?

☐ Yes ☐ No

If yes, please describe and document source(s) of findings:

5(b). Is the student's lack of adequate achievement ***primarily*** the result of (COMAR 13A.05.01.06(D)(2)(b)).

	Yes	No
A visual, hearing, or motor impairment	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>

Emotional Disability	<input type="checkbox"/>	<input type="checkbox"/>
Cultural factors	<input type="checkbox"/>	<input type="checkbox"/>
Environmental, cultural, or economic disadvantage	<input type="checkbox"/>	<input type="checkbox"/>
Limited English proficiency	<input type="checkbox"/>	<input type="checkbox"/>

Discussion and data to support the team's determination(s):

If the student has one of the factors in Question 5(b), but the factor is not the **primary** reason for the student's lack of adequate achievement, please include a description of how that factor impacts the student's achievement:

5(c). To ensure that underachievement in a student suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the IEP team shall consider, as part of the evaluation:

### Considered

Prior to, or as part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel

☐

Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, that was provided to the student's parent

☐

Discussion and data considered by the IEP team:



## Part IV: Eligibility Determination

6. Based on the assessment reports and the data and discussion in Part I, does the student have a disorder or condition as required by COMAR 13A.05.01.03(B)(73)?

☐ Yes ☐ No

7. Did the team determine in Part II that the disorder or condition has an adverse educational impact as required by COMAR 13A.05.01.06(D)?

☒ Yes ☐ No ☐ Yes ☒ No

☐ Yes ☐ No

8. Does the student require special education and related services in order to access and make progress in the general education curriculum?

☐ Yes ☐ No

Discussion to support decision:

**If the team answered "NO" to any question in Part IV, the student does not qualify as a student with a Specific Learning Disability.**

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

supporting information.

Administrator or Designee		Signature:
Special Educator		Signature:
General Educator		Signature:
School Psychologist		Signature:
Speech-Language Pathologist		Signature:
Parent/Guardian		Signature:
Parent/Guardian		Signature:
		Signature:

**The Howard County Public School System**  
**Department of Special Education**  
**10910 Clarksville Pike**  
**Ellicott City, MD 21042**

## Evaluation Report Developmental Delay (DD) Supplement

For Students Ages Three Through Seven Years

<b>Student:</b>	<b>Date of Meeting:</b>
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**Team/School Completing Evaluation to Determine Eligibility:**

<b>Student's DOB:</b>	<b>Race:</b>	<b>Home School:</b>
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- Eligibility Status:**
- ☐ New to Special Education
  - ☐ Transition from Infants and Toddlers
  - ☐ Developmental Delay Previously Identified
  - ☐ Change of Disability Category

1. The child meets one or more of the following criteria to be eligible for Developmental Delay:

Check all criteria that apply for this child.

- ☐ Is experiencing at least a 25 percent delay, as measured and verified by appropriate diagnostic instruments and procedures, in one or more of the following developmental areas:
  - ☐ Cognitive development
  - ☐ Communication development
  - ☐ Social or emotional development
  - ☐ Adaptive development
  - ☐ Physical development:
 

☐ Fine Motor

☐ Gross Motor
  
- ☐ Manifests atypical development or behavior which is demonstrated by abnormal quality of performance and function in one or more of the above-specified developmental areas, interferes with current development, and is likely to result in subsequent delay (even when diagnostic instruments or procedures do not document a 25 percent delay). Identify developmental area(s):
  - ☐ Cognitive development
  - ☐ Communication development
  - ☐ Social or emotional development
  - ☐ Adaptive development
  - ☐ Physical development:
 

☐ Fine Motor

☐ Gross Motor
  
- ☐ Has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Examples of these conditions include chromosomal abnormalities, genetic or congenital disorders, severe sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of

the nervous system, congenital infections, disorders secondary to exposure to toxic substances, including fetal alcohol syndrome, and severe attachment disorders.

☐ Does not meet criteria

2. Assessment data and/or student's progress in response to intervention(s) indicates that without special education, the student could not benefit from education. The student requires specially designed instruction in order to support and promote school readiness for the preschool child; or provide meaningful access to the general education curriculum for the school age child. ☐ Yes ☐ No
3. Identify IEP goal area(s) that relate to the student's developmental delay as it affects the student's performance and participation in appropriate preschool activities or in the general curriculum.
4. The IEP team has determined that the child **requires the provision of special education and related services.** ☐ Yes ☐ No
5. The child is eligible for special education services under another category option. ☐ Yes ☐ No  
(Specify: )
6. Based on assessment reports and the above documentation, the IEP team determines that the student meets criteria for education disability of Developmental Delay.  
☐ Yes ☐ No
- Note:** The "Developmental Delay" eligibility category is reevaluated and changed, as appropriate, to another categorical option as the basis for continued eligibility for special education and related services prior to the student turning age eight (8) years.

(Revised November 2014)

Distribution:

☐ Student Folder (*Assessments and Evaluations Folder*)

☐ Parent

**The Howard County Public School System**  
**Department of Special Education**  
**10910 Clarksville Pike**  
**Ellicott City, MD 21042**

## Evaluation Report Attention Deficit Hyperactivity Disorder (ADHD) Supplement

**Student:****Date:**

A student with ADHD who requires special education will meet all the following criteria. For each criterion indicate yes or no and provide additional information as appropriate.

**I. The following criteria shall be used by the school psychologist to identify ADHD and presented to the IEP team:**

- A.** Documentation of ADHD is presented in an assessment report by a certified school psychologist, licensed psychologist, licensed psychiatrist, or medical doctor. (If reports are submitted from non-school personnel, they shall be reviewed by the IEP team to determine if additional assessment data are necessary. The *Review of Independent Assessment* form, SE6R, shall be completed for psychological and psychiatric reports. The *Pediatric Record Review* shall be completed for medical reports.) ☐ Yes ☐ No
- B.** Documentation of the ADHD as a chronic health problem is provided which indicates the degree of impact of the related behavioral characteristics (frequency, pervasiveness across settings, length of time-at least six consecutive months) and the age of onset. ☐ Yes ☐ No
- C.** The student demonstrates limited alertness that is due to inattention, hyperactivity-impulsivity, or heightened alertness/sensitivity to environmental stimuli. DSM V criteria for inattention and hyperactivity-impulsivity shall be used for documenting limited alertness. ☐ Yes ☐ No

All three of the criteria have been met and the student has been identified with ADHD.

☐ Yes ☐ No (Note: If "no", Section IIA, IIB, and IIC shall be answered "no".)

**II. The following criteria shall be used by the IEP team to identify OHI due to ADHD and the need for special education services:**

- A.** Documentation from qualified personnel indicates an adverse impact on the student's educational performance due to ADHD in one or more instructional areas as indicated in at least one of the following: ☐ Yes ☐ No
- ☐ Standardized educational assessment data indicate the student is achieving significantly below grade-level expectations due to the inattention and/or hyperactivity.
  - ☐ A documented pattern of the quantity and/or quality of work indicates the student is not maintaining a similar rate of academic progress as same-age peers.
  - ☐ A documented pattern of the student's limited availability for instructional activities is resulting in a significant, negative impact on educational performance.

Specify which performance indicators were used as evidence of adverse impact on educational performance:

- B.** It is determined that the adverse impact on the student's educational performance as identified above is due to ADHD.

☐ Yes ☐ No

C. The identified ADHD meets the criteria for the educational disability of Other Health Impaired. The student is eligible for special education services.

☐ Yes ☐ No

SE 2 ADHD (2003)

☐ Attach to complete set of assessment reports

☐ Parent

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**Ellicott City, MD 21042**

## Evaluation Report Emotional Disability (ED) Supplement

This ED supplement shall be completed for a student suspected of having an educational disability of Emotional Disability (ED).

**Student:****Date:**

Complete each item in Sections I and II by indicating Yes or No and providing additional information as appropriate.

**I. Criteria**

A student with an educational disability of Emotional Disability who requires special education must meet **ALL** the following criteria listed in sections A and B.

**CONDITION****A. The school psychologist shall determine the following criteria and present documentation to the IEP team:**

Documentation that a condition is present (includes schizophrenia) in an assessment report by a certified school psychologist, licensed psychologist, or a licensed psychiatrist. (If reports are submitted from non-school personnel, they shall be reviewed by the school psychologist to determine whether additional assessment data is necessary to consider evidence of the condition.) ☐ Yes ☐ No

**B. The IEP team shall determine the following criteria:****CHARACTERISTICS****1. The student exhibits one or more of the following characteristics:**

- ☐ Inability to learn which cannot be explained by intellectual, sensory, or health factors
- ☐ Inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- ☐ Inappropriate types of behavior or feelings under normal circumstances
- ☐ A general pervasive mood of unhappiness or depression
- ☐ A tendency to develop physical symptoms or fears associated with personal or school problems

**2. The characteristics selected above are not a result of social maladjustment. ☐ Yes ☐ No****LIMITING CRITERIA****3. The selected characteristics are exhibited over a long period of time. ☐ Yes ☐ No****4. The selected characteristics are exhibited to a marked degree. ☐ Yes ☐ No**

**5. Documentation from qualified personnel indicates that the selected characteristics adversely affect educational performance in one or more instructional areas. ☐**  
 Yes ☐ No

Documentation of IEP Team discussion: (include a description of accommodations and interventions that have been implemented)

6. Because of the condition, the selected characteristics, and the adverse impact on educational performance as identified above, the student requires specially designed instruction that cannot reasonably be provided solely through general education. ☐ Yes ☐ No

**II. Determination of Disability by IEP Team**

Based on assessment reports and the above documentation, the student displays an educational disability of Emotional Disability that requires special education. ☐ Yes  
☐ No

Revised August 2016

☐ Attach to complete set of assessment reports☐ Parent



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## Evaluation Report - Autism Supplement

The Autism Supplement shall be completed by qualified examiners for a child suspected of having an educational disability of Autism, and shall be attached to the IEP Team Meeting Summary.

<b>Student:</b>	<b>Student ID:</b>	<b>Date:</b>
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To qualify for special education, all criteria in I and II must be met. For each criterion indicate Yes or No.

### I. Criteria

A. The IEP Team, when determining whether a child has an educational disability of Autism, shall consider the following criteria:

The child's condition does not include emotional disability as defined by COMAR: ☐ Yes ☐ No

The child's condition significantly affects verbal and nonverbal communication and social interaction: ☐ Yes ☐ No

The child's condition is generally evident before age three: ☐ Yes ☐ No\*

The child's condition may be characterized by: ☐ Yes ☐ No

- (a) Engagement in repetitive activities and stereotyped movements,
- (b) Resistance to environmental change or change in daily routines, and
- (c) Unusual responses to sensory experiences.

B. The child's condition adversely affects educational performance due to the behavioral, communication and social impairments identified in Section A. ☐ Yes ☐ No

*\*A child who manifests the characteristics of Autism after age three could be identified as having Autism if all other criteria in sections A and B are satisfied.*

### II. Determination of Disability by IEP Team

Based on assessment reports that identified the conditions listed above, the student displays an educational disability of Autism that requires special education and related services. ☐ Yes ☐ No

(July 2010) Distribution: ☐ Student Folder (Assessments and Evaluations Folder) ☐ Parent