



**Department of
Education &
Workforce**

PR-04 REFERRAL FOR EVALUATION

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____
STREET: _____ GENDER: Male Female GRADE: _____ TEACHER(S): _____
CITY: _____ STATE: OH ZIP: _____
DATE OF BIRTH: _____ STUDENT'S NATIVE LANGUAGE (if not English): _____

PARENTS' / GUARDIAN INFORMATION

NAME: _____ Add Parent
STREET: _____
CITY: _____ STATE: OH ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

EDUCATIONAL HISTORY

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

Provide data from previous interventions, including Interventions required by rule 3301-35-06 or, for the preschool child, data from early intervention, community or preschool providers:
Data from Interventions

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

Number of school districts attended: _____
Years at present school building: _____

BUILDING OF CURRENT ATTENDANCE:

TEACHER(S): _____
STUDENT'S NATIVE LANGUAGE (if not English): _____
PARENT'S NATIVE LANGUAGE (if not English): _____

Data

Person Initiating

PR-04 REFERRAL FOR EVALUATION

If yes, specify type and purpose:

Does the student have any health/developmental/physical problems of which you are aware? Yes No

If yes, please explain:

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school

For Preschool Children Only (please specify area(s) of concern):

- Eating
- Receptive Communication
- Cognitive
- Vision
- Other
- Developmental Communication
- Expressive Communication
- Fine Motor
- Social/Emotional Behavior
- Toileting
- Hearing
- Play
- Attention
- Gross Motor

Describe any other pertinent information not previously described:

SIGNATURES

Signature of Person Initiating the Referral _____ Signature of Person Receiving the Referral _____

Title _____ Title _____

Date Received **9/6/2020**

Date District Suspects a Disability _____

Person Receiving

A school district may not use interventions to delay unnecessarily a child being evaluated to determine eligibility for special education services. If such interventions have not been implemented prior to referral for evaluation, appropriate interventions shall be implemented during the same sixty-day time frame during which the school district conducts a full and individual evaluation. OAC 3301-51-06 (A)(3)

EVALUATION PLANNING

- Required component of the evaluation process
- Does not require face-to-face meeting
- Parent must be included in the planning process
- Results of planning process must be documented
- Indicate appropriate planning form school age or preschool

Please Note:

If SLD is one of the suspected disabilities and later decided it is not the eligibility determination, Part 3 MUST BE completed and attached to the ETR.



PR-02 Parent Invitation

PR-02 PARENT INVITATION

TO: _____ DATE: _____
FROM: _____ WRITTEN NOTICE NUMBER: _____

I am inviting you to attend a meeting to discuss the educational needs of:

CHILD'S NAME: _____ DATE OF BIRTH: _____

PURPOSE FOR MEETING (Check all that apply):

<input type="checkbox"/> To determine if a child has a suspected disability	<input type="checkbox"/> To discuss transition from early childhood to school-age programs
<input type="checkbox"/> To develop an evaluation plan	<input type="checkbox"/> To discuss transition from school-age to secondary programs/activities
<input type="checkbox"/> To determine eligibility for services as a child with a disability	<input type="checkbox"/> To discuss disciplinary matters
<input type="checkbox"/> To develop, review, and/or revise the student's IEP	<input type="checkbox"/> At your request to discuss: _____
<input type="checkbox"/> To determine reevaluation needs	<input type="checkbox"/> Other: _____

THIS CONFERENCE WILL BE SCHEDULED AS A: (check all that apply)

Face to face meeting Video conference Telephone conference/Conference Call

DATE: _____ TIME: _____ LOCATION: _____

OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:

<input type="checkbox"/> General Education Teacher	<input type="checkbox"/> Student	<input type="checkbox"/> Other
<input type="checkbox"/> Intervention Specialist	<input type="checkbox"/> School Psychologist	_____
<input type="checkbox"/> Speech and Language Pathologist	<input type="checkbox"/> District Representative	_____

You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.

If you would like to schedule the conference at a different time, date, or location, or schedule a different type of meeting, or if you require an interpreter, please contact:

CONTACT: _____ PHONE: _____

RESPONSE TO PARENT INVITATION _____

COMPLETE AND RETURN TO THE CHILD'S SCHOOL

CHILD'S NAME: _____

DATE OF BIRTH: _____

I will attend/participate I will not attend/participate

Another/Others will accompany me (optional)

I would like the location of this meeting changed to: _____

I would like to change the type of meeting to: _____

I would like this meeting rescheduled for the following suggested date and time: _____

A bilingual or sign language interpreter is requested.

Desired language/mode of communication: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PR-02 PARENT INVITATION FORM REVISED BY ODE, JUNE 8, 2017 PAGE 1 of 1

➤ **Parents** must be invited to participate in the evaluation planning process.

➤ If the District decides on holding an actual **Planning Meeting**, a PR-02 must be sent home indicating those who will be involved in the Planning Process.

SCHOOL AGE EVALUATION PLANNING FORM *(Required)*

DATE OF PLAN: _____ INITIAL EVALUATION REEVALUATION

CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

TEAM CHAIRPERSON: _____

TEAM MEMBERS: _____

SUSPECTED DISABILITY(IES): _____ **Disability or Disabilities**

ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY(IES)	Data for Review	REPORT
Information Provided by Parent		
General Intelligence	Sufficient Data Available Additional Testing/Data Needed Not Applicable	
Academic Skills		
Classroom-based Evaluations and Progress in the General Curriculum		
Data from Interventions		
Communicative Status		
Vision		
Hearing		
Social Emotional Status		
Physical Exam/General Health		
Gross Motor		
Fine Motor		
Vocational/Transition		
Background History		
Observations		
Behavior Assessment		
Adaptive Behavior		
Other:		

- The Team has taken into consideration limited English proficiency to plan this assessment
- The Team has taken into consideration possible sources of racial or cultural bias in planning this assessment

SIGNATURES

School District Representative (Name/ Date)

Parent/Guardian (Name/ Date)

General Education Teacher (Name/ Date)

Intervention Specialist (Name/ Date)



Lists the assessment areas related to the suspected disabilities.



Indicates all of the data, not just tests, but all data and documentation that the team currently has or needs to have that addresses the first column.



Documents the **title** of the person responsible for gathering the data and documentation.



Signatures and Dates

Parent Consent

PR-05 PARENT CONSENT FOR EVALUATION

TYPE OF EVALUATION Initial Evaluation Reevaluation (if additional assessment is to be conducted)

PART 1: TO GRANT CONSENT

I HEREBY GIVE MY PERMISSION FOR Annie L to receive an evaluation(s) by designated personnel. I understand the evaluation information will be shared by teachers, principals, and other appropriate school personnel, and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

I have received a copy of my procedural safeguards and I understand the information provided.

Mrs. Molly Lennox Mother 9/6/2022
Signature of parent/legal guardian/custodian, or student (if age 18 or older) Relationship to Child Date

➤ Consent for ANY evaluation must be informed WRITTEN consent, even when NO new testing is required.

➤ Reasonable attempts to involve the parent must be documented.

Remember if informed consent was given via a phone call, the parent still must sign the PR-05

The 60-calendar day timeline to complete an initial evaluation starts on the date the district receives parental consent.

OP-9 Attempts to Obtain Parent Participation (Optional Form) District Name

Child's Name: [redacted] Student ID: [redacted] Grade: [redacted]
 Date of Meeting: [redacted]

- Determination of Suspected Disability
- Initial IEP
- Annual Review of IEP
- Evaluation/Reevaluation
- Other: [redacted]

Meeting proposed for: Date: [redacted] Time: [redacted] Location: [redacted]

Documentation of Attempts to Contact Parents

Forms of Contact	Date(s)	Outcome
Correspondence		
Sent Home notice	8/25/19	No Response
Resent Home Notice	8/30/19	No Response
Telephone Calls		
Called	8/26/2019	No Answer, left message
Phone Call	8/29/2019	No answer, mailbox was full.
Phone Call	9/1/2019	No Answer
Home Visits		
Sent Social Worker to the house	9/2/2019	Nobody was home
Outreach Activities		
Other		
Sent note home With student	9/3/2019	Did not bring back.

Section 300.300(d)(5) of The Regulations

Provides that in order to meet the reasonable efforts requirement, the public agency must document its attempts to obtain parental consent for a reevaluation using the procedures in 34 CFR §300.322(d). These procedures include:

- Detailed records of telephone calls made or attempted and the results of those calls;
- Copies of correspondence sent to the parents and any responses received;
- Detailed records of visits made to the parent's home or place of employment and the results of those visits.

Assessing All Areas Related to the Suspected Disability

Under Federal and State Requirements, school districts must assess children “in all areas related to the suspected disability.”

Must be comprehensive and identify all the child’s special education and related service needs.

All areas of possible need must be assessed.

To address all areas of a suspected disability, a thorough collection of data will need to take place (observations, interventions and assessments) and from a variety of sources (parents, teachers and specialists).

Failure to assess in all areas of suspected disability can result in the failure to provide services to meet each of the child’s needs. If the need is never identified, it cannot be addressed through the IEP.

Required Components - Evaluation

Specific Learning Disability (SLD) OAC 3301-51-06(H)

For reevaluation of students who are in the category of SLD, it is not necessary to redo the intervention process. However, there should be documentation that current observations and assessments in the specific areas of weakness were completed. Updated classroom observations must be completed. 3301-51-06 (H)(4)and (5)

Hearing Impairments (HI): OAC 3301-51-01(B)(10)(d)(vi)



Summary of Required Forms for	Evaluation Referral and Planning
PR-01 Prior Written Notice	Send to parent if the district decides not to initiate the evaluation process
PR-04 Referral for Evaluation	Begins the referral process
PR-02 Parent Invitation	Invite parents to the evaluation planning meeting
Evaluation Planning Form (Component of PR-06)	Documents the results of the evaluation planning meeting
PR-05 Consent for Evaluation	Must be signed by the parent after the evaluation planning
PR-01 Prior Written Notice	Can be sent to parent after the planning meeting explaining all assessments and evaluations proposed

ETR Evaluation Team Report

District:

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: Donna P Horn

POSITION: General Education Teacher

AREAS OF ASSESSMENT: Classroom based evaluations and progress in the general curriculum

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

OBSERVATIONS

SCIENTIFIC, RESEARCH-BASED INTERVENTIONS

NORM-REFERENCED ASSESSMENTS

INTERVIEWS

CURRICULUM-BASED ASSESSMENTS

CLASSROOM-BASED ASSESSMENTS

REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)

OTHER (Specify)

There MUST be information collected and reported in a Part 1 to match all areas stated on the Planning Form as either Data Available or Further Testing Needed.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Evaluator's Signature: _____

Date: _____

Add Part 1

Part 1 Complete



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Individual Evaluator's Assessment

ALL Part 1s are
SUMMARIZED
in the Part 2

ETR Evaluation Team Report District: _____

CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

1 INDIVIDUAL EVALUATOR'S ASSESSMENT
Section to be completed by each individual evaluator

EVALUATOR NAME: _____
POSITION: _____

AREAS OF ASSESSMENT: _____

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES
Indicate the types of assessment strategies used to gather information about the child's performance

<input type="checkbox"/> OBSERVATIONS	<input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS	<input type="checkbox"/> NORM-REFERENCED ASSESSMENTS
<input type="checkbox"/> INTERVIEWS	<input type="checkbox"/> CURRICULUM-BASED ASSESSMENTS	<input type="checkbox"/> CLASSROOM
<input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)	<input type="checkbox"/> OTHER (Specify) _____	

ASSESSMENT INFORMATION
Provide a summary of the information obtained from the assessment results per the evaluation plan, including the child's current level of performance, educational needs, and baseline data

SUMMARY OF ASSESSMENT RESULTS:

DESCRIPTION OF EDUCATIONAL NEEDS:

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Evaluator's Signature: _____ Date: _____

- Source of the assessment, testing or information collection protocols involved;
- The date the assessment was conducted or the date of previously available information; and
- The interpretation of the assessment results where applicable.

Part 2 - Summary of Interventions

ETR Evaluation Team Report District:

CHILD'S NAME: ID NUMBER: DATE OF BIRTH:

2 TEAM SUMMARY
Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary

INTERVENTIONS SUMMARY
Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations provide a summary of interventions routinely provided to this child.

Initial Evaluation:

Reevaluation:

REASON(S) FOR EVALUATION:

SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD:

SUMMARY OF OBSERVATIONS:

MEDICAL INFORMATION:

SUMMARY OF ASSESSMENT RESULTS:

DESCRIPTION OF EDUCATIONAL NEEDS:

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Part 2 Complete

The ETR must contain a summary of the specific interventions provided to the child. If interventions have not been provided prior to referral, interventions can be done at the same time as the evaluation is being conducted.

Interventions may continue to be provided once the initial evaluation process has begun, but the ETR may not be delayed in order to complete interventions. The 60-day timeline from the receipt of the written parental consent to the completion of the initial evaluation may not be exceeded due to the desire to complete current interventions.

The data from interventions provided in an initial evaluation will be documented on the PR-04.

Summary of Interventions Initial Evaluations

ETR Evaluation Team Report

District:

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

2

TEAM SUMMARY

Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary

INTERVENTIONS SUMMARY

Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations provide a summary of interventions routinely provided to this child.

Initial Evaluation:

Reevaluation:

REASON(S) FOR EVALUATION:

SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD:

SUMMARY OF OBSERVATIONS:

MEDICAL INFORMATION:

SUMMARY OF ASSESSMENT RESULTS:

DESCRIPTION OF EDUCATIONAL NEEDS:

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Part 2 Complete

Summary of Interventions MUST Include:

Research-based or Evidence-based Intervention(s) provided

Length of Time – Number of weeks/months

How Often interventions were applied

&

How Many minutes each intervention sessions lasted

The Results of the intervention(s) compared to the baseline



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Summary of Interventions Reevaluations

Reevaluation:



NO!

- Specially Designed Instruction, Accommodations, and Modifications does NOT need to be summarized in this Part

YES!

- Other specific interventions not documented in the IEP

NOTE

- If no interventions were provided, there must be a statement to that effect in this part

It was determined by the ETR team that the student is making adequate progress with current special education supports and services.



Reason(s) for Evaluation

REASON(S) FOR EVALUATION:

Should refer to the need to determine continued qualification, or initial qualification for services under IDEA



Information Provided by Parent

- Required to be addressed
- May become a component of any initial evaluation or reevaluation upon team agreement
- Must be documented in Part 1
- Summarized in Part 2

 Interviews, checklists, or questionnaires can be utilized, with relevant information summarized in the Part 1.

Operating Standards 3301-51-06(F)(1)(a)(i)

Summary of Observations

SUMMARY OF OBSERVATIONS:

- Required for all initial evaluations and reevaluations for ALL Disabilities
- Summary of child's academic performance and behavior in the areas of suspected disability
- **Must be documented in PART 1 of the ETR**
- Children who are out of school for medical or disciplinary reasons should be observed in an environment appropriate for a child of that age and familiar to the child.
- Informed parental consent (PR-05)
- Should take place in the typical learning environment
- May not occur during actual testing or assessment procedures
- **Setting where behavior or skill is most likely to occur or present itself**
- Must be relevant to the suspected disability

Medical Information

MEDICAL INFORMATION:

- Must be educationally relevant and current
- Should include concerns or conditions that could affect the child's ability to participate in the general education curriculum
- Any medical procedures that may be required during the school day must be addressed
- Include any medically-related assistive technology
- **Note: Medical diagnosis alone does not support eligibility determination**



Must be summarized in a Part 1 and Part 2



Current Classroom-Based Observations

Current is not defined in the state or federal rules, but, in general, would be:

- Conducted during the Current School Year
- Done at least within the past 12 Months



IEP teams should always use the most current assessment data for evaluations and must consider the relevancy and validity of older assessments.

Classroom-Based Evaluation

ETR Evaluation Team Report District: _____

CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Part 1 to be completed by each individual evaluator

EVALUATOR NAME: _____
POSITION: **General Education Teacher / Intervention Specialist**

AREAS OF ASSESSMENT: **Classroom based evaluation and Progress in the General Curriculum**

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

- OBSERVATIONS SCIENTIFIC, RESEARCH-BASED INTERVENTIONS NORM-REFERENCED ASSESSMENTS
- INTERVIEWS CURRICULUM-BASED ASSESSMENTS CLASSROOM-BASED ASSESSMENTS
- REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY) OTHER (Specify) _____

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan, including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

Summarize any information from Interviews, Checklist or Questionnaire

DESCRIPTION OF EDUCATIONAL NEEDS:

Must be completed

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Must be completed

Evaluator's Signature: _____ Date: _____

Add Part 1

Part 1 Complete

Classroom-based evaluations and Progress in the General Curriculum Part 1s can be completed by general education teachers as well as any intervention specialist who is working with the student to provide the needed information for this assessment.

If this information is provided through an interview, checklist, or questionnaire, you must provide a summary of all the answers, comments or areas checked off on the checklist.

Description of Educational Needs as well as Implications for Instruction and Progress Monitoring will also need to be completed.

Part 2 - Summary of Assessment Results

SUMMARY OF ASSESSMENT RESULTS:

The summary of all assessment results should include:

- Key findings reported
- Relationships suspected
disability
- Child's performance compared to baseline data
- Language understandable to all team members

Limit the use of Percentile Scores, Stanine Scores, Standard Scores along with specific charts and graphs.

Part 2 - Description of Educational Needs

DESCRIPTION OF EDUCATIONAL NEEDS:

- How the child qualifies for special education services and/or related services
- Ties directly to implications for instruction
- Allow accurate supports and services to be identified
- **This description should:**
 - Include relevant strengths and weaknesses from all Part 1s completed
 - Be clear and concise
 - Include current skills and functional levels
 - Explain difficulty in accessing or making progress in general education curriculum
 - Be in language understandable to all team members
 - Provide direction for access to the general education curriculum
 - Consider results of interventions

These are **suggested** educational needs.
Be careful not to predetermine services.

Part 2 - Implications for Instruction

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

- Proposed supports and services
- Address educational and functional needs
- NOT a list of accommodations or modifications
- Suggestions for progress monitoring and data collection procedures



Consider using words like “may benefit”, “might”, and “might need” when suggesting Implications for Instruction



A Qualified Team

For Initial Evaluations, this group includes:

1. Parent

2. A group of qualified professionals including;

- The child's general education teacher.

- Person qualified to conduct individual diagnostic examinations and interpret the results of those examinations (e.g., as a School Psychologist)

- District Representative

3. Additional group members for children with specific learning disability (SLD)

4. When appropriate, the child

➤ Qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of

➤ The child's general education teacher; or if the child does not have a general education teacher, a general education classroom teacher qualified to teach a child of his or her age; or

➤ For a child of less than school age, an individual qualified by the State Educational Agency (SEA) to teach a child of his or her age; and

➤ At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech language pathologist, or remedial reading teacher.



Reevaluation - Qualified Team

For Reevaluations, the IEP team is the qualified team which includes:

1. Parent
2. General Education Teacher of the child
3. Special Education Provider of the child
4. An individual who can interpret the instructional implications of evaluation results
5. District Representative
6. Other individuals who have knowledge or special expertise
7. The child with a disability

- 
- Qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - Knowledgeable about the general education curriculum; and
 - Knowledgeable about the availability of resources of the school district.



If the child does not have a general education teacher during the day, it is recommended to have a representative who is knowledgeable on the general education curriculum.

Part 4: Eligibility Determination

ETR Evaluation Team Report District:

CHILD'S NAME: ID NUMBER: DATE OF BIRTH:

4 ELIGIBILITY

ELIGIBILITY DETERMINATION

It is the determination of the team that:

The determining factor for the child's poor performance is not due to a lack of appropriate instruction in reading or math or the child's limited English proficiency. For the preschool-age child, the determining factor for the child's poor performance is not due to a lack of preschool pre-academics. YES NO

The child meets the state criteria for having a disability (or continuing to have a disability) based on the data in this document. YES NO

The child demonstrates an educational need that requires specially designed instruction. YES NO

If the response is **NO** to any question, then the child is **NOT** eligible for special education.
If the response to all three questions is **YES**, then the child **IS** eligible for special education.

The child is eligible for special education and related services in the category of:

BASIS FOR ELIGIBILITY DETERMINATION: (or Continued Eligibility)

Provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in OAC Rule 3301-51-01 (B)(10) (Definitions) and OAC Rule 3301-51-06 (Evaluations). Include how the disability affects the child's progress in the general education curriculum.

Part 4 Complete



- Not the result of the lack of appropriate instruction or limited English proficiency
- Presence of a disability adversely affects the child's progress
- Meets Eligibility criteria
- Requires specially designed instruction

Basis for Eligibility Determination Or Continued Eligibility

Remember, if the Planning Form has more than 1 suspected disability, there must be a statement regarding how the student DID NOT meet the other disability qualifications.

BASIS FOR ELIGIBILITY DETERMINATION: (or Continued Eligibility)
Provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in OAC Rule 3301-51-01 (B)(10) (Definitions) and OAC Rule 3301-51-06 (Evaluations). **Include** how the disability affects the child's progress in the general education curriculum.



Part 4 Complete

- Describe how the disability affects the child's progress in the general education curriculum

**Operating Standards 3301-51-01 (B)(10)
(Definitions) and 3301-51-06 (Evaluations)**

Determining Existence of a Specific Learning Disability

A specific learning disability affects the child's ability to listen, think, speak, read, write, spell or do math calculations. It could also include perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia or developmental aphasia.

Operating Standards, 3301-51-01 (B)(10)(d)(x)



Additional Team Members For Determining SLD

1. Parents
2. General education teacher
3. At least one person qualified to **conduct** individual diagnostic examinations of children (School Psychologist, Speech-Language Pathologist, or Remedial Reading Teacher)

This last requirement differs from the team requirement for initial or reevaluations in other disability categories in that, for Specific Learning Disability evaluations, this person must be qualified to conduct assessments, not simply interpret the results of the assessments.



SLD: Required Parent Notification

➤ State policies regarding the amount and nature of student performance data that would be collected, and the general education services provided

➤ Strategies used to increase the rate of learning

➤ Right to request an evaluation

ETR Evaluation Team Report District: _____

CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

3 SPECIFIC LEARNING DISABILITY DOCUMENTATION FOR DETERMINATION

REQUIRED NOTIFICATION

If the child has participated in a process that assesses the child's response to scientific, research-based intervention, indicate if the parents were notified about the following prior to the evaluation:

The state's policies regarding the amount and nature of student performance data that would be collected and the general services that would be provided. YES NO

Strategies for increasing the child's rate of learning YES NO

The parents' right to request an evaluation YES NO

Section A must be completed
Either Section B OR Section C must be completed

A. IDENTIFIED AREAS

Identify one or more of the following areas in which the team has determined that the child is not achieving adequately for the child's age or state-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or state-approved grade level standards.

Oral Expression Reading Fluency Skills Written Expression Mathematics Calculation
 Listening Comprehension Reading Comprehension Basic Reading Skill Mathematics Problem solving

B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION

Assessment information should be summarized in this section if the evaluation team used a process based on the child's response to scientific, research-based interventions to determine whether the child has a specific learning disability in one or more of the areas identified in Section A.

C. PATTERNS OF STRENGTHS AND WEAKNESSES

Assessment information should be summarized in this section, if the evaluation team used alternative research-based procedures to determine if the child exhibited a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards or intellectual development that the team determined to be relevant to the identification of a specific learning disability in one or more of the areas identified in Section A.

D. EXCLUSIONARY FACTORS

The evaluation team has determined that its findings are NOT primarily the result of:

A Visual, Hearing, or Motor Disability Limited English Proficiency
 Intellectual Disability Environmental or Economic Disadvantage
 Emotional Disturbance Cultural Factors

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Identified Areas for Specific Learning Disability

ETR Evaluation Team Report District: _____

CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

3 SPECIFIC LEARNING DISABILITY DOCUMENTATION FOR DETERMINATION

REQUIRED NOTIFICATION
If the child has participated in a process that assesses the child's response to scientific, research-based intervention, indicate if the parents were notified about the following prior to the evaluation:

The state's policies regarding the amount and nature of student performance data that would be collected and the general services that would be provided. YES NO

Strategies for increasing the child's rate of learning YES NO

The parents' right to request an evaluation YES NO

Section A must be completed
Either Section B OR Section C must be completed

A. IDENTIFIED AREAS
Identify one or more of the following areas in which the team has determined that the child is not achieving adequately for the child's age or state-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or state-approved grade level standards.

Oral Expression Reading Fluency Skills Written Expression Mathematics Calculation
 Listening Comprehension Reading Comprehension Basic Reading Skill Mathematics Problem solving

B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION
Assessment information should be summarized in this section if the evaluation team used a process based on the child's response to scientific, research-based interventions to determine whether the child has a specific learning disability in one or more of the areas identified in Section A.

C. PATTERNS OF STRENGTHS AND WEAKNESSES
Assessment information should be summarized in this section, if the evaluation team used alternative research-based procedures to determine if the child exhibited a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards or intellectual development that the team determined to be relevant to the identification of a specific learning disability in one or more of the areas identified in Section A.

D. EXCLUSIONARY FACTORS
The evaluation team has determined that its findings are NOT primarily the result of:

A Visual, Hearing, or Motor Disability Limited English Proficiency
 Intellectual Disability Environmental or Economic Disadvantage
 Emotional Disturbance Cultural Factors

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The child does not achieve adequately for the child's age or to meet state-approved, grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or state-approved grade level standards.

- Oral expression;
- Listening comprehension;
- Reading fluency skills;
- Reading comprehension;
- Written expression;
- Basic reading skills;
- Mathematics calculation; or
- Mathematics problem-solving.



Criterion for Determination of SLD

ETR Evaluation Team Report District: _____

CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

3 SPECIFIC LEARNING DISABILITY DOCUMENTATION FOR DETERMINATION

REQUIRED NOTIFICATION
If the child has participated in a process that assesses the child's response to scientific, research based intervention, indicate if the parents were notified about the following prior to the evaluation:

The state's policies regarding the amount and nature of student performance data that would be collected and the general services that would be provided. YES NO

Strategies for increasing the child's rate of learning YES NO

The parents' right to request an evaluation YES NO

Section A must be completed
Either Section B OR Section C must be completed

A. IDENTIFIED AREAS
Identify one or more of the following areas in which the team has determined that the child is not achieving adequately for the child's age or state-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or state-approved grade level standards.

Oral Expression Reading Fluency Skills Written Expression Mathematics Calculation
 Listening Comprehension Reading Comprehension Basic Reading Skill Mathematics Problem solving

B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION
Assessment information should be summarized in this section if the evaluation team used a process based on the child's response to scientific, research-based interventions to determine whether the child has a specific learning disability in one or more of the areas identified in Section A.

C. PATTERNS OF STRENGTHS AND WEAKNESSES
Assessment information should be summarized in this section, if the evaluation team used alternative research-based procedures to determine if the child exhibited a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards or intellectual development that the team determined to be relevant to the identification of a specific learning disability in one or more of the areas identified in Section A.

D. EXCLUSIONARY FACTORS
The evaluation team has determined that its findings are NOT primarily the result of:

A Visual, Hearing, or Motor Disability Limited English Proficiency
 Intellectual Disability Environmental or Economic Disadvantage
 Emotional Disturbance Cultural Factors

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➤ No single measure can be used

➤ Multiple forms of assessment are required

➤ Current classroom observation must be included

Interventions that are used must be:

- Researched evidence based;
- Provided at appropriate levels of intensity, frequency, duration and integrity; and
- Relative to the child's identified needs.

Patterns of Strengths and Weaknesses

- Part 3(C) patterns of strengths and weaknesses requires prior approval granted by the Ohio Department of Education and Workforce. The district must have a board-adopted procedure for determining Specific Learning Disability.
- Assessment information should be summarized in this section
- This method must establish the child exhibits a pattern of strengths and weaknesses in performance and /or achievement relative to age,
 - State-approved grade-level standards, or
 - Intellectual development.
- Must include data from appropriate assessments



Exclusionary Factors

NOT the result of

D. EXCLUSIONARY FACTORS

The evaluation team has determined that its findings are NOT primarily the result of:

- A Visual, Hearing, or Motor Disability
- Intellectual Disability
- Emotional Disturbance
- Limited English Proficiency
- Environmental or Economic Disadvantage
- Cultural Factors

Appropriate assessments must be conducted to rule out these factors as primary effects causing the apparent disability.

Especially in the initial evaluation process, all possible factors related to the suspected disability must be assessed and considered.



Underachievement due to Lack of Appropriate Instruction

For underachievement due to lack of appropriate instruction, the team must demonstrate with valid and reliable data that:

- The child was provided appropriate instruction; and
- Repeated assessments of achievement were completed at reasonable intervals showing student progress (or lack of).



Underachievement due to Lack of Appropriate Instruction

Interventions that are used to establish this must be:

- Scientifically research based;
- Provided at appropriate levels of intensity, frequency, duration and integrity; and
- Relative to the child's identified needs.

Ongoing Progress Monitoring

Must:

- Include technically adequate assessment procedures;
- Be conducted while the child is receiving evidence-based instruction; and
- Be reported to the child's parents.



Reevaluation for SLD *the District MUST...*

- All assessments required for an SLD initial evaluation (apart from repeating the intervention process)
- Current data
- Current classroom observations
- Current classroom achievement data even for a record review

Remember

You cannot skip any of the evaluation processes for Specific Learning Disability. All the information used in Specific Learning Disability reevaluations need to be updated to reflect current levels of achievement.



FOR MORE INFORMATION

For more information, please visit:

<https://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/>

For further support, contact your State Support Team (SST). To find your SST, please visit:

<https://education.ohio.gov/Topics/District-and-School-Continuous-Improvement/State-Support-Teams>



THANK YOU!

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