**NH LEARNING DISABILITY ELIGIBILITY CHECKLIST**

**10/26/2008**

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| --- | --- | --- | --- | --- | --- |
| **Student:** |  | **School/Grade:** |  | **Date:** |  |

**Specific Learning Disability Definition:**

**The term means 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 to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.**

**Eligibility Questions – Answer All Of Them**

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| **1. Is there a disorder in one or more of the basic psychological processes involved in understanding or using language?**  | **YES** | **NO** |
| **Verification:** |
|  |
| ***To be eligible, the answer to Question 1 must be yes. Proceed to next question.***  |

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| **2. Is the student failing to achieve adequately for the student’s age or to meet State-approved grade level standards in any of the areas below, when provided with learning experiences and instruction appropriate for the student’s age or State approved grade level standards?**  | **YES** | **NO** |
| **If so, identify the area(s):** |
|  **\_\_\_ oral expression \_\_\_ reading fluency skills** **\_\_\_ listening comprehension \_\_\_ reading comprehension**  **\_\_\_ written expression \_\_\_ mathematics calculation** **\_\_\_ basic reading skill \_\_\_ mathematics problem solving** |
| **Verify:** |

***To be eligible, the answer to Question 2 must be yes. Proceed to next question.***

**[*NH Ed 1107.02(a), (b) appears to grant Districts the option of adopting an LD evaluation policy that relies either on 3(a), or 3(b), or on both, in the next step of the eligibility decision. Box 3 would be adjusted accordingly*]**

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| **3. a. Has the student failed to make sufficient progress to meet age or State-approved grade level standards in one or more of the areas identified in Question 2 when using a process based on the student’s response to scientific, research based intervention (RTI);****or** **b. Does the student exhibit a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State approved grade level standards, or intellectual development, that is determined by the IEP team to be relevant to the identification of a specific learning disability, using appropriate assessments?**  | **YES** | **NO** | **N/A** |
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| **Verification:** |

***To be eligible, the answer to Question 3 must be yes. Proceed to next question.***

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| **4. Is the underachievement due to the lack of appropriate instruction in reading or math?** | **YES** | **NO** |
| ***In making this determination, the Team must consider:*** |
| *a) Data that demonstrates that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and* |
| *b) 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.*  |
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***To be eligible, the answer to Question 4 must be no. Proceed to next question.***

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| **5. Is the student’s lack of achievement primarily the result of:** |
| **a. Visual, Hearing or Motor Disability**  | **YES** | **NO** |
| **Verification:** |
| **b. Mental Retardation**  | **YES** | **NO** |
| **Verification:**  |
| **c. Emotional Disturbance**  | **YES** | **NO** |
| **Verification:** |
| **d. Environmental, Cultural or Economic Disadvantage** **and/or Limited English proficiency?** | **YES** | **NO** |
| **Verification:** |

***To be eligible, the answer to all of Question 5 must be no. Proceed to next question.***

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| **6. Relevant behavior noted during the observation(s) and its relationship to academic functioning:** |
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| *The child must be observed in learning environment (including the regular classroom setting) to document the child’s academic performance and behavior in the areas of difficulty.* |

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| **7. Educationally relevant medical findings:** | **YES** | **NO** |
| **If yes, specify:**  |  |  |

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| **8. Are evaluations utilized valid and reliable assessments and performed by qualified individuals, consistent with Ed 1107.04, Table 1100.1?** | **YES** | **NO** |

**Eligibility Conclusions:**

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| --- | --- | --- |
| **1. Does a learning disability exist?** *To be eligible, answers to questions 1, 2, and 3 must each be “Yes,” and the answers to questions 4 and 5 must each be “No.”* | **YES** | **NO** |
| **Summarize basis for decision:** |

***To be eligible, the answer to Question1 must be yes. Proceed to Question 2.***

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| **2. If there is a learning disability, does the child require special education and related services because of that disability?**  | **YES** | **NO** |
| **Verification:** |

***If the answers to questions 1 and 2 are “yes,” the student qualifies as a child with a specific learning disability. If the answer to either question is “no,” then the student is ineligible under this coding. Team members should certify their agreement or disagreement by signing below.***

**I certify that this report reflects my conclusions:**

|  |  |
| --- | --- |
| **NAME and TITLE:** | **NAME and TITLE:** |
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 **I certify that this report does not reflect my conclusion.**

|  |  |
| --- | --- |
| **NAME and TITLE:** | **NAME and TITLE:** |
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**Dissenting members shall submit a separate statement.**

As parents of a student with a disability you have protections under the procedural safeguards, which are enclosed, of the New Hampshire Special Education Rules. Sources for parents to contact to obtain assistance in understanding the provisions of these regulations call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Email:\_\_\_\_\_\_\_\_; or contact New Hampshire Dep’t of Education, Bureau of Special Education, State Office Park South, 101 Pleasant St. Concord, NH***,*** 03301 (603) 271-2299, Fax: (603) 271-1953. Web: www.ed.state.nh.us/education/doe/organization/instruction/bose.htm