

HAMDEN PUBLIC SCHOOLS
Multidisciplinary Evaluation Report
for Students Suspected of Having a Learning Disability

Student: _____ Date of Birth: _____ Grade: _____
School: _____ Date of Report: _____

The following information must be reviewed by the Planning and Placement Team and documented in the appropriate spaces.

1. EVALUATION REQUIREMENTS

A. Alternative strategies: Implementor(s): _____

Strategies <small>[Attach additional information, including math and reading worksheets, as appropriate]</small>	Results	Dates <small>[To/From]</small>
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B. Parental Input: _____

C. Educationally Relevant Medical Findings, if any _____

D. Regular Classroom Observation: _____

Academic activity(ies): _____ Date(s): _____

Observer(s) [team member(s) other than student's regular teacher]: _____

Behavior observed and the relationship to academic functioning: _____

E. Assessment information:

Assessment

Evaluator (Name and Title)

_____	_____
_____	_____
_____	_____
_____	_____

2. CRITERIA Check the criteria used to determine eligibility for students suspected of having a specific learning disability.		CRITERIA MET	
		YES	NO
<input type="checkbox"/>	To determine eligibility for students suspected of having a specific learning disability, the District is utilizing an identification process that determines if the child responds to scientific, research based intervention as a part of the evaluation procedures. (H.R. 1350 Section 614(b)(6)(B)) Documentation is attached to the Multidisciplinary Evaluation Report.		
<input type="checkbox"/>	To determine eligibility for students suspected of having a specific learning disability, the District is utilizing a severe discrepancy model and applying the criteria listed below.		
1. Does a severe discrepancy exist between ability and achievement? If yes, indicate which area(s) below: [Note: at least one area must be identified]		*	
<input type="checkbox"/> listening comprehension <input type="checkbox"/> reading comprehension <input type="checkbox"/> basic reading skills <input type="checkbox"/> oral expression <input type="checkbox"/> written expression <input type="checkbox"/> mathematics calculation <input type="checkbox"/> mathematics reasoning			
2. Has a disorder in one of the basic psychological processes in understanding or in using spoken or written language been identified?		**	
3. (a) Severe discrepancy is <i>primarily</i> due to:		YES	NO
a. Lack of instruction in reading and math ▲ (<i>Based on Math and Reading Worksheets</i>)			
b. Visual, hearing or motor impairments			
c. Mental retardation			
d. Emotional disturbance			
e. Environmental, cultural or economic disadvantage			
f. Limited English proficiency			
g. Motivation			
h. Situational Trauma			
		Note: If all of the (✓)s are in the NO column, then the student meets the criteria for #3.	
3. (b) Has NO been (✓)'d for all items in #3 above (a-h)?			
4. Are special education and related services required to correct the severe discrepancy identified in #1?			

***Criteria #1:** If the severe discrepancy exists, but is not evident in the standardized tests, provide rationale for using clinical judgment.

**** Criteria #2:** If a processing disorder(s) exists, how does it relate to the area(s) of academic concern?

Criteria #3a: ☐ Math and/or Reading Worksheets are attached, (unless math or reading is not an area of weakness)

The planning and placement team has reviewed the information presented and has made the determination that the student has a learning disability and requires special education : ☐ YES (all 4 criteria have been met) ☐ NO

Each team member shall certify in writing that this report reflects her/his conclusion (**Bold** means required).

SIGNATURE

TITLE

_____	Regular Education Teacher
_____	Examiner/special education instruction
_____	Examiner/pupil personnel services
_____	Administrator
_____	Other _____
_____	Other _____

If this report does not reflect a team member's conclusion s/he must indicate below her/his reasons and conclusion.

Name: _____ Title: _____ Signature: _____

Reason(s) and conclusion: _____

