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Specific Learning Disability
MULTIDISCIPLINARY EVALUATION TEAM (MET) SUMMARY

Ionia County Intermediate School District

Student Name _____ MET Report Date _____
Birthdate _____ Grade _____ School Building _____
School District _____ Parent/Guardian _____

PURPOSE

This form will be used by the Multidisciplinary Evaluation Team (MET) to recommend: (Choose One)

☐ Initial eligibility for special education ☐ Change of eligibility for special education

EVALUATION MODEL UTILIZED

☐ Response to Intervention (RtI) ☐ Pattern of Strengths and Weaknesses (PSW)

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a Specific Learning Disability:

Required Information

Evaluator/Date

1. Diagnostic Report(s) including RtI information (if none, write "None")

OR

1. Diagnostic Report(s) including PSW worksheet (if none, write "None")

2. Classroom observation (Include relevant behavior noted and relationship to academic achievement)

3. Educational alternatives used in the classroom and the results

4. Educationally relevant medical information (If none, write "None")

5. Information from parents/guardian

Attach all referenced documents and Review of Existing Evaluation Data (REED) form to this page

DIAGNOSTIC ASSURANCE STATEMENTS

The Multidisciplinary Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

- This student demonstrates both insufficient progress and a lack of achievement relative to age or state approved grade level standards.
- This student's lack of achievement and progress is not primarily the result of a visual, hearing, or motor disability; cognitive or emotional impairment; limited English proficiency; cultural factors; economic or environmental disadvantage; or lack of appropriate instruction.
- This student has been provided with appropriate instruction by qualified personnel and there is data-based documentation of repeated assessments of achievement at reasonable intervals, which were provided to parents.
- This student requires special education programs/services.

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

With enough detail to determine a starting point for instruction, describe this student's present level of academic achievement and functional performance and educational needs, including a description of how the disability affects his/her progress in the general curriculum (or participation in appropriate activities for preschool students.)

ELIGIBILITY RECOMMENDATION

Based upon the above data, it is our opinion that the above student is ☐ Ineligible ☐ Eligible as having a **Specific Learning Disability** in the following areas:

☐ Basic Reading Skills

☐ Reading Fluency

☐ Mathematics Calculation

☐ Oral Expression

☐ Reading Comprehension

☐ Written Expression

☐ Mathematics Problem Solving

☐ Listening Comprehension

Team Members:

MET Chairperson/Title _____

Other/Title _____

General Ed. Teacher _____

Other/Title _____

Minority Report attached (if needed): Signature/Title _____

Name: _____
Date: _____

Worksheet for Charting Patterns of Strengths and Weaknesses

Area(s) of Strength or Weakness	Academic achievement with respect to grade-level expectations		Academic achievement with respect to age-level expectations	Classroom performance with respect to grade-level expectations			
	Progress monitoring, CBM screening or criterion-referenced assessments	State or District wide assessments (i.e. MEAP)	Norm-referenced achievement tests	Curriculum assessments	Grades	Teacher reports	Classroom observation
Basic Reading	S N W	S N W	S N W	S N W	S N W	S N W	S N W
Reading Fluency	S N W	S N W	S N W	S N W	S N W	S N W	S N W
Reading Comp.	S N W	S N W	S N W	S N W	S N W	S N W	S N W
Math Calculation	S N W	S N W	S N W	S N W	S N W	S N W	S N W
Math Reasoning	S N W	S N W	S N W	S N W	S N W	S N W	S N W
Written Expression	S N W	S N W	S N W	S N W	S N W	S N W	S N W
Oral Expression	S N W	S N W	S N W	S N W	S N W	S N W	S N W
Listening Comp.	S N W	S N W	S N W	S N W	S N W	S N W	S N W

Age appropriate functional/intellectual skills
IQ Assessment/Adaptive Behavior Assessment
S N W

S = Strength

N = Neither Strength/Weakness

W = Weakness

The area(s) of Strength is: _____
(Must include at least 3 circled S's for each area OR functional/intellectual)

The area(s) of Weakness is: _____ (Must include at least 4 circled W's in any one area – 1 of which must be an individually administered academic achievement measure)

Suggested Guidelines for Determining Strengths and Weaknesses

Assessment Type	Strength	Weakness
Progress monitoring	Meeting/exceeding aimline	Falling below aimline for at least 4 consecutive weeks
CBM (Benchmark) screening	At "benchmark" level or above grade level median score if using local norms	At "at-risk" level or below 10 th percentile if using local norms
Criterion-referenced assessment	Skills at or above grade level	Skills well below grade level
MEAP	Level 1 or Level 2	Level 3 or Level 4
Norm-referenced tests (Achievement, IQ)	Percentile rank ≥ 30	Percentile rank ≤ 9
Curriculum assessments	Score $\geq 80\%$	Score $\leq 70\%$
Grades	A/B or "meets/exceeds" expectations	D/E or "does not meet" expectations
Teacher report	Based upon professional judgment of teacher in comparing student to others in classroom	Based upon professional judgment of teacher in comparing students to others in classroom
Observations – Academic	Student demonstrates average understanding of academic content in comparison to other students in classroom	Student demonstrates that he/she does not understand the academic content
Observations/Interviews/ Scales – Functional	Student demonstrates typical functional skills in comparison to other students the same age or in the same grade. Percentile rank on scale ≥ 30	Most of the student's functional skills appear to be well below average in comparison to other students the same age or in the same grade. Percentile rank on scale ≤ 9 .

General Education Intervention Documentation Process

Teacher Name: _____ Student Name _____
School: _____ Grade: _____ Date of Birth: _____
Male / Female Parent/Guardian: _____
Address: _____
Day Time Phone: _____ Evening Phone: _____

Step 1: Parent/Teacher Concerns

Parent / Teacher Meeting Date: _____

Check if by phone ☐

Please record the specific concerns expressed to parent(s):

Priority Concern:

Secondary Concern (additional Step 3):

Step 2: Teachers / Principal Meeting Summary

Date of Meeting _____

Date of Next Meeting:

Step 3: Strategy Documentation Page

What is the baseline (current) performance? The student can/ is

What is the specific and measurable short term goal? The student will

Strategy Start Date (after baseline): _____

Baseline				Weekly Progress															
(Label this axis) (scale)																			
Dates																			

Describe strategy designed & materials	When?	How Often?	Person Responsible?

* This form can be reproduced for additional concerns.

Step 4: Conference with Building Principal

Date of Meeting: _____

Recommendations: _____

Teacher Signature: _____

Principal's Signature: _____

Strategy Implementation Checklist

Student Name _____ School _____

1. The student's baseline data in the area(s) of concern was described in specific, measurable terms?	N	Y
2. The goal(s) for the student was described in measurable terms on the written intervention plan?	N	Y
3. A method for measuring progress toward the goal (desired level of performance) was described in writing?	N	Y
4. A strategy to improve student performance was designed in the form of a written intervention plan?	N	Y
5. The frequency of the data collection was specified in writing and was documented weekly?	N	Y
6. There is evidence that the intervention was implemented with integrity?	N	Y
7. There is evidence of the principal's involvement in the General Education Documentation Process.	N	Y
8. The parent(s) of the student receiving the intervention was aware of the identified concern and the intervention process.	N	Y
9. A date for the review of the intervention plan and of the progress monitoring data was specified was scheduled in advance and put in writing?	N	Y
10. A copy of the intervention plan including the progress monitoring data with dates is present?	N	Y

Signature of Principal

Date

References:
IDEA 2004

General Education Intervention Documentation Process Principal's Guide

For use when a teacher approaches with concerns about a student's academic achievement.

Suggested Principal Steps:

1. Teacher approaches principal with a student's academic and/or behavioral concern. Suggested line of questioning:
 - What have you done so far and what previous intervention data exists?
 - Strategies that do not target the true area of concern will not lead to increased achievement. Without assessment data it is difficult to determine the true area of concern.
 - Ask whether or not the teacher has talked with the parents.
 - If ICT is available, ask if the teacher would be willing to participate in the process. Then, complete an ICT Request for Assistance.
 - If ICT is not available or the teacher prefers not to participate, either present the General Education Documentation Process and review the required components or set up a meeting to do so.
2. Review the General Education Documentation Process (Steps 1-3), paying extra attention to the Strategy Documentation Page. (Step 3)
 - Have a conversation about accommodations and strategies/interventions.
 - Accommodations and strategies are supplemental to existing curriculum.
 - Have a conversation about importance of using data to drive instruction. Discuss how to complete the Strategy Documentation Page, including the statement of concern, short term goal, baseline data collection and weekly data collection. The sample documents provided may help you accomplish this.
 - Schedule an appointment for 4-6 weeks to review the data and decide upon future actions.
 - Offer to be available to answer questions along the way.
3. Review the information collected and the Strategy Implementation Checklist. (Step 4) Make a recommendation for future actions. Options include redesign the strategy, set new goals, contact the special education coordinator regarding the possibility of a Review of Existing Evaluation Data (REED) meeting.

General Education Intervention Documentation Process

Teacher's Guide

1. Fill out student information.
2. List the concerns that were discussed with the parent. This discussion may occur prior to or following a meeting with the principal. (Step 1)
3. Meet with the principal to discuss the concerns. Summarize the discussion and the future actions. (Step 2)
4. Identify the specific concern you are choosing to collect data on. (Step 3)
5. Take 3 samples of the student's performance in this area. These are your baseline data points. Chart them on the graph individually. Average them and place this point on the bold line of the graph. This is your starting point. (Step 3)
6. Set a specific short term goal for 4-6 weeks. (Step 3) When estimating reasonable progress within 4-6 weeks, keep in mind these facts:

<u>Working Memory</u>			<u>Repetitions</u>
Age	Memory Capacity	Time on Task	
3	O	5 minutes	80 IQ=55x
5	OO	7 minutes	
7	OOO	9 minutes	
9	OOOO	11 minutes	100 IQ=35x
11	OOOOO	13 minutes	
13	OOOOOO	15 minutes	
15	OOOOOOO	17 minutes	120 IQ=25X

<u>Instructional Match</u>	
Lower than 93% known words = frustrational level	
93% - 97% known words = Instructional match level	
Higher than 97% known words = independent level	

7. Design the strategy to implement and describe it below the graph. (Step 3) This should be something different than you are currently doing. It should be specific to the student's needs and should match the student's current performance level. This strategy should occur regularly, preferably daily. Strategy adjustments may be necessary. Indicate the changes on the graph and in the strategy description.
8. Measure the student's progress toward the goals weekly for at least 4-6 weeks. Clearly label the graph to indicate what is being measured and graph the data collected. (Step 3)

9. Schedule a meeting to discuss the data with the principal and document the recommended next steps: redesign of the strategy, set new goals, contact the special education coordinator to schedule a Review of Existing Evaluation Data (REED) meeting. (Step 4)

How to know if you are implementing a strategy with integrity? (Evidence of the following is required if the information will be used within the special education evaluation process.)

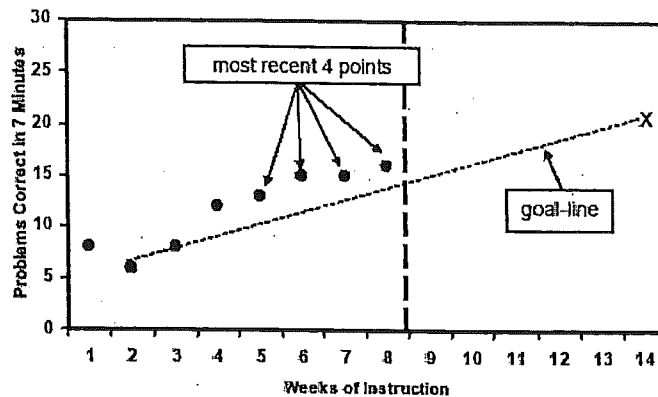
- The student's baseline data was described in specific, measureable terms.
- The goal(s) for the student was described in measurable terms and recorded.
- The method for measuring progress toward the goal was described in writing.
- A strategy to improve student performance was designed and documented.
- Weekly data was collected.
- There is evidence that the intervention was implemented.
- There is documentation of the meetings with the principal.
- The student's parent(s) are aware of the identified concern and the intervention process. They may have even participated in the intervention.
- A meeting to review the data collected was scheduled in advance and documented in writing.
- There is documentation of the intervention plan and the progress monitoring data with dates.

Data Based Decision-Making Reference: 4 Point Rule

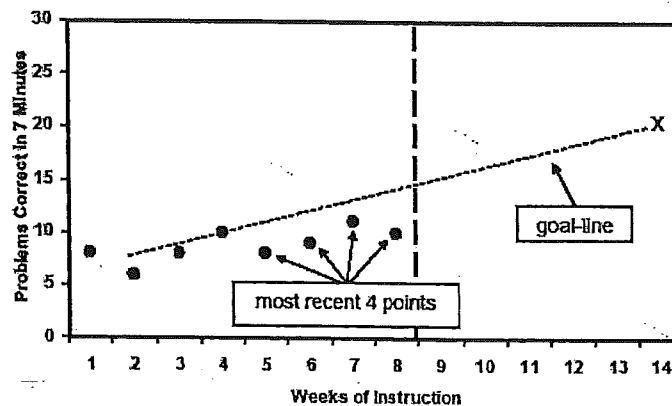
(Fuchs, 2008)

This rule can be applied if 3 weeks of instruction have occurred AND at least 6 points have been collected. To apply the rule, examine the 4 most recent data points.

- If all 4 are above goal line, increase goal



- If all 4 are below goal line, make a teaching change



- If data points are above and below, keep collecting data until the 4 point rule can be applied

Intervention Fidelity Implementation Checklist for ICT

Student Name _____ School _____

1. The student's baseline data in the area(s) of concern was described in specific, measurable terms? (SDF: Step 3)	N	Y
2. The goal(s) for the student was described in measurable terms on the written intervention plan? (SDF: Steps 4-6)	N	Y
3. A method for measuring progress toward the goal (desired level of performance) was described in writing? (SDF: Page 2)	N	Y
4. A strategy to improve student performance was designed in the form of a written intervention plan? (SDF: Page 2)	N	Y
5. The frequency of the data collection was specified in writing and was documented weekly? (SDF: Page 2)	N	Y
6. There is evidence that the intervention was implemented with integrity?	N	Y
7. There is evidence that the intervention plan was developed with the support of the IC team.	N	Y
8. The parent(s) of the student receiving the intervention was aware of the identified concern and the intervention process.	N	Y
9. A date for the review of the intervention plan and of the progress monitoring data was specified was scheduled in advance and put in writing? (SDF: Step 4)	N	Y
10. A copy of the intervention plan including the progress monitoring data with dates is present?	N	Y

Signature of Principal

Date

References:
IDEA 2004

Suggested Questions for Parent Input for Initial Evaluation

Student's Name: _____ Parent/Guardian Name: _____

Method of Interview (Check one): ☐ Personal Interview ☐ Telephone ☐ Written

Person collected input: _____ Date: _____

1. What are some of your child's strengths, interests and/or favorite activities?

2. What does s/he like best about school?

least? _____

3. If your child has homework, does s/he complete it without help? ☐ Yes ☐ No
If no, what type of help is given?

4. What goals do you have for your child for this school year? For older students, long range goals/plans?

5. Do you have any concerns about your child's progress? ☐ Yes ☐ No
If yes, what are they when did you first notice these concerns?

6. Have you seen any recent changes in your child's behavior or school performance? ☐ Yes ☐ No
If yes, please explain:

7. Medical information:

Vision concerns? _____

Wears glasses? _____

Hearing concerns? _____

Wears hearing aid(s)? _____

Any other medical/health concerns? _____

Medical history: accidents, injuries, surgeries? _____

Taking medication (Type, reason, side effects)? _____

Any psychological (thinking/emotional) concerns? _____

8. Has your child had a psychological or education evaluation from outside of the school? ☐ Yes ☐ No
If yes, who did it, when was it done, and what were the results?

9. Has your child had additional community services in the last 3 years (tutoring, counseling, residential care)?
☐ Yes ☐ No If yes, please describe:

10. Home life:

With whom does your child live at home? _____
What language is spoken at home? _____
How well does your child sleep at night? _____
Length of time sleeping? _____
Does your child have a good appetite? _____
Eats a variety of foods? _____

11. Have there been any significant changes in your home or family relationships recently?

☐ Yes ☐ No If yes, please describe: _____

12. Optional Functional Questions – Younger students

a. Communication skills at home: Understands directions? Communicates needs? Converses? _____

b. Types of chores or responsibilities at home? _____

c. Self care skills: (Bathing, brushing teeth, toileting, etc.) _____

d. Behavior in the community: (Behavior in public places, can get to places nearby, orders meals, etc.) _____

e. Follows safety rules at home and in the community (walking, riding bike). _____

f. Leisure: Shares, has friends _____

Optional Functional Questions – Older students

a. Communication skills at home: Understands directions? Communicates needs? Converses? _____

b. Types of chores or responsibilities at home? _____

c. Behavior in the community: Can get to places independently? Shops independently? Knowledge about places in the community like banks, post offices, gas stations, grocery stores, clothing stores? Other? _____

d. Follows safety rules and home and in the community (walking, riding, driving)?
Self-care for minor injuries? _____

e. Leisure: Has friends? Participates in school or community activities? _____

13. Do you have any suggestions for improving the school services being given to your child? ☐ Yes ☐ No
If yes, what are they? _____

14. Is there any other information about your child that you think may be helpful to your child's evaluation?
☐ Yes ☐ No If yes, what? _____

Suggested Questions for Parent Input for Re-evaluation

Student's Name: _____ Parent/Guardian Name: _____

Method of Interview (Check one): ☐ Personal Interview ☐ Telephone ☐ Written

Person collected input: _____ Date: _____

1. What are some of your child's strengths, interests and/or favorite activities?

2. What goals do you have for your child for this school year? For older students, long range goals/plans?

3. Have you seen improvement in your child's academic performance / behavior / speech and language during the past 3 years? ☐ Yes ☐ No Please describe:

4. Do you have any current concerns about your child's progress?

5. Have you seen any recent changes in your child's behavior or school performance? ☐ Yes ☐ No
If yes, please explain:

6. Medical information:
Vision concerns? _____
Wears glasses? _____
Hearing concerns? _____
Wears hearing aid(s)? _____
Any other medical/health concerns?

Medical history: accidents, injuries, surgeries? _____
Taking medication (Type, reason, side effects)? _____
Any psychological (thinking/emotional) concerns?

7. Has your child had a psychological or education evaluation from outside of the school in the last 3 years?
☐ Yes ☐ No If yes, who did it, when was it done, and what were the results?

8. Has your child had additional community services in the last 3 years (tutoring, counseling, residential care)?
☐ Yes ☐ No If yes, please describe:

9. With whom does your child live at home? _____
10. Have there been any significant changes in your home or family relationships during the last 3 years?
☐ Yes ☐ No If yes, please describe:

11. Optional Functional Questions – Younger students

a. Communication skills at home: Understands directions? Communicates needs? Converses?

b. Types of chores or responsibilities at home?

c. Self care skills: (Bathing, brushing teeth, toileting, etc.)

d. Behavior in the community: (Behavior in public places, can get to places nearby, orders meals, etc.)

e. Follows safety rules at home and in the community (walking, riding bike).

f. Leisure: Shares, has friends

Optional Functional Questions – Older students

a. Communication skills at home: Understands directions? Communicates needs? Converses?

b. Types of chores or responsibilities at home?

c. Behavior in the community: Can get to places independently? Shops independently? Knowledge about places in the community like banks, post offices, gas stations, grocery stores, clothing stores? Other?

d. Follows safety rules and home and in the community (walking, riding, driving)?
Self-care for minor injuries?

e. Leisure: Has friends? Participates in school or community activities?

12. Do you think your child continues to need special education services?
Why?

☐ Yes ☐ No

13. Do you have any suggestions for improving the school services being given to your child? ☐ Yes ☐ No
If yes, what are they?

14. Is there any other information about your child that you think may be helpful to your child's 3-year re-evaluation? ☐ Yes ☐ No If yes, what?

Observation Checklist-Elementary

Student: _____ Teacher: _____ Grade: _____ Date: _____
 Observer: _____ Time: _____ Activity: _____

Directions: First, identify the area(s) of concern in the box below. Your observation should focus on the identified area(s). During the observation place a check mark next to the behaviors that are listed within each domain that correlates with the noted area(s) of concern. These checklists are not exhaustive, so you may want to make notes regarding other additional behavior observed, including strengths and behaviors which may interfere with the student's learning.

Check area(s) of concern for SLD evaluation			
<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Reading Fluency	<input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Oral Expression
<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Written Expression	<input type="checkbox"/> Mathematics Problem Solving	<input type="checkbox"/> Listening Comprehension

Academic Skills

Language (Oral Expression, Listening Comprehension, Basic Reading – Phonemic Awareness)	
<input type="checkbox"/> Grade appropriate skills	<input type="checkbox"/> Slow/halting speech, using fillers (e.g., uh, you know, um)
<input type="checkbox"/> Difficulty modulating voice (e.g., too soft, too loud)	<input type="checkbox"/> Difficulty with pronouncing words
<input type="checkbox"/> Difficulty naming people or objects	<input type="checkbox"/> Difficulty rhyming
<input type="checkbox"/> Difficulty staying on topic	<input type="checkbox"/> Difficulty with phonemic awareness tasks
<input type="checkbox"/> Difficulty in explaining things due to lack of vocabulary, articulation, and/or grammar skills	<input type="checkbox"/> Difficulty with pragmatic skills (e.g., ability to use language for various purposes, changing language for the situation, following conversational rules)
<input type="checkbox"/> Difficulty understanding instructions or directions	<input type="checkbox"/> Limited interest in books/stories
<input type="checkbox"/> Difficulty re-telling what has just been said	<input type="checkbox"/> Poor grammar or misuses words in conversation

Notes: _____

Reading (Basic Reading, Reading Comprehension, Reading Fluency)	
<input type="checkbox"/> Grade appropriate skills	<input type="checkbox"/> Difficulty with retention of new vocabulary
<input type="checkbox"/> Difficulty identifying sounds/blending sounds into words	<input type="checkbox"/> Difficulty demonstrating comprehension of sentences/stories
<input type="checkbox"/> Difficulty reading phonetic words	<input type="checkbox"/> Difficulty re-telling what has just been read
<input type="checkbox"/> Difficulty reading irregular sight words	<input type="checkbox"/> Slow oral reading skills that may interfere with comprehension
<input type="checkbox"/> Difficulty when reading sentences: may lose place; omit, insert, substitute, or reverse words; guess from initial sounds; make self-corrections *Skill for Grades 1 and up	

Notes: _____

Written Expression	
<input type="checkbox"/> Grade appropriate skills	<input type="checkbox"/> Difficulty with naming, copying, or writing letters
<input type="checkbox"/> Completes written assignments to grade expectations	<input type="checkbox"/> Frequent letter, number, and symbol reversals
<input type="checkbox"/> Difficulty with holding writing instruments	<input type="checkbox"/> Messy and incomplete writing, with many cross-outs and erasures
<input type="checkbox"/> Difficulty copying/tracing	<input type="checkbox"/> Difficulty remembering shapes of letters and numbers
<input type="checkbox"/> Difficulty with drawing familiar shapes	<input type="checkbox"/> Inaccurate copying skills (e.g., confuses similar looking letters/numbers)
<input type="checkbox"/> Uneven spacing between letters and words, has trouble staying on the lines	<input type="checkbox"/> Poor and inconsistent spelling
<input type="checkbox"/> Difficulty proofreading and self-correcting work	*Skill for Grades 2 and up
*Skill for Grades 2 and up	

Notes: _____

Math (Math Calculation, Math Problem Solving)

<input type="checkbox"/> Grade appropriate skills <input type="checkbox"/> Difficulty in one-to-one correspondence when counting objects <input type="checkbox"/> Difficulty in recognizing numbers <input type="checkbox"/> Difficulty counting by other numbers (2's, 5's, 10's) <input type="checkbox"/> Difficulty telling time or conceptualizing the passage of time *Skills for Grades 2 and up <input type="checkbox"/> Difficulty solving facts and longer equations *Skill for Grades 1 and up	<input type="checkbox"/> Difficulty counting aloud <input type="checkbox"/> Difficulty with comparisons <input type="checkbox"/> Difficulty in matching number symbol to corresponding objects <input type="checkbox"/> Difficulty estimating quantity *Skill for Grades 2 and up <input type="checkbox"/> Difficulty solving one step word problems *Skill for Grades 1 and up
---	---

Notes: _____

Functional Skills

Social/Emotional & Attention

<input type="checkbox"/> Age appropriate skills <input type="checkbox"/> Difficulty joining in and maintaining positive social status in a peer group <input type="checkbox"/> Difficulty using other students as models to cue self on appropriate behavior <input type="checkbox"/> Difficulty responding appropriately to negative comments from peers <input type="checkbox"/> Difficulty dealing with group pressure, embarrassment, and unexpected challenges <input type="checkbox"/> Difficulty sustaining attention in work or play activities <input type="checkbox"/> Difficulty with remembering daily/routine activities <input type="checkbox"/> Easily distracted (by others or self)	<input type="checkbox"/> Difficulty with sharing <input type="checkbox"/> Difficulty with self-control when frustrated <input type="checkbox"/> Difficulty in "picking up" on other people's moods/feelings <input type="checkbox"/> Difficulty in knowing how to share/express feelings <input type="checkbox"/> Difficulty in following directions <input type="checkbox"/> Difficulty organizing tasks and activities <input type="checkbox"/> Difficulty with losing things that are necessary for tasks
---	--

Notes: _____

Gross and Fine Motor

<input type="checkbox"/> Age appropriate skills <input type="checkbox"/> Appears awkward and clumsy; dropping, spilling, or knocking things over <input type="checkbox"/> Difficulty with buttons, zippers, hooks, snaps, tying shoes <input type="checkbox"/> Art work immature for age	<input type="checkbox"/> Difficulty coloring or writing "within the lines" <input type="checkbox"/> Grasps writing instruments awkwardly, resulting in poor handwriting/drawing <input type="checkbox"/> Difficulty with small objects that require precision (e.g., Legos, puzzles, scissors) <input type="checkbox"/> Difficulty with activities that require hand-eye coordination
---	--

Notes: _____

Observation Checklist-Secondary

Student: _____ Teacher: _____ Grade: _____ Date: _____
 Observer: _____ Time: _____ Activity: _____

Directions: First, identify the area(s) of concern in the box below. Your observation should focus on the identified area(s). During the observation place a check mark next to the behaviors that are listed within each domain that correlates with the noted area(s) of concern. These checklists are not exhaustive, so you may want to make notes regarding other additional behavior observed, including strengths and behaviors which may interfere with the student's learning.

Check area(s) of concern for SLD evaluation			
<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Reading Fluency	<input type="checkbox"/> Mathematics Calculation	<input type="checkbox"/> Oral Expression
<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Written Expression	<input type="checkbox"/> Mathematics Problem Solving	<input type="checkbox"/> Listening Comprehension

Academic Skills

Language (Oral Expression, Listening Comprehension, Basic Reading – Phonemic Awareness)	
<input type="checkbox"/> Grade appropriate skills	<input type="checkbox"/> Slow/halting speech, using fillers (e.g., uh, you know, um)
<input type="checkbox"/> Difficulty modulating voice (e.g., too soft, too loud)	<input type="checkbox"/> Difficulty with pronouncing words
<input type="checkbox"/> Difficulty naming people or objects	<input type="checkbox"/> Inserts malapropisms into conversation (substituting an incorrect word with a similar sound)
<input type="checkbox"/> Difficulty staying on topic	<input type="checkbox"/> Poor grammar or misuses words in conversation
<input type="checkbox"/> Difficulty in explaining things due to lack of vocabulary, articulation, and/or grammar skills	<input type="checkbox"/> Difficulty with pragmatic skills (e.g., ability to use language for various purposes, changing language for the situation, following conversational rules)
<input type="checkbox"/> Difficulty understanding instructions or directions	<input type="checkbox"/> Difficulty re-telling what has just been said

Notes: _____

Reading (Basic Reading, Reading Comprehension, Reading Fluency)	
<input type="checkbox"/> Grade appropriate skills	<input type="checkbox"/> Difficulty with retention of new vocabulary
<input type="checkbox"/> Difficulty reading content area sight words	<input type="checkbox"/> Difficulty demonstrating literal comprehension of sentences/stories
<input type="checkbox"/> Difficulty reading common words seen in school/community	<input type="checkbox"/> Difficulty demonstrating inferential comprehension of stories and connections between stories
<input type="checkbox"/> Difficulty retelling what has been read	<input type="checkbox"/> Slow oral reading skills that may interfere with comprehension
<input type="checkbox"/> Difficulty when reading sentences: may lose place; omit, insert, substitute, or reverse words; guess from initial sounds; make self-corrections	

Notes: _____

Written Expression	
<input type="checkbox"/> Grade appropriate skills	<input type="checkbox"/> Inaccurate copying skills (e.g., confuses similar-looking letters and numbers)
<input type="checkbox"/> Difficulty completing written assignments	<input type="checkbox"/> Poor and inconsistent spelling
<input type="checkbox"/> Difficulty developing ideas in writing so written work is incomplete and too brief	<input type="checkbox"/> Messy and incomplete writing, with many cross-outs and erasures
<input type="checkbox"/> Difficulty proofreading and self-correcting work	<input type="checkbox"/> Uneven spacing between letters and words, has trouble staying on the lines

Notes: _____

Math (Math Calculation, Math Problem Solving)

<input type="checkbox"/> Grade appropriate skills	<input type="checkbox"/> Difficulty telling time or conceptualizing the passage of time
<input type="checkbox"/> Difficulty counting by single digit numbers, 10's, 100's	<input type="checkbox"/> Difficulty solving word problems
<input type="checkbox"/> Difficulty aligning numbers resulting in computation errors	<input type="checkbox"/> Difficulty solving facts and longer equations
<input type="checkbox"/> Difficulty with comparisons	<input type="checkbox"/> Difficulty understanding/applying measurement concepts
<input type="checkbox"/> Difficulty estimating quantity	<input type="checkbox"/> Difficulty interpreting/creating charts and graphs

Notes: _____**Functional Skills****Social/Emotional & Attention**

<input type="checkbox"/> Grade appropriate skills	<input type="checkbox"/> Difficulty in knowing how to share/express feelings
<input type="checkbox"/> Difficulty joining in and maintaining positive social status in a peer group	<input type="checkbox"/> Difficulty with self-control when frustrated
<input type="checkbox"/> Difficulty using other students as models to cue self on appropriate behavior	<input type="checkbox"/> Difficulty in "picking up" on other people's moods/feelings
<input type="checkbox"/> Difficulty responding appropriately to negative comments from peers	<input type="checkbox"/> Difficulty in following directions
<input type="checkbox"/> Difficulty dealing with group pressure, embarrassment, and unexpected challenges	<input type="checkbox"/> Difficulty in understanding the social hierarchy (students, teachers, administrators) of school
<input type="checkbox"/> Difficulty with "getting to the point" (e.g., gets bogged down in details of the conversation)	<input type="checkbox"/> Difficulty organizing tasks and activities
<input type="checkbox"/> Difficulty with remembering daily/routine activities	<input type="checkbox"/> Difficulty with losing things that are necessary for tasks
<input type="checkbox"/> Easily distracted (by others or self)	<input type="checkbox"/> Difficulty sustaining attention in work or play activities
<input type="checkbox"/> Fails to pay close attention to details or makes careless mistakes in schoolwork or other activities	

Notes: _____**Gross and Fine Motor**

<input type="checkbox"/> Age appropriate skills	<input type="checkbox"/> Has limited success with games and activities that demand hand eye coordination
<input type="checkbox"/> Appears awkward and clumsy; dropping, spilling, or knocking things over	<input type="checkbox"/> Grasps writing instruments awkwardly, resulting in poor handwriting/drawing
<input type="checkbox"/> Art work immature for age	

Notes: _____**Other Skills**

<input type="checkbox"/> Confuses left and right	<input type="checkbox"/> Is slow to learn new games and master puzzles
<input type="checkbox"/> Often loses things	<input type="checkbox"/> Has difficulty generalizing or applying skills from one situation to another
<input type="checkbox"/> Finds it hard to judge speed and distance	<input type="checkbox"/> Has difficulty listening and taking notes at the same time
<input type="checkbox"/> Is disorganized and poor at planning	

Notes: _____

Suggested Guidelines for Appropriate Instruction

	Elements of Instruction	Evidence of Effectiveness	Other Evidence of Effectiveness
What	Documented Curriculum	School district has a written curriculum that is aligned with State content expectations.	At least 80% of all of the school district's students within a grade are meeting district or state standards after being instructed with the district's core instructional program. At least 80% of students using an intervention within the school have showed improved progress.
	Core/Intervention Curriculum Materials	Materials systematically teach and review skills and have scientific-research evidence of effectiveness. (See worksheet for Evaluating Explicit Instruction and Systematic Curriculum)	
	Reading	Instruction emphasizes the following big ideas: phonemic awareness, phonics, fluency, vocabulary, and comprehension.	
	Math	Instruction emphasizes the following big ideas: conceptual understanding, computational and procedural fluency, fact fluency and problem solving skills.	
	Writing	Instruction emphasizes the following areas: basic mechanics and conventions, the content aspects of writing that convey meaning, and higher-level cognitive processes involved in planning and revising.	
	Oral Expression		
	Listening Comprehension		
Who	Teacher Qualifications	Teacher meets NCLB highly qualified standards and has been trained to use the curriculum materials.	Observations of interventions during the evaluation period indicate that they are being implemented with fidelity.
How	Instructional Techniques/Strategies	When teaching new skills, teacher uses explicit instructional techniques.	
	Differentiated/Tiered Instruction	Students are provided with the appropriate intensity of instruction to meet their individual needs. All students receive core instruction, some students receive targeted, strategic instruction, a few students receive targeted intensive instruction.	
	Fidelity of Instructional Implementation	There is documentation that the core and intervention programs are implemented with fidelity.	
	Assessments/Use of Data	School screens all students three times a year to assess their progress. Students receiving strategic interventions are assessed weekly/monthly with formative assessments (e.g., progress monitoring tests) and students receiving intensive interventions (through general or special education) are assessed weekly. Schools regularly use assessment data to evaluate their instructional programs and modify accordingly.	