**Arkansas Department of Education**
**Special Education Unit**

# Arkansas Technical Assistance Manual: Identification of Students with Specific Learning Disabilities (AR TAM-SLD)

### *Developed by:*
ADE-SEU Task Force on
Specific Learning Disability Identification

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**I. Task Force Mission & Membership**

**Our Mission**
*The Arkansas Department of Education, Special Education Unit's Task Force for Specific Learning Disability (SLD) Identification will support Arkansas schools in defining the three allowable methods of determining SLD, including the necessary components and the recommended professional development for each respective method. This will be accomplished through the development of a guide that will support informed decision making for choosing one of the allowable methods.*

**Original Task Force Members**
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**II.      Purpose of the "Arkansas Technical Assistance Manual: Identification of Students with Specific Learning Disabilities (AR TAM-SLD)"**

This Technical Assistance Manual was created by the Arkansas Department of Education, Special Education Unit's (ADE-SEU) Task Force on Specific Learning Disability (SLD) Identification.  It was designed to supplement the ADE-SEU Rules and Regulations pertaining to P.L.108-446, the Individuals with Disabilities Education Improvement Act (IDEA) of 2004.  This manual is specific to the portion of the ADE-SEU Rules and Regulations regarding the identification of students with Specific Learning Disabilities.  It is intended as a **guide** for determining which method of SLD identification is most appropriate for each district.


**III.      Definition of Specific Learning Disability (SLD)**

According to the Arkansas Department of Education - Special Education Unit's 2008 Rules and Regulations (ADE-SEU R & R), a Specific Learning Disability is defined as "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 an 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.  The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, or mental retardation [intellectual disability], of emotional disturbance, or of environmental, cultural or economic disadvantage."

It is important to note that underachievement in a student suspected of having a specific learning disability should not be due to lack of appropriate instruction in reading or math.  Data must demonstrate that the student received appropriate instruction and repeated assessments at appropriate intervals, reflecting ongoing assessment of student progress.


Link for ADE-SEU Rules & Regulations
https://arksped.k12.ar.us/PolicyAndRegulations/default.html

Link for the Federal Department of Education guidelines for implementation of IDEA
*http://idea.ed.gov/explore/home*

**IV.    Acceptable Methods in Arkansas for Identifying Students who have Specific Learning Disabilities**

According to the AR Special Education Rules and Regulations, there are three allowable methods for identifying a student as having a Specific Learning Disability.
1. Establishing a severe discrepancy between intellectual ability and achievement
2. Using a process based on a child's response to scientific, research-based intervention
3. Using other alternative research-based procedures (such as Patterns of Strengths and Weaknesses)

Each Local Education Agency is responsible for *selecting one of the methods* above to determine the existence of a Specific Learning Disability, and the method selected *should be used district-wide*. However, the district might choose, for example, to use Response to Intervention (RTI) at the elementary level and Patterns of Strengths and Weaknesses at the secondary level.

Professionals are ethically responsible for establishing and maintaining competence in the method selected for identifying Specific Learning Disabilities.

From the ADE's Code of Ethics for Arkansas Educators:
*"6.02 Standard 2: An educator maintains competence regarding skills, knowledge, and dispositions relating to his/her organizational position, subject matter, and/or pedagogical practice."*

From the National Association of School Psychologists' *Principles for Professional Ethics*:
*"*Principle II.1. Competence
To benefit clients, school psychologists engage only in practices for which they are qualified and competent.

> Standard II.1.1
> School psychologists recognize the strengths and limitations of their training and experience, engaging only in practices for which they are qualified.  They enlist the assistance of other specialists in supervisory, consultative, or referral roles as appropriate in providing effective services.*"*

## V.    Method 1: Discrepancy

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### *Essential Elements: Discrepancy*

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Arkansas' Special Education Eligibility Criteria and Program Guidelines for Children with Disabilities, Ages 3-21 (Specific Learning Disability) state that "if a public agency elects to use a severe discrepancy between intellectual ability and achievement as a factor in the process of determining whether a child has a Specific Learning Disability, the severe discrepancy must be in one or more of the following areas:

> 1) Oral expression;
> 2) Listening comprehension;
> 3) Written expression;
> 4) Basic reading skills;
> 5) Reading fluency skills;
> 6) Reading comprehension;
> 7) Mathematics calculation;
> 8) Mathematics problem solving."

Additionally, "A discrepancy must be documented.  It is required that discrepancies be determined by use of regression analysis.  This method requires the use of a standard score comparison, meaning that achievement and intellectual functioning scores must be converted to the same standard score scale so that they can be directly compared.  Age based standard scores must be used."

Arkansas' Special Education and Related Services Procedural Requirements and Program Standards (Appendix D - SLD Eligibility:  Method for LEA Use in Determining Discrepancy Analysis) state, "If a public agency elects to use a severe discrepancy between intellectual ability and achievement as a factor in SLD determination, the psychometric standard established for determining a severe discrepancy is as follows –

> A severe discrepancy is considered to exist between a child's intellectual ability and achievement when the level of severity is equal to or greater than 1.75 or more standard deviations (S.D.) at the fifty percent (50%) or above level of probability as determined by regression analysis.

"The establishment of a 1.75 S.D. will allow the evaluation process to account for possible error that might result due to inaccuracies within the testing and performance comparison process.

"Keep in mind that the determination of a severe discrepancy does not necessarily mean that there is a Specific Learning Disability.  Other factors may be contributing to lowered performance.  Conversely, there may be rare cases where a child has a Specific Learning Disability but does not clearly demonstrate this upon use of the regression analysis standard."

There are four primary steps that should be followed in establishing a severe discrepancy between intellectual ability and achievement.

**1. Determine the student's intellectual ability score**
Compute the student's age-based full scale or overall composite intellectual ability score. Short or abbreviated instruments are not permitted. There may be times that based on professional judgment, the determination has been made that the full scale or overall composite intellectual score does not meaningfully reflect the student's cognitive ability; in these cases, an alternative composite score may be used to reflect the student's intellectual functioning. For example, on the WISC-V, if there are one or more significant and rare discrepancies between index scores, the General Ability Index (GAI) may be computed and used to compare to achievement scores.

**Note:** Nonverbal intellectual instruments should only be considered when a student is nonverbal, exhibits a significant language disorder/delay, and/or is an English Language Learner.

**2. Determine the student's achievement score**
Administer a complete broad achievement measure to the student, and then calculate the student's age-based achievement standard scores. Identify deficits that correspond to one or more of the eight areas included in the definition of a specific learning disability. In general, one would use a subtest score corresponding to the area of SLD. A cluster/composite score could be used if the entire cluster/composite matches an area of SLD.

**3. Determine the ability-achievement discrepancy**
Enter the student's identifying information into the regression model (use the student's chronological age at the time of achievement testing). Then, enter the student's intelligence and achievement standard score results. *As a reminder: (1) the full scale or overall composite intellectual ability score should be used and (2) only achievement subtest or cluster/composite standard scores in areas for which a student can be identified as having a specific learning disability under state and federal regulations should be used.* For example, the WIAT-III Basic Reading composite, composed of the subtests of Word Reading and Pseudoword Decoding, could be used for the area of Basic Reading Skills. Either of these subtests could also stand alone for this SLD area if only one of the subtests is given to the child. However, one would not want to use the WIAT-III Total Reading composite score for the area of Basic Reading Skills because the score contains content related to both basic reading skills and reading comprehension. Thus, when an achievement cluster/composite score is representative of multiple areas of SLD, that score should not be used for regression comparisons.
**Note:** Only one broad achievement measure should be administered to a child. If subtests were deemed invalid or some achievement areas were not included on that measure, a second measure

could be used to fill in these areas.  Once a student has been identified as having an area that meets regression criteria, additional subject area assessment should be completed in each of the identified areas to provide more in-depth information for programming.

**4. Determine if a severe discrepancy exists**
A severe discrepancy is considered to exist between a student's intellectual ability and achievement when the level of severity is equal to or greater than 1.75 or more standard deviations (S.D.) at the fifty percent (50%) or above level of probability as determined by regression analysis.  This discrepancy could occur in one or more of the eight academic areas listed above.

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*Evaluation Report Components: Discrepancy*

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**Needed for every evaluation**
When a district has chosen to use a discrepancy method for the identification of students with specific learning disabilities, the following components should be presented and interpreted in the comprehensive evaluation report:
- Vision and Hearing Screening
- Social History
- Individual Intelligence
- Individual Achievement
- Adaptive Behavior
- Communicative Abilities
- Learning Processes (visual perception and auditory perception)
- Observation for each suspected deficit area
- Subject Area Assessment for each achievement area meeting regression criteria

For additional detail refer to: https://arksped.k12.ar.us/PolicyAndRegulations/default.html

**Additional components for determining eligibility using Discrepancy**
- A statement or printout documenting the regression comparison results
- If a score other than the full scale or overall composite intellectual score was used in the regression comparison, an explanatory statement should be included.
- A statement that the method used to identify this student's Specific Learning Disability was a discrepancy analysis.

A sample evaluation report representing Discrepancy as the method for determining eligibility for SLD can be found in Appendix A.  The reports in Appendix A are only meant to provide examples of how different School Psychology Specialists develop their reports.

Districts using a discrepancy model to determine eligibility for a Specific Learning Disability may consider providing professional development in the following areas:

**For every method**
- Administration and interpretation of evaluation components
- Characteristics of students with Specific Learning Disabilities
- Required components for the determination of eligibility under SLD

**Additional for Discrepancy**
- Use of the Standard Score Regression Comparison Program

**What test information do I need to enter into the regression program for intelligence and achievement tests?**

The regression program already contains many intelligence and achievement tests. However, as tests are revised, the information that is used in the regression program will need to be updated.

1. Reliability Coefficients

If you use a test that is not already in the program, you will need to enter the test name, mean, standard deviation, and the test-retest reliability coefficients for each age under the Intelligence Tests or Achievement Tests tabs on the Home screen.

2. Correlation Coefficients
If there are no correlation coefficients from intelligence and achievement tests that are co-normed on a nationally representative sample reported in the test manual, then correlation coefficients documented through research using a large, non-referred national sample from tests that were not co-normed may be used. If no coefficients are available from a reported study or test manual, then an estimated coefficient of .60 or .65 may be used as default.

**If more than one achievement test has been administered for the same achievement area, which score should be entered into the regression program?**
When more than one score from a different achievement test is available for the same area, the examiner must decide which score will be entered into the regression program. The following considerations should be given: the more reliable score, the more comprehensive score, the composite or cluster score, or the score determined by clinical judgment to best represent the student's skill in that area. Composite scores are generally more reliable than individual subtest scores.

## VI.    Method 2: Response-to-Intervention

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*Essential Elements: Response-to-Intervention*

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School districts choosing RTI as the criterion for identifying students with Specific Learning Disabilities (SLD) must have a fully implemented three-tier system of support, which includes research-based interventions delivered with fidelity. Response-to-Intervention is defined as an integrated framework of assessment and interventions with a school-wide, multi-level prevention system to maximize student achievement.

The RTI Arkansas Model is currently being used in Arkansas schools. The four essential components of RTI Arkansas are as follows:
- **Screening** - Universal screening of all students in reading and math three times per year
- **Progress Monitoring -** Ongoing monitoring of student progress at each tier
- **Multi-Tiered System of Support** – Three tiered model of support, implemented with fidelity. Multiple tiers of increasingly intensive, evidence-based intervention that is aligned to/based on core instruction.  Intervention focused on student need. All students are involved in Tier 1, which involves high-quality, evidence-based core instruction.
- **Data-Based Decision-Making -** Collaborative problem-solving approach by school staff for development, implementation, and monitoring of the intervention process

Parents will be notified when screening data tells the RTI team that the student is struggling and needs an intervention beyond that provided to all students in the general education classroom.  The information provided to parents should include the frequency and duration of the intervention, where it will be conducted, and educational professional responsible for delivering the intervention.

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*Suggested Procedures for Determining Eligibility: Response-to-Intervention*

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When determining a student's eligibility for SLD, multidisciplinary teams using RTI should consider the following four questions:
1. Has the student received high quality, research-based instruction (in the area of suspected disability) in the general education setting by qualified personnel?
2. Were evidence-based interventions provided at a high level of fidelity and integrity across multiple tiers for a sufficient amount of time?
3. Were the following conditions present after evidence-based interventions were implemented?
   a. Level of performance - Academically, the student was performing well below that of typical peers.

b. Rate of progress - Despite the implementation of these interventions, the student did not progress at an expected rate.
4. Are there exclusionary factors that would explain low levels of performance and lack of adequate progress?

The first two questions relate to determining the appropriateness for the referral committee to recommend proceeding to an individual evaluation for special education. The criteria outlined in question three constitute what has come to be referred to as a *dual discrepancy* approach to identifying students with SLD. That is, a student can be considered to display an SLD when they demonstrate (a) inadequate academic performance (level) in comparison to established standards and (b) inadequate rate of improvement when provided with evidence-based interventions. Question four addresses other possible reasons for inadequate performance and growth. The multidisciplinary team will need to determine if the inadequate academic performance and the inadequate rate of improvement have resulted in an *adverse affect* on the student's educational performance resulting in the need for special education and related services. The documentation required to address these questions is discussed below.

## 1. Documentation of Tier 1 sufficiency and fidelity
Multidisciplinary teams must have documentation that the student received high quality core instruction in the general education setting provided by qualified professionals for a sufficient amount of time. The following factors should be considered:
- The general education curriculum is aligned to the Arkansas standards.
- The curriculum adequately meets the needs of 80-85% of the students.
- The curriculum has been in place for a sufficient amount of time in the school.
- The student's teachers were adequately trained in using the curriculum.
- The student's teachers adequately used the appropriate instructional procedures and materials associated with the general education curriculum.
- The student's teachers used effective instruction methodologies and techniques (e.g., differentiation, scaffolding, teacher questioning, etc.).
- The student received instruction in the curriculum for a sufficient amount of time.

## 2. Documentation of Tier 2 and Tier 3 sufficiency and fidelity
Multidisciplinary teams must document that evidence-based interventions were sufficient and were provided at a high degree of fidelity and for a sufficient length of time. The following factors should be considered:
- Interventions used at Tiers 2 and 3 are supported by scientific research and target the area of need for the students who receive them.
- Interventions have shown successful responses from other students with similar needs receiving the intervention.
- Staff were adequately trained to implement the interventions.
- The interventions were implemented with fidelity and for a length of time consistent with

the intervention research.
- The frequency of progress monitoring was appropriate based on the intensity of the intervention and the student's level of performance.
- The interventions were adjusted or changed when a student demonstrated an inadequate response.

**3. Documentation of level of performance and rate of progress at Tier 2 or Tier 3**
The purpose of the RTI process is to close the achievement gap between a student's achievement and the achievement of his grade-level peers. If the student is making progress, yet not sufficiently narrowing the achievement gap, a specific learning disability may be suspected and a special education referral may be appropriate. Students displaying SLD under a dual-discrepancy model would be expected to display:
- A level of performance below expected standards
- Inadequate rate of progress relative to typical peers when presented with evidence-based interventions

**Level of Performance**
The multidisciplinary team must determine whether or not the student achieves adequately for the student's age or to meet the State-approved grade-level standards. A ratio between expected achievement and the student's current level of performance is often considered significant if greater than 2.0. For example, if the expected words read per minute is 52, and the student is reading 24 words per minute ($52/24 = 2.16$), the ratio may be considered underachievement. Additionally, the multidisciplinary team should examine the student's level of performance in relation to the student population of the school. For example, if 30% or more of the student population performs at a level comparable to the student, the quality of the core instruction or other factors should be examined.

**Rate of Progress**
The multidisciplinary team would also need to determine the student's rate of progress through progress monitoring techniques, which are implemented with fidelity. The National Center on Student Progress Monitoring has indicated that progress-monitoring measures should include the following characteristics:
- Acceptable psychometric characteristics (including reliability and validity)
- A number of alternate forms
- Sensitivity to improvements in skill acquisition
- Ability to create linkages to instructional design
- Efficient administration

It is essential that the district identify progress-monitoring measures that meet these criteria. The National Center on Student Progress Monitoring at http://www.studentprogress.org is a good source of information about the characteristics of various progress monitoring options and may

provide assistance in identifying appropriate measures.

A student's rate of progress is determined quantitatively.  For example, in monitoring a student's progress in oral reading fluency, the number of words read correctly per minute during the course of the intervention would be calculated. The student's rate of progress can then be compared to the rate of typically performing peers based on universal screening data collected from all students.  There are no state or federal regulations that specify what constitutes an inadequate rate of progress; therefore, it is the responsibility of the district to establish appropriate assessment parameters.  A discrepancy ratio of 2.0 between a student's rate of progress and that of his/her same age peers is often considered as being indicative of an inadequate response to intervention.  For example, in oral reading fluency, a second grade student identified as responding inadequately may have a rate of improvement of no more than 0.5 words per minute per week in comparison to a rate of 1.17 words per minute per week of typical peers (1.17/0.5 = 2.34).  The discrepancy in this example is greater than 2.0 and may be considered significant.  Most commercially available progress monitoring measures (e.g., DIBELS, AIMSweb) provide expected rates of progress for students at each grade level against which an individual student's progress can be compared.  The student's rate of progress should be monitored throughout the intervention period.  Data displays (e.g., aimlines, trendlines) can be useful for illustrating the student's rate of progress.

Below are examples of visual displays of student progress.
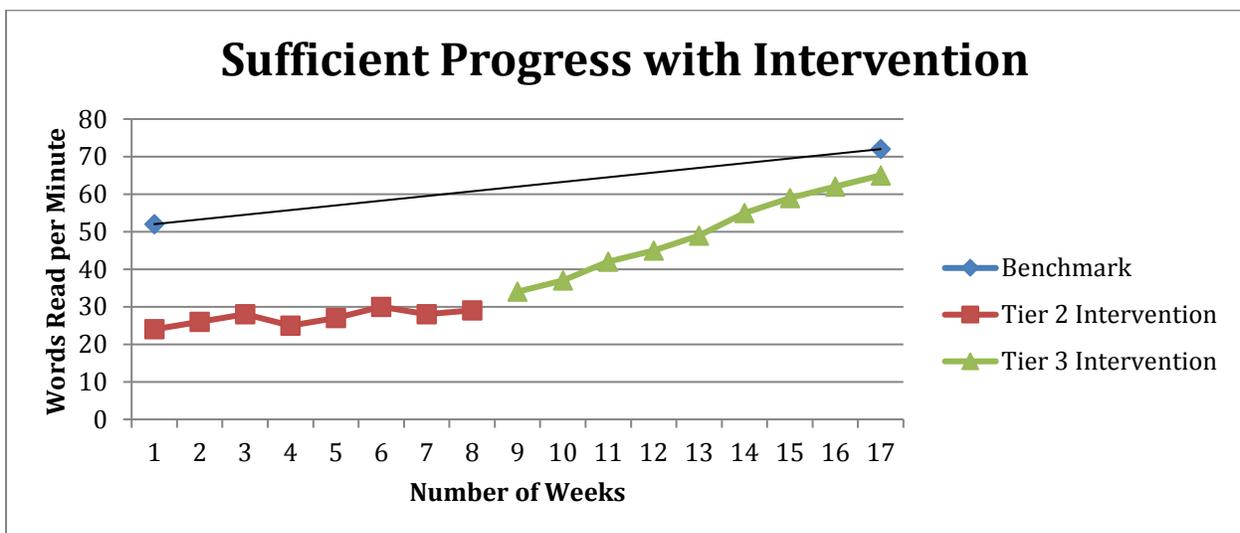
## Insufficient Progress with Intervention- Possible Special Education Referral
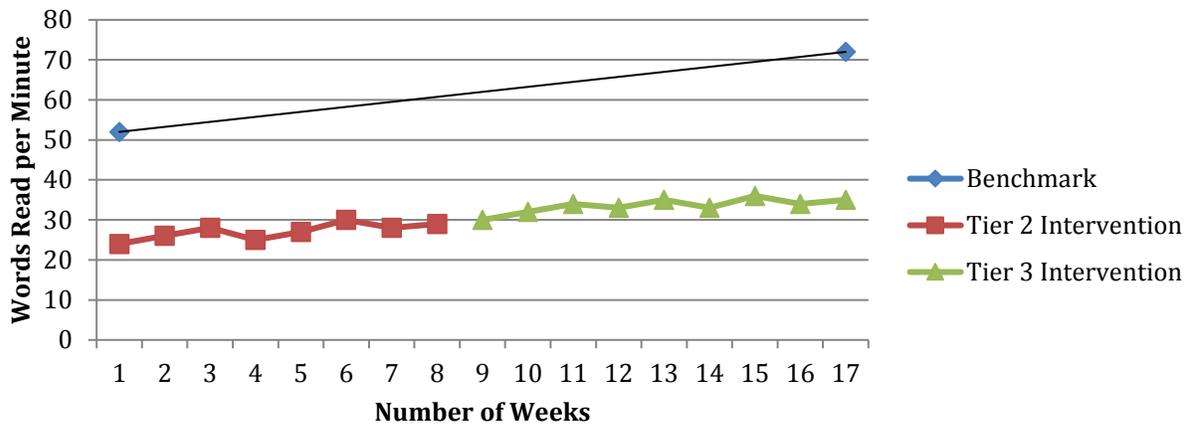


**4. Consideration of Exclusionary Factors**

The multidisciplinary team is required to consider the effects of possible exclusionary factors. It is important to examine the student's progress in school to determine if there is a historical pattern of underachievement and poor response to instruction. A student's underachievement may be related to factors outside the realm of a Specific Learning Disability. Multidisciplinary teams must verify that the student's inadequate progress is not *primarily* the result of environmental or economic disadvantage; cultural factors; visual, hearing, or motor disability; an intellectual disability; emotional disturbance; or limited English proficiency. These exclusionary factors relate to the idea that the student's inadequate academic performance and lack of progress primarily result from presumably known factors rather than resulting from "unexplained underachievement." It is possible; however, that the team may determine that a student has a Specific Learning Disability even if the student also has, for example, a visual impairment. In this situation, the team could determine that the identified learning deficits are significantly greater than what one might expect as a result of the visual impairment alone.

Exclusionary factors should be considered carefully by addressing the following questions:
- Are there any emotional/behavioral/attention factors that are interfering with the student's ability to progress in the general education curriculum?
- Are there any medical issues (e.g. vision, hearing, motor) that might impact the student's ability to progress in the general education curriculum?
- Is the student's cognitive ability in the range that would warrant consideration for an intellectual disability?"
- Are there any socio-economic issues (e.g. environment, cultural, economic disadvantage) that might impact the student's ability to progress in the general education curriculum?
- Are there any limitations to the student's English proficiency?

**Note:** Although a district may elect to use response to intervention data as the primary evidence for the existence of a Specific Learning Disability, school districts in Arkansas must also complete a comprehensive psycho-educational evaluation that meets the minimum standards outlined in the Arkansas' Special Education Rules and Regulations. The multidisciplinary team should consider all of the relevant information documented in the individualized evaluation when making a determination regarding that student's eligibility under the disability category of Specific Learning Disability.

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*Evaluation Report Components: Response-to-Intervention*

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**Needed for every evaluation**

When a district has chosen to use RTI for the identification of students with specific learning disabilities, the following components should be presented and interpreted in the comprehensive evaluation report:

- Vision and Hearing Screening
- Social History
- Individual Intelligence
- Individual Achievement
- Adaptive Behavior
- Communicative Abilities
- Learning Processes  (visual perception and auditory perception)
- Observation for each suspected deficit area
- Subject Area Assessment for each suspected deficit area

For additional detail refer to: https://arksped.k12.ar.us/PolicyAndRegulations/default.html.

**Additional components for determining eligibility using RTI**

- Description of the specific research-based interventions provided to the student beyond the general education instruction (these interventions must be directly tied to the area of suspected disability under SLD)
- Statement of the number of weeks that each intervention was implemented
- Statement of the amount of time per week that each intervention was implemented
- Summary of the implementation of the intervention – fidelity, description of any changes in the intervention AND the frequency of progress monitoring
- Summary of how the student's overall level of performance compares to state and district grade level standards
- Summary of the results of each intervention that compares the student's rate of progress to his/her baseline, and compares the student's rate of progress to that of typical peers
- A statement that the method used to identify the student's Specific Learning Disability was the analysis of RTI data.

A sample evaluation report representing RTI as the method for determining eligibility for SLD can be found in Appendix B. The reports in Appendix B are only meant to provide examples of how different School Psychology Specialists develop their reports.

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### *Professional Development: Response-to-Intervention*

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Districts using the RTI process to determine eligibility for a Specific Learning Disability may consider providing professional development in the following areas to establish and maintain an effective RTI system:

**For every method**
- Administration and interpretation of evaluation components
- Characteristics of students with Specific Learning Disabilities
- Required components for the determination of eligibility under SLD

**Additional for RTI**
- Overview Training
- Parent and Community Awareness
- Selection and Evaluation of Curriculum
- Evidence-based Intervention
- Problem-solving Process
- Data Collection and Analysis
- Screening/Progress Monitoring

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### *Frequently Asked Questions: Response-to-Intervention*

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**How does RTI fit with the core curriculum?**
The core curriculum includes the standards that all students must demonstrate to ensure success in school, college, and career readiness upon high school graduation. RTI is the data-based decision-making process in which schools use data to identify the academic and behavioral supports students need to meet the knowledge and skill expectations of the standards.

**Is there guidance on assessment tools to use as part of an RTI system?**
Schools will need multiple pieces of assessment data to answer questions that are critical to address in an RTI system. For example the data needed to answer the question, "Who is at-risk for academic or behavioral failure?" is different than the data needed to answer the question, "How are certain students responding to a particular intervention?"

**Is RTI just a way to avoid providing special education services?**
No.  RTI is a way to integrate federal mandates concerning general education and special education so that all students receive high quality, effective instruction.  RTI is a framework of instruction and intervention for all students, and the intent is to generate a seamless system of support that is available to all students at the first sign of need.

**How does a problem-solving team differ from the multidisciplinary team that establishes eligibility?**
The problem-solving team reviews data to explore possible reasons students are not being successful, and assists the classroom teacher in developing and implementing strategies and interventions to help students experience greater academic and behavioral success.  The problem-solving team promotes a collegial atmosphere where teachers and other school professionals (e.g., school counselor, School Psychology Specialist, reading specialist) work together to solve student problems and use dependable and efficient assessment methods to measure the progress of struggling learners.

The multidisciplinary team is responsible for identifying students who are suspected of having a disability and may be eligible for special education services.  Multidisciplinary teams are typically comprised of specialists, including school psychology specialists or psychological examiners, speech therapists, nurses, and special education teachers; however, the classroom teacher is also an essential member.  The multidisciplinary team reviews the results of formal psycho-educational evaluations in addition to the data gathered by the problem-solving team through the RTI process.  This constitutes a full and individual evaluation. The multidisciplinary team may include members of the problem-solving team as well as any additional individuals important to the evaluation process.

**How many interventions should be implemented before deciding that a student has failed to adequately respond to general education interventions?**
There is no state requirement for the amount or duration of interventions a student will receive.  A district should establish decision rules for implementing the multi-tiered system of support.  A referral for special education services should be made based on evidence that a student is not responding to general education interventions.  However, RTI cannot be used to delay a referral for a special education evaluation for a student suspected of having a disability and in need of special education services, and if a referral is made, a referral conference must be scheduled.

**What has to exist in order for RTI to work?**
RTI is successful when an infrastructure exists to support a problem-solving process, which includes intervention development, progress monitoring, and regularly scheduled meeting times for the problem-solving team.  School staff must possess skills in the implementation of the necessary instructional strategies and interventions as well as the administration of various

assessments and analysis of the assessment results. Therefore, school personnel must be provided the training opportunities necessary to gain the skills needed to implement RTI system-wide. Teachers and support staff must have the support of building administrators and district staff to implement RTI effectively. Support provided to teachers must extend throughout the implementation of interventions including the collection of appropriate data to assess student progress.

**What is the criterion for a successful intervention?**
An intervention is successful if the achievement gap between the performance of the student at-risk and the expected benchmark has decreased based on the data collected through progress monitoring. Problem-solving teams use the school's decision rules to determine whether the gap has decreased using progress monitoring instruments and whether the intervention should be increased, changed, or stopped.

**Who progress monitors or conducts assessments for RTI?**
Many different individuals can progress monitor depending on the tool being used. Some progress monitoring tools require minimal training, and districts may select multiple individuals to be trained including parents, retired teachers, paraprofessionals, other school personnel. District-wide progress monitoring instruments may also be used and the data may be collected by district level personnel, classroom teachers, and/or designated building staff. Individuals who are expected to monitor progress should be formally trained to administer the instruments used for progress monitoring.

**What documentation is used with RTI?**
Schools should keep detailed documentation of assessment data of students at all levels of the RTI system. For each student who receives Tier 2 or Tier 3 intervention, schools should document interventions provided, duration of intervention, fidelity of intervention, outcome of intervention, and appropriate next steps for working with the student. Charts and graphs are excellent tools to visually display intervention data collected. The charted data should produce documentation of a student's progress (e.g., graphs, charts).

**How/what do we communicate to parents?**
Regardless of whether the parent initiated a concern or the teacher initiated a concern, parent involvement is critical and should be facilitated throughout the process, beginning with the problem identification phase. Parents should always be notified of the RTI team's involvement with monitoring student progress and of the formal problem-solving meetings being held to identify appropriate supports for the student. Progress-monitoring information should be provided to the parents regularly. If a student has been referred for a special education evaluation, parents are required members of referral conference team, and would therefore be informed of all data considered through the RTI process.

**Do I have to use RTI to determine eligibility for a student suspected of having a Specific Learning Disability?**

No. The state of Arkansas allows for the use of three methodologies for determining special education eligibility under the disability category of Specific Learning Disability: regression analysis to determine the presence of a severe discrepancy, a Response to Intervention (RTI) process, and a pattern of strengths and weaknesses model, such as the Cross Battery Assessment (XBA) approach developed and published by Flanagan and colleagues.

**Can a referral be declined or delayed due to the district's use of RTI for SLD determination?**

No. If a parent requests an immediate evaluation, a referral conference should be held within 21 days of the referral.

**If the referral-conference decision is that the student is suspected of having a disability and should be evaluated for special education, can the evaluation be delayed due to the need for additional time to implement the interventions?**

No. If a committee determines that the referral for evaluation warrants a comprehensive psycho-educational evaluation, but uses RTI as the primary method for SLD eligibility determination, the school should implement interventions appropriate for the student and gather appropriate RTI data within the evaluation period.

## VII.    Method 3: Pattern of Strengths & Weaknesses (PSW)

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### *Essential Elements: Pattern of Strengths & Weaknesses*

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**General Principles common to PSW models**
- A full scale or overall composite intellectual ability score is not emphasized when using a PSW model.  However, it would be expected for most cognitive processing domains to fall within normal limits.
- A profile consistent with this model includes cognitive and academic skills that fall within the average range and isolated weaknesses in cognitive and academic skills.
- Identified cognitive weaknesses are empirically related to identified weaknesses.

**There are three major models of PSW**

1. Aptitude-Achievement Consistency Model (Flanagan, Ortiz, & Alfonso, 2013)
This model is based on the Cattell Horn Carroll (CHC) theory of basic psychological processing. This model a) documents low achievement in a specific area, b) identifies a deficit in a cognitive ability that is linked by research to the academic weakness, and c) provides a method to determine that most cognitive abilities are average or above.  Cross Battery Assessment (XBA) is a well-known method within this model that is founded in CHC theory.  XBA provides a way to gain a more complete understanding of a student's pattern of strengths and weaknesses by measuring a broader range of cognitive abilities than are represented through the use of a single cognitive test (Flanagan, Ortiz & Alfonso, 2013).

2. Consistency-Discrepancy Model (Naglieri, 1999)
The Consistency-Discrepancy model is founded on PASS theory, a version of the Luria model of intelligence.  PASS theory contends that the four human cognitive abilities are Planning, Attention, Sequential Processing, and Simultaneous Processing (Naglieri, 1999, p.86-94).

3. Concordance-Discordance Model (Hale & Fiorello, 2004)
The Concordance-Discordance Model is sometimes referred to as Cognitive Hypotheses Model. In this model there must be a concordance (alignment) between cognitive and academic strengths.  There must also be a concordance (alignment) between cognitive and academic weaknesses.

**Note:** The PSW model that has received the most attention in Arkansas is the method proposed by Flanagan and colleagues (In 2012, Dr. Flanagan conducted a Cross Battery Assessment training at the Fall Conference of the Arkansas School Psychology Association).  This model will be given further attention in this document; however, districts are given the flexibility to use whichever model they choose as long as they receive sufficient training for its use.  Practitioners are responsible for remaining current in the research, including any updates and revisions in the application of the model(s).

**Further Information Regarding Cross-Battery Assessment (XBA)**
In the context of a psycho-educational assessment, a student's cognitive abilities can be interpreted using an overall score. However, when using XBA, specific cognitive abilities/processes measured through intelligence testing take precedence above an overall score. The reason for this is to examine cognitive strengths/weaknesses and how they relate to academic strengths/weaknesses.

The seven major cognitive abilities typically assessed in XBA are:
- ➢ Crystallized intelligence (Gc) – the depth and breadth of knowledge and skills that are valued by one's culture
- ➢ Fluid intelligence (Gf) – the deliberate but flexible control of attention to solve novel, on the spot problems that cannot be performed by relying exclusively on previously learned habits, schemas, and scripts
- ➢ Auditory processing (Ga) – the ability to detect and process meaningful nonverbal information and sound
- ➢ Long term storage and retrieval (Glr) – the ability to store, consolidate, and retrieve information over periods of time measured in minutes, hours, days, and years
- ➢ Short term memory (Gsm) – the ability to encode, maintain, and manipulate information in one's immediate awareness
- ➢ Processing speed (Gs) – the ability to perform simple repetitive cognitive tasks quickly and fluently
- ➢ Visual processing (Gv) – the ability to make use of simulated mental imagery (often in conjunction with currently perceived images) to solve problems

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### *Suggested Procedures for Determining Eligibility: Pattern of Strengths and Weaknesses*

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**1. Determine and develop an assessment battery based on referral question.** For example, if the referral question is related to difficulties in reading, the evaluation should include sufficient assessment in the factors most closely related to reading within both cognitive and academic domains.

Most cognitive tests do not sufficiently measure all seven processing areas that are assessed in XBA; therefore, supplemental subtests are likely to be needed to provide comprehensive cognitive assessment relevant to initial referral questions. For example, the Differential Ability Scales, Second Edition (DAS-II) only provides one subtest measuring auditory processing and one subtest measuring processing speed, so supplementary subtests are needed to fully assess these areas. According to Flanagan, et al, a cognitive construct is considered sufficiently measured when two different narrow band subtests are administered and found to be statistically cohesive.

**2. Administer and score assessment battery.**
- Examine results to determine cohesion within cognitive domains
  - If cohesive scores are not obtained, additional subtests measuring divergent narrow bands need to be administered
- Determine normative and relative strengths and weaknesses within cognitive and achievement results

**3. The results must be analyzed to determine whether a pattern of strengths and weaknesses, indicative of a SLD according to the selected model, is present**.
In order to do so, the following questions are asked:
- Is the difference between intact abilities, which are average to above average, and the cognitive weaknesses, both significant <u>and</u> uncommon?
- Is there an academic weakness that is significant and uncommon when compared to intact cognitive abilities?
- Is there a direct relationship between areas of cognitive weakness and areas of academic weakness?

*If you have answered YES to all three questions above*, you must then determine if the same pattern of academic strengths/weaknesses is present in the child's classroom performance. Classroom performance may be examined using sources such as the child's response to intervention data, grade history, classroom behavior, criterion-referenced assessment, and classroom-based assessment.

**4. If a pattern of strengths and weaknesses is evident in the psycho-educational assessment as well as in classroom performance, a student may meet criteria for a Specific Learning Disability.**

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| *Evaluation Report Components: Pattern of Strengths & Weaknesses* |
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**Needed for every evaluation**
When a district has chosen to use a PSW method for the identification of students with specific learning disabilities, the following evaluation components should be presented and interpreted in the comprehensive evaluation report:
- Vision and Hearing Screening
- Social History
- Individual Intelligence
- Individual Achievement
- Adaptive Behavior
- Communicative Abilities

- Learning Processes  (visual perception and auditory perception)
- Observation for each suspected deficit area
- Subject Area Assessment for each suspected deficit area

For additional detail refer to: https://arksped.k12.ar.us/PolicyAndRegulations/default.html

**Additional components for determining eligibility using PSW**
Report should include:
- Evidence showing that the student generally has cognitive abilities within normal limits.
- Evidence showing that the student has one or more cognitive abilities and one or more academic abilities that are areas of deficit or normative weakness.
- Evidence showing that the cognitive deficit(s) is empirically related to the academic weakness(es).
- A statement that the method used to identify this student's Specific Learning Disability was a pattern of strengths and weaknesses analysis.

Sample evaluation report(s) representing Patterns of Strengths and Weaknesses as the method for determining eligibility for SLD can be found in Appendix C.  These reports are only meant to provide examples of how different school psychology specialists develop their reports.

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*Professional Development: Pattern of Strengths & Weaknesses*

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Districts using the PSW process to determine eligibility for a Specific Learning Disability may consider providing professional development in the following areas:

**For every method**
- Administration and interpretation of evaluation components
- Characteristics of students with Specific Learning Disabilities
- Required components for the determination of eligibility under SLD

**Additional for PSW**
The information in this manual is insufficient for using any of the three PSW methods. Readings and professional trainings on the specific method under consideration for use are recommended.

**What are the advantages of using PSW?**

PSW allows a practitioner to provide specific information to educators and parents regarding an individual student's strengths, weaknesses, and learning styles. It aids in developing individualized, outcome based IEP's and prescriptive intervention strategies as well as accommodations.

**How long does a Cross Battery Assessment take?**

It varies depending on the age of the child, cohesive scores obtained on cognitive domains, and the familiarity with the model. The test administration is not significantly longer than a standard administration; however, the analysis and interpretation of data requires more time than other methods.

**Are parents and teachers able to understand this method?**

Yes.  It generates a comprehensive profile of a student's learning patterns.  It provides a simplified explanation of strengths versus weaknesses that allows for recommendations for improvement in both the school setting and home environment.

**When domain scores are incongruent, how does one choose a new subtest to administer?**

If scores are incongruent, yet within normal limits, no follow-up is required.

If scores are incongruent with one score within normal limits and one score below normal limits, administer a subtest measuring a third narrow band when possible.  Refer to specific guidelines for the model of PSW being used.

## VIII. Resources Used to Create AR TAM-SLD

1. Arkansas Department of Education. (2008). *Ethics of Arkansas Educators*. Retrieved from http://www.arkansased.org
2. Arkansas Guidelines for Special Education (www.arksped.k12.ar.us)
3. Bergan, J. R. (1995). Evolution of a problem-solving model of consultation. *Journal of Educational and Psychological Consultation*, *6*(2), 111-123.
4. Christ, T. (2008). Best practices in problem analysis. In A. Thomas & J. Grimes, *Best practices in school psychology V* (pp. 159-176). Bethesda, MD: National Association of School Psychologists.
5. Hall, S. L. (2008). *A principal's guide: Implementing response to intervention*. Thousand Oaks, CA: Corwin Press.
6. Hanson, J., Sharman, L., & Esparza-Brown, J. (2009). *Pattern of strengths and weaknesses in specific learning disabilities: What's it all about*? Retrieved from https://files.pbworks.com/download/zwOIs0qhKC/maase/9882071/Oregon_PSWCondensed41409.doc
7. Iowa Department of Education. (2011). *Iowa department of education guidance document response to intervention*. Retrieved from http://www.crtiec.org/rti_summit/documents/Gethmann2RtIGuidance.pdf
8. National Association of School Psychologists. (2010). *Principles for Professional Ethics*. Retrieved from http://www.nasponline.org
9. National Association of State Directors of Special Education (NASDSE). (2005). *Response to intervention: Policy considerations and implementation*. Alexandria, VA: Author.
10. Pennsylvania Department of Education (www.pde.state.pa.us)
11. Pennsylvania Training and Technical Assistance Network - PA Department of Education (www.pattan.net)

## IX. Additional Resources

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### *Resources for Discrepancy*

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1. Evans, L. (2004). *Standard score regression comparison*. North Little Rock: WTL Publishing.

A number of websites provide detailed instructions and calculation aides for determining rate of progress, such as Vanderbilt University's IRIS Center (www.iris.peabody.vanderbilt.edu/), the RTI Action Network (www.RTInetwork.org), and the Association of School Psychologists of Pennsylvania (www.aspponline.org).

The following sources were also useful for the purposes of developing this document and can provide further information on the different methods discussed here:

1. Aims Web website (www.aimsweb.com)
2. Alpine Achievement (www.alpineachievement.com)
3. Arkansas Department of Education: Special Education (2003). *Arkansas State Guidelines on Nondiscriminatory Assessment and Addressing Educational Needs of English Language Learners with Disabilities.* Retrieved from (http://arkedu.state.ar.us/commemos/static/fy0304/attachments/ELLSTATEGUIDELINES_.pdf)
4. Burns, M., & Gibbons, K. (2008). *Implementing response to intervention in elementary and secondary schools: Procedures to ensure scientific-based practices*. New York, NY: Routledge.
5. Florida Center for Reading Research (www.fcrr.org)
6. Florida Problem Solving & RTI Project (www.floridarti.usf.edu)
7. Hall, S. L. (2008). *A principal's guide: Implementing response to intervention*. Thousand Oaks, CA: Corwin Press.
8. IDEA Partnership has RTI Training modules available at (www.ideapartnership.org/page.cfm?pageid=17)
9. International Dyslexia Association (www.interdys.org/)
10. Intervention Central website (www.interventioncentral.org)
11. The IRIS Center has free materials endorsed by OSEP and created through a national consortium and housed at Vanderbilt University (http://iris.peabody.vanderbilt.edu/).
12. Jefferson County: All Students Receiving High-Quality, Appropriate Instructional Strategies (www.jc-schools.net/RTI/Forms/RTI-Manual.pdf)
13. Klotz, M. B., & Canter, A. (2006). *Response to intervention: A primer for parents*. Retrieved from http://www.nasponline.org
14. Learning Disabilities Online (www.ldonline.org/)
15. McCook, J. E. (2006). *The RTI Guide: Developing and Implementing a Model in Your Schools.* Horsham, PA: LRP Publishing.
16. National Association of School Psychologists (NASP) provides information for parents regarding RTI. The full handout is available online at www.nasponline.org/families.
17. National Center for Learning Disabilities provides research-supported interventions

(www.ncld.org) National Association of School Psychologists (www.nasponline.org/)

18. National Center for Learning Disabilities (www.ncld.org/)
19. The National Center on Progress Monitoring provides a review of tools and Professional Development modules (www.studentprogress.org/chart/chart.asp) and (www.studentprogress.org/profdev/default.asp)
20. The National Center on Response to Intervention has charts that may be used (www.rti4success.org)
21. National Association of State Directors of Special Education (www.nasdse.org)
22. National Center on Student Progress Monitoring (www.studentprogress.org/)
23. National Research Center on Learning Disabilities (www.nrcld.org/)
24. Oregon Reading First (http://oregonreadingfirst.uoregon.edu/)
25. Read Naturally website for oral reading fluency norms (www.readnaturally.com)
26. Recognition and Response Pathways to School Success for Young Children (www.recognitionandresponse.org/)
27. RTI Action Network (www.rtinetwork.org)
28. RTI Action Network - RTI Blog (www.rtinetwork.org/rti-blog)
29. RTI Arkansas. Arkansas Department of Education. (www.arkansased.gov/divisions/learning-services/curriculum-and-instruction/rti)
30. RTI Frequently Asked Questions from "How RTI Works" Series (www.interventioncentral.org)
31. Schwab Learning (www.schwablearning.org/)
32. Self-Assessment Tool (www.rti4success.org/pdf/rtireadinessandimplementationplanningtool21.pdf)
33. U.S. Department of Education (http://www2.ed.gov/nclb/methods/whatworks/edpicks.jhtml?src=ln)
34. What Works Clearinghouse website (http://ies.ed.gov/ncee/wwc/)

## Resources for Patterns of Strengths and Weaknesses

1. Flanagan, D. P., & Alfonso, V. C. (2011). *Essentials of specific learning disability identification*. Hoboken, NJ: Wiley.
2. Flanagan, D. P., Ortiz, S. O., & Alfonso, V. C. (2013). *Essentials of cross-battery assessment (3rd ed.).* Hoboken, NJ: Wiley.
3. Flanagan, D. P., Ortiz, S. O., & Alfonso, V. C. (2013). *Essentials of cross-battery assessment (3rd ed.).* Hoboken, NJ: Wiley.
4. Hale, J. B., Flanagan, D. P., & Naglieri, J. A. (2008). Alternative research based methods for IDEA (2004). Identification of Children with Specific Learning Disabilities. *Communique*, *36*(8), 14-17.
5. Hale, J. B., & Fiorello, C.A. (2004). School neuropsychology: A practitioner's handbook. New York: Guilford Press.
6. Hale, J. B., Wycoff, K. L., & Fiorello, C. A. (2011). RTI and cognitive hypothesis testing for identification and intervention of specific learning disabilities: The best of both worlds. In D. Flanagan & V. Alfonso (Eds.), *Essentials of specific learning disability identification (pp. 173-201).* Hoboken, NJ: Wiley.
7. Hanson, J., Sharman, L., & Esparza-Brown, J. (2009). *Patterns of strengths and weaknesses in specific learning disabilities: What's it all about? Technical Assistance* Paper by Oregon School Psychologists Association. http://files.pbworks.com/download/zwOIs0qhKC/maase/9882071/Oregon_PSWCondensed41409.doc
8. Naglieri, 1999, *Essentials of CAS assessment*. NY: Wiley

## X.    Appendices

**Appendix A.  Sample Report representing Severe Discrepancy Method**
**This report is a sample and not a required template for this methodology.**

DOWNTON PUBLIC SCHOOLS

Confidential Psycho-educational Evaluation Report

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**Name:** Edith                                    **Date of Birth:** 01-18-2007

**Age:**    9 years, 02 months                     **Date of Tests:** 03-18-2016, 03-19-2016

**Grade:** Third                                   **School:** Downton Elementary

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### REASON FOR REFERRAL

Edith is a 9-year-old female at Downton Elementary. She was referred by her regular education teacher, Sarah Bunting.  Ms. Bunting states that Edith is significantly delayed in reading and slightly delayed in writing.  She is struggling particularly in decoding and fluency.  She further explains that Edith's math is also being impeded by her reading ability.  Interventions that have been tried with Edith include one-to-one with the teacher 30 minutes per week and small group instruction for 60 minutes per week with the reading interventionist.

**Vision screening:** Passed 02-21-2016          **Hearing Screening:** Passed 02-21-2016

### BACKGROUND HISTORY/SOCIAL HISTORY

Formal social history was obtained through the Downton Public Schools Social-Developmental History Questionnaire, which was completed by Edith's mother, Cora.  The Social-Developmental History Questionnaire is a brief report, which includes relevant information regarding Edith's background that may provide other useful information to the evaluation.

Edith resides in Hampshire, Arkansas, with her parents, older sister, and younger sister.  Edith's mother reported that Edith was born via cesarean section and weighed 8 pounds, 6 ounces at birth.  Early developmental milestones were reported as being reached within normal limits.  No serious injuries or illnesses are reported.  Current health is described as "good."

Edith has not repeated any grades.  Edith's mother reports that Edith likes school and has average teacher and peer relationships.  When asked what difficulties she sees her child having in school, Edith's mother noted that Edith has difficulties with reading and writing. Edith "often" experiences strong fears, a lack in confidence, and excessive shyness.  She "sometimes" experiences inattention, frustration, and nervousness.  At home, Edith gets along with other

family members, but sometimes feels like no one likes her.  No recent significant events are reported to have occurred in the home.

## PREVIOUS EVALUATIONS

No previous evaluations are on file for Edith.

## BEHAVIOR OBSERVATIONS

**Testing Observations**
Rapport was easily established with Edith.  The tests were administered over the course of two days.  Edith communicated her answers with ease, made good eye contact when speaking, and kept a positive attitude throughout testing.  Edith showed right-handed preference during the evaluation and did not wear corrective lenses.  She appeared to put forth her best effort on all tasks presented.  The results obtained are considered to be a valid and reliable estimate of her current abilities.

**Classroom Observation**

The Systematic Observation of Student Performance was conducted by Anna Bates, school counselor, on 02-02-2016 for a thirty-minute interval.  The counselor noted that the classroom environment was orderly and quiet.  She also noted that Edith was on task, had appropriate behavior, and responded to visual aids.  She did not ask for feedback and did not have an inappropriate activity level.

Mrs. Bates wrote, "Whole group: Edith sits and listens attentively during whole group discussion.  She does not raise her hand to answer questions or add to the discussion.  Small group: Edith refrains from engaging in conversation about the book.  The group received a new book.  Edith opened the book and looked through a few pages.  The teacher asked Edith what feature was on the first page.  She could not sound out the word.  She decided to 'phone a friend' to help her out.  The teacher assisted the students by providing a clue.  The teacher asked what feature was on another page and provided a hint.  The teacher referred the students to a poster on the wall.  Edith looked at the poster and tried to sound out the word.  Another student was able to provide the correct answer.  The teacher asked each student about their favorite part of the story to which Edith responded, 'Nothing.'"

## EVALUATION INSTRUMENTS

Wechsler Intelligence Scale for Children-IV (WISC-IV)
Wechsler Individual Achievement Test-Third Edition (WIAT-III)
Behavior Evaluation Scale-3 (BES-3)
Clinical Evaluation of Language Fundamentals-4 (CELF-4) Screening Test
Wepman Auditory Discrimination Test
Bender Visual-Motor Gestalt Test, Second Edition (Bender Gestalt II)
Woodcock Johnson III Normative Update Tests of Achievement (WJ III)

# EVALUATION RESULTS

## Intellectual Assessment

The **Wechsler Intelligence Scale for Children-IV** is an individually administered comprehensive measure of a child's learning potential, current level of functioning, cognitive strengths and weaknesses, and learning style.  The Full Scale Intelligence Quotient (FSIQ) typically represents the child's overall intelligence.  The Full Scale IQ score is made up of scores from four cognitive domains (Verbal Comprehension Index, Perceptual Reasoning Index, Working Memory Index, and Processing Speed Index).

Edith's FSIQ of 88 falls in the Low Average range.  However, in Edith's case the FSIQ may not be meaningful due to unusual variability between Index scores.  The difference between Edith's highest Index (PRI 110) and her lowest Index (PSI 73) is unusual.  Because Edith's performance on the Verbal Comprehension and Perceptual Reasoning Indexes was similar, these Indexes can be combined to yield a General Ability Index (GAI).  The GAI is not directly influenced by Edith's performance on Working Memory and Processing Speed Indexes.  Edith earned a GAI of 101, which falls in the Average range.

The *Verbal Comprehension Index (VCI)* is a measure of verbal concept formation, verbal reasoning, and knowledge acquired from one's environment.  Edith obtained a VCI of 93, which falls in the Average range.

The *Perceptual Reasoning Index (PRI)* consists of subtests that measure perceptual and fluid reasoning, spatial processing, and visual-motor integration.  Edith obtained a PRI of 110, which falls in the High Average range.

The *Working Memory Index (WMI)* is a measure of the individual's working memory abilities such as attention, concentration, mental control, and reasoning.  Edith obtained a WMI of 83, which falls in the Low Average range.

The *Processing Speed Index (PSI)* is a measure of the individual's ability to quickly and accurately scan, sequence, and discriminate simple visual information, and also includes short-term visual memory, attention, and visual-motor integration.  Edith obtained a PSI of 73, which falls in the Borderline range.

| Index | Standard Score | Percentile Rank | Description |
|---|---|---|---|
| Verbal Comprehension | 93 (87-100) | 32 | Average |
| Perceptual Reasoning | 110 (102-117) | 75 | High Average |
| Working Memory | 83 (77-92) | 13 | Low Average |
| Processing Speed | 73 (67-85) | 04 | Borderline |
| Full Scale IQ | 88 (83-93) | 21 | Low Average |
| **General Ability Index** | **101 (95-107)** | **53** | **Average** |

| Subtest | Scaled Score (7-13 Average) |
|---|---|
| Block Design | 12 |
| Similarities | 10 |
| Digit Span | 05 |
| Picture Concepts | 12 |
| Coding | 04 |
| Vocabulary | 09 |
| Letter-Number Sequence | 09 |
| Matrix Reasoning | 11 |
| Comprehension | 07 |
| Symbol Search | 06 |

## **Achievement**

The **Wechsler Individual Achievement Test-Third Edition** is an individually administered assessment used to measure achievement areas.

### Reading Areas

The *Total Reading Composite* combines standard scores from the reading subtests to create an overall reading ability score. Edith's Total Reading Composite score of 75 is in the Below Average range.

The *Basic Reading Composite* combines the Word Reading and Pseudoword Decoding subtests. Edith's standard score of 76 for this composite falls in the Below Average range. *Word Reading* requires the student to read aloud a list of increasingly difficult words. Edith scored in the Below Average range on the Word Reading subtest. In the *Pseudoword Decoding* subtest, the student is asked to read aloud from a list of single nonwords. Edith scored in the Below Average range, indicating difficulty with phonemic segmenting and blending.

The *Reading Comprehension and Fluency Composite* combines the Reading Comprehension and Oral Reading Fluency subtests. Edith's score of 75 is in the Below Average range. *Reading Comprehension* passage items emphasize the ability to extract meaning from a set of related sentences, and deemphasize vocabulary. Edith scored in the Average range on this subtest. She was able to answer open-ended questions about the passages she read, using inference and the examination of context clues. *Oral Reading Fluency* measures oral reading fluency of expository and narrative passages. Edith scored in the Low range on this subtest. She guessed at some of the words in the passages, or she used them in a different tense of the word.

### Written Expression Areas
The *Written Expression Composite* combines scores from Sentence Composition, Essay Composition, and Spelling. Edith's overall Written Expression score of 84 is in the Below Average range. The *Sentence Composition* subtest is derived from the two components: *Sentence Combining and Sentence Building*. Both of these components within the subtest assess various writing skills such as development and organization of ideas, semantics, grammar, and

mechanics.  Edith scored in the Average range on this subtest.  She had some difficulty with grammar and spelling.  The *Essay Composition* subtest measures the student's written response to a prompt and involves productivity, theme development, text organization, and may also measure grammar and mechanics.  Edith's score for this area falls in the Average range.  The *Spelling* subtest assesses the student's ability to spell common words accurately.  Edith scored in the Below Average range on this subtest.  She was able to spell some simple words that could be spelled phonetically; however, she showed difficulty with words that have irregular spellings and silent letters.

Mathematics Areas

The *Mathematics Composite* combines the scores from Math Problem Solving and Numerical Operations to provide a description of Edith's overall math achievement.  Edith's score of 91 for the Mathematics Composite falls in the Average range.  The *Math Problem Solving* subtest focuses on reasoning and mathematical concepts and their application to meaningful problem solving.  Edith scored in the Average range on this subtest.  She had difficulty with some items involving reading graphs.  *Numerical Operations* assesses the ability of numeration, basic operations, fractions, decimals, algebra, roots, exponents, signed numbers, binomials, and factorial expansion.  Edith scored in the Average range.  She was able to solve single-digit and multi-digit addition and subtraction problems with ease.  She had difficulty with some multiplication facts, and she did not attempt any items involving division.

| Composite | Standard Score | Percentile Rank | Description |
|---|---|---|---|
| Total Reading | 75 | 05 | Below Average |
| Basic Reading | 76 | 05 | Below Average |
| Reading Comprehension and Fluency | 75 | 05 | Below Average |
| Written Expression | 84 | 14 | Below Average |
| Mathematics | 91 | 27 | Average |

| Subtest | Standard Score | Percentile Rank | Description |
|---|---|---|---|
| Reading Comprehension | 94 | 34 | Average |
| Math Problem Solving | 94 | 34 | Average |
| Sentence Composition | 89 | 23 | Average |
| Word Reading | 70 | 02 | Below Average |
| Essay Composition | 90 | 25 | Average |
| Pseudoword Decoding | 82 | 12 | Below Average |
| Numerical Operations | 91 | 27 | Average |
| Oral Reading Fluency | 64 | 01 | Low |
| Spelling | 84 | 14 | Below Average |

**Adaptive Behavior**

Adaptive Behavior Assessment System

The Adaptive Behavior Assessment System-Second Edition provides a comprehensive, norm-referenced assessment of adaptive skills for individuals ages birth to 89 years.  The ABAS-2

provides for a complete assessment of the daily, functional skills of an individual.  Edith's mom and teacher completed the Parent and Teacher Rating Scale.  Overall ratings resulted in a composite score of 92, which falls in Average range.  Scaled scores are as follows:

| Skill Areas | Teacher | Parent |
|---|---|---|
| Communication | 7 | 8 |
| Functional Academics | 5 | NA |
| Self Direction | 7 | 9 |
| Conceptual | 85 | 91 |
| Leisure | 9 | 10 |
| Social | 10 | 10 |
| Social | 98 | 100 |
| Community Use | 9 | 9 |
| School/Home Living | 10 | 9 |
| Health and Safety | 11 | 9 |
| Self Care | 10 | 10 |
| Practical | 99 | 98 |
| Adaptive Composite | 92 | 95 |

Conceptual Scales

The Communication scale measures speech, language and listening skills needed for communication with other people including vocabulary, responding to questions, conversation skills and nonverbal communication skills.  The Functional Pre-Academic scale assesses one's basic pre-academic skills that form the foundation for reading, writing, mathematics, and other skills needed for daily, independent functioning, including letter recognition, counting, and drawing simple shapes.  Skills needed for independence, responsibility and self-control, including making choices about food and clothing, starting and completing tasks, following a daily routine and following directions is measured by responses on the Self Direction Scale.

Social Scales

The Leisure scales measures skills needed for engaging in and planning leisure and recreational activities, including playing with others, playing with toys, engaging in recreation at home and following rules in games.  The ability to interact socially and get along with others people, including expressing affection, having friends, showing and recognizing emotions, assisting other and using manners is assessed on the Social Scale.

Practical Scales

The Community Use scale measures skills needed for functioning and appropriate behavior in the community, including getting around in the community, expression of interest in activities outside the home and recognition of different facilities.  The School/Home Living scale is designed to assess skills needed for basic care of a home or living setting or a school or classroom setting, including cleaning, straightening, helping adults with household tasks and

taking care of personal possessions.  The Health and Safety scale measures skills needed for protection of health and to respond to illness and injury, including following safety rules, using medicines, showing caution and keeping out of physical danger.  The ability to provide care for oneself, including eating, dressing, bathing, toileting, grooming and hygiene, is assessed with responses on the Self Care Scale.

## Communicative Abilities

The Clinical Evaluation of Language Fundamentals-4 screener was administered and yielded a total score that fell above the established criterion level.  This indicates that Edith has passed the language screener.  Edith appears to have adequate development of language.

Learning Processes

Auditory Perception

The Wepman Auditory Discrimination Test measures the ability to recognize differences that exist between phonemes in English speech.  Edith's score indicates average performance.

Visual Motor Perception

The Bender Visual-Motor Gestalt Test, Second Edition (Bender Gestalt II) is a measure of visual-motor perception in children and adults.  This assessment requires the individual to copy geometric designs.  Edith's standard score of 100 indicated average performance.

Subject Area Testing

The Woodcock Johnson III Normative Update Tests of Achievement were administered to further measure academic skills in basic reading and reading fluency.

*Letter Word Identification* measures recognition of letters and words in isolation. This subtest contains a large amount of words that are difficult to say correctly unless the individual is familiar with them.  Edith scored in the Low range.

*Reading Fluency* is a timed task in which the student is asked to read short sentences and answer "yes" or "no" type questions.  Edith earned a Low score on this subtest.

*Word Attack* measures skills in applying rules of phonics to nonwords.  Edith earned a score falling in the Low Average range.

| Subtest | Standard Score | Percentile Rank | Description |
|---|---|---|---|
| Letter-Word Identification | 78 | 07 | Low |
| Reading Fluency | 70 | 02 | Low |
| Word Attack | 80 | 09 | Low Average |

## Impressions and Recommendations

Edith is a 9 year old female currently in the third grade at Downton Elementary. She was referred for an evaluation due to concerns with reading and writing skills.

The results of the intellectual assessment suggest measured ability to fall in the average range (GAI 101). Edith displayed a processing speed weakness which can impact the fluency in which one reads.

Achievement testing results indicate that Edith is below average in basic reading, reading fluency, and overall written expression. Reading comprehension and math achievement fall within the average range. Subject area testing indicates below average basic reading and reading fluency.

A regression analysis to identify a severe discrepancy between ability and achievement was used. The regression analysis was calculated at the 1.75 standard deviation level with a 50% probability that a true discrepancy exists. Edith's scores in basic reading and reading fluency are severely discrepant from measured ability (GAI) at this level. This is one criterion that can be used for the establishment of a specific learning disability.

While ultimate determination of the existence of a primary disability is the responsibility of the evaluation committee, these test results suggest possible eligibility for special education services under the disability of Specific Learning Disability in basic reading and reading fluency. These results will be used by the post evaluation committee to assist in establishing the existence of a primary disability and to assist in educational programming.

The following may be helpful when working with Edith:
- Use of flashcards may be helpful to improve both speed and fluency
- Strategies to build phonemic blending and segmenting should be considered
- Provide instruction in spelling of frequently occurring words with irregular patterns that are not easily decoded (-ight, -tion, ould)
- Allow extra time on reading assignments or modify assignments to adjust for difficulties with fluency
- Peer tutoring may be helpful for Edith when working to improve reading fluency by listening to herself read out loud and having immediate feedback from others.
- Provide pre-teaching or review of vocabulary for word problems in math

_____
, NCSP
Licensed Psychological Examiner-I
School Psychology Specialist

STANDARD SCORE REGRESSION COMPARISON 2004

## REGRESSION RESULTS

Code/Name/Age:      /Edith/ 9

DOB/DOE/Evaluator: 01-18-2007/03-19-2016/Mrs. Hughes

Intelligence Test: WISC GAI
Achievement Test: WIAT-III

Achievement Subtests
1. Basic Reading Composite          4. Numerical Operations
2. Reading Comprehension           5. Oral Rdg Fluency
3. Math Problem Solving             6. Written Expression

| | 1. | 2. | 3. | 4. | 5. | 6. |
|---|---|---|---|---|---|---|
| Severity Value: 1.75 | | | | | | |
| Obtained Achievement Score: | 76 | 94 | 94 | 91 | 64 | 84 |
| Mean Achievement Score for 101 IQ: | 100.6 | 100.6 | 100.6 | 100.6 | 100.6 | 100.6 |
| Regressed Discrepancy Size: | -24.6 | -6.6 | -6.6 | -9.6 | -36.6 | -16.6 |
| Normal Pop. Discrep. Prevalence (%): | 2.0 | 29.1 | 29.1 | 21.2 | 0.1 | 8.4 |
| Statistically Significant Discrepancy? | Yes | No | No | No | Yes | Yes |
| Possible Severe Discrepancy? | Yes | No | No | No | Yes | Yes |
| Probability of Severe Discrepancy (%): | 94.9 | 4.4 | 1.2 | 1.9 | 99.9 | 10.6 |

**Appendix B. Sample Reports representing Response to Intervention Method**
**This report is a sample and not a required template for this methodology.**

Four Star Public Schools

**CONFIDENTIAL**

**PSYCHOEDUCATIONAL EVALUATION REPORT**

NAME: Sam Jones                                SCHOOL YEAR: 2015-2016
DATE OF BIRTH: XX/XX/XXXX          SCHOOL OF ATTENDANCE: NWA School
GRADE:  3rd                   C-A: 8-X          LAST DATE OF EVALUATION: X/XX/XXXX

**REASON FOR REFERRAL:**
     Sam was referred for a comprehensive evaluation due to academic concerns in reading, and in order to determine whether student meets additional eligibility criteria as a student with a Specific Learning Disability under the Individuals with Disability Education Act.  Sam currently receives special education services under the primary disability of Speech or Language Impairment due to a mild articulation and mild expressive language delay.  Sam has been participating in the intensive Tier 3 research-based intervention, Barton, an Orton-Gillingham-based phonics intervention.  This intervention occurs daily in a small group setting for 45-minute sessions.  Sam's teacher reports that student is not making sufficient progress in reading, and that he continues to perform below grade level.

**BACKGROUND INFORMATION**
Social/Medical History
     According to the social history completed by Mrs. Jones, the Student's mother, Sam lives at home with both parents, and a younger brother.  Mrs. Jones reports that she did not experience any problems during her pregnancy, however she did experience difficulty during her delivery. Sam was delivered via a Cesarean, and weighed 8 lbs. 2 oz.  He was born jaundiced. He did not require medical assistance to breathe.  Sam experienced frequent ear infections until age 3, and has seasonal allergies.  Mrs. Jones reports that Student met his developmental milestones within the normal limits, with the exception of language.  He did not speak using 2-3 word phrases by age 2, or use sentences of 3 or more words by age 4.  Sam received speech therapy at age 2 through Early Intervention, and continued to receive speech and language services through age 5. He continued with speech therapy when he entered Kindergarten, and he has been receiving speech services at NWA School since then.  Mrs. Jones reports that there is a family history of speech difficulties.
     Mrs. Jones reports that Sam is very detail-oriented, he is caring, he loves to build with Legos, and he likes to play video games.  He experiences difficulties with reading, staying focused, and he becomes easily overwhelmed.

Hearing screening: Passed 9/25/15                Vision screening: Passed  9/25/15

## SCHOOL HISTORY

Sam attended preschool in City, Arkansas.  He has attended NWA Elementary School from Kindergarten through this 3rd grade year, and he has been participating in systematic research-based small group interventions for the past two years.  He is currently in the Tier 3 research-based intervention, Barton Reading and Spelling System, which he started in September 2015.  Barton is an Orton-Gillingham based phonics intervention. This intervention occurs daily, and in a small group setting for 45-minute sessions.  During 2nd grade, Sam participated in the small group reading intervention of Haggerty, and the computer-based reading intervention, Lexia.  These interventions focus on developing phonemic awareness and phonics skills.  During 2nd grade, he also received after-school one-on-one tutoring in reading from a certified teacher three days each week for 45-minute sessions.

Sam's 3rd grade teacher, Ms. Smith, reports that student demonstrates strength in math, and a weakness in reading as he struggles with decoding words.  In regard to peer relations, Ms. Smith reports that Sam does not experience difficulty interacting or socializing with peers in the classroom or during recess.  In regard to classroom behavior, he demonstrates difficulty completing work independently, and at times, he may wander around the room instead of working on the assignment. He also demonstrates poor organization skills, and loses or misplaces assignments frequently.

## PREVIOUS EVALUATION

4/22/16        Speech and Language Evaluation NWA Public Schools

A speech and language evaluation was completed on 4/22/16.  The results indicated a mild articulation delay, and a mild expressive language delay. Please refer to the report for detailed information.

## OBSERVATIONS

Classroom Observation:

Sam was observed by the School Counselor on XX/XX/XXXX for 30 minutes.  During the classroom observation, the class was reasonably quiet, orderly, and there were 20 students present.  He was observed during his small group reading lesson, with his classroom teacher. The students conducted a book review, and each student was given an opportunity to share their perspective of the story.  The student's attention was inconsistent during this time.  He was more attentive when the teacher was in close proximity and paying attention to him, but his attention would wander when the teacher focused on other students. Sam was also more attentive when he was directly engaged, and he had something to contribute.  Next, Ms. Smith distributed the books, and reviewed the key words with the group. At this time, the student began to fidget with the pencil basket on the table while his peers took turns answering questions.  The student then gave the "thumbs up" signal to indicate that he wanted to share his answer.  The students then

took turns reading aloud, and Ms. Smith helped them sound out words as needed. She then reviewed common errors that occurred with most students. The independent reading assignment was given, and the timeline for completing it was reviewed with the group. As the reading group ended, the students returned to their seats to work independently. At this time, Sam put his folder away, walked over to the reading area, then back to his seat where he was observed to look through a couple of books.

TESTING OBSERVATIONS

The student willingly came with this examiner during each testing session, and was cooperative during the one on one setting, at which time rapport was established. Sam was on-task for the majority of the testing sessions, and put forth good effort to the tasks at hand. During a student interview, the student reported that math is his favorite subject, and gives him the least trouble. Social studies, on the other hand, is his least favorite subject, and reading is the subject that gives him the most trouble. Sam stated that he has friends at school, and his interests include playing video games, basketball, and playing outside.

**TESTS ADMINISTERED**
Social History
Vision and Hearing Screening
Observation (s)
Review of Records
Kaufman Assessment Battery for Children-Second Edition (KABC-2)
Kaufman Test of Educational Achievement-Second Edition (KTEA-2)
Gray Oral Reading Test-5th Edition (GORT-5)
Behavior Assessment System for Children-2nd Edition Teacher and Parent Forms
Beery Buktenic Test of Visual-Motor Integration-6th Edition (VMI)
Test of Auditory Processing Skills- 3rd Edition (TAPS-3)
Curriculum Based Assessment
Classroom Based Assessment
Speech and Language Evaluation

**CURRENT EVALUATION RESULTS**
INTELLECTUAL ASSESSMENT

**Kaufman Assessment Battery for Children- Second Edition (KABC-II)**

| Index | Standard Score | Percentile | Descriptive Category |
|---|---|---|---|
| Short-term memory | 85 | 16th | Low Average |
| Visual processing | 126 | 96th | Above Average |
| Long-term storage and retrieval | 94 | 34th | Average |
| Fluid reasoning | 111 | 77th | Average |
| Crystallized ability | 95 | 37th | Average |
| Fluid Crystallized Index | 101 | 53rd | Average |

*Standard scores between 85 and 115 are considered within the Average range*

The **Kaufman Assessment Battery for Children-Second Edition (KABC-II)** is an individually administered measure of the processing and cognitive abilities of individuals ages three through eighteen. The Fluid Crystallized Index for students ages 7-18 years old consists of the following Index areas: Short-Term Memory, Visual Processing, Long-Term Storage and Retrieval, Fluid reasoning, and Crystallized ability. The student's overall cognitive ability, as measured by the Fluid Crystallized Index, falls within Average range, at the 53rd percentile.

The Short-Term Memory Index assesses the broad ability that requires apprehending and holding information in immediate awareness briefly, and then using that information within a few seconds. This also involves arranging input in sequential or serial order to solve a problem. The student performed within the Low Average range, at the 16th percentile.

The Visual Processing Index assesses the broad ability that allows one to perceive, manipulate, and think with visual patterns and stimuli, and to mentally rotate objects in space. The student performed in the Above Average range, at the 96th percentile, and demonstrates a normative strength on this Index.

The Long-Term Storage and Retrieval Index assesses the broad ability to store information and to retrieve that information fluently and efficiently. The child is taught verbal labels that are paired with visual stimuli, and he needs to learn these paired associations and fluently retrieve it later. Sam performed in the Average range, at the 34th percentile on this index.

The Fluid Reasoning Index assesses the broad ability to reason, form concepts, and solve problems using unfamiliar information or novel procedures. Sam performed within the Average range, at the 77th percentile on this index.

The Crystallized Ability Index involves a variety of questions that assess knowledge of words and facts, using a variety of verbal and pictorial stimuli. Sam performed in Average range, at the 37th percentile on this index.

**Wechsler Intelligence Scale for Children-4<sup>th</sup> Edition (WISC-IV)**

The Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV) is a standardized intelligence test. The Processing Speed Index was administered in order to gain additional information about the student's cognitive processing.

| Index | Standard Score | Percentile | Descriptive Category |
|---|---|---|---|
| Processing Speed | 106 | 66th | Average |

The Processing Speed Index (PSI) assesses the ability to fluently perform cognitive tasks automatically, especially when under pressure to maintain focused attention and concentration. The student performed within the Average range, at the 66th percentile.

## PERCEPTUAL SKILLS ASSESSMENT
*Beery Buktenica Developmental Test of Visual-Motor Integration (VMI)-6<sup>th</sup> Edition*
Standard Score: 90

The VMI assesses visual motor integration for paper-and-pencil tasks in a structured format, and is not timed. Sam performed within the average range on this task compared to other children his age.

*Test of Auditory Processing Skills-3<sup>rd</sup> Edition (TAPS-3)*

The **TAPS-3** assesses a child's ability to comprehend auditory information. This test is not designed to assess hearing acuity and/or sensitivity. The following are the student's results:

| | Scaled Score | Descriptive Category |
|---|---|---|
| Phonologic Index | | |
| Word Discrimination | 11 | Average |
| Phonological Segmentation | 7 | Average |
| Phonological Blending | 9 | Average |
| Memory Index | | |
| Number Memory Forward | 3 | Below Average |
| Number Memory Reversed | 7 | Average |
| Word Memory | 4 | Below Average |
| Sentence Memory | 5 | Below Average |
| Cohesion Index | | |
| Auditory Comprehension | 6 | Below Average |
| Auditory Reasoning | 10 | Average |

|                      | Standard Score |               |
|----------------------|:--------------:|:-------------:|
| Phonologic Index     | 95             | Average       |
| Memory Index         | 74             | Below Average |
| Cohesion Index       | 90             | Average       |
| Overall Index Score  | 85             | Low Average   |

*Scaled scored between 7 and 13 are within the average range*
*Index scores between 85 and 115 are considered within the average range*

The **TAPS-3** is comprised of the Phonologic Index, Memory Index, and Cohesion Index. The student's performance on the Overall Index Score, falls within the Low Average range. The Phonologic Index consists of Word Discrimination, Phonological Segmentation, and Phonological Blending subtests. This Index assesses the basic phonological abilities that allow one to discriminate between sounds within words, segment words into morphemes, and blend phonemes into words. All of these skills are important when learning to read. Sam performed in the Average range on the Phonologic Index.

The Memory Index consists of the Number Memory Forward, Number Memory Reversed, Word Memory, and Sentence Memory subtests. This index measures basic memory processes, including sequencing. Sam performed in the Below Average range on this Index.

The Auditory Cohesion Index consists of the Auditory Comprehension (how well the student understands spoken information), and Auditory Reasoning subtests (reflects higher-order linguistic processing, and is related to understanding jokes, riddles, inferences, and abstraction). Sam performed in the Average range on the Auditory Cohesion Index.

## ACADEMIC ACHIEVEMENT ASSESSMENT
*Kaufman Test of Educational Achievement, 2nd Edition*

|                              | Standard Score | Descriptive Category |
|------------------------------|:--------------:|:--------------------:|
| Reading Composite            | 82             | Below Average        |
| Letter and Word Recognition  | 84             | Below Average        |
| Reading Comprehension        | 84             | Below Average        |
| Phonological Awareness       | 96             | Average              |
| Reading Fluency              | 84             | Below Average        |
| Word Recognition Fluency     | 86             | Average              |
| Decoding Fluency             | 84             | Below Average        |
| Math Composite               | 120            | Above Average        |
| Math Concepts/Applications   | 112            | High Average         |
| Math Computation             | 119            | Above Average        |

| | | |
|---|---|---|
| Written Language Composite | 87 | Average |
| Spelling | 88 | Average |
| Written Expression | 89 | Average |

*Standard scores between 85 and 115 are considered within the Average range*

Sam was administered the **KTEA-2**, a standardized academic achievement test. When compared to other children his age, he performed in the Above Average range in Math Computation (math calculation problems including addition and subtraction with and without regrouping, multiplication, division, and fractions), and in the Average range in Math Concepts and Application (number concepts, addition, subtraction, tables/graphs, time and money, geometry, measurement, multi-step problems, and word problems). Sam performed in the Average range on the Phonological Awareness subtest (rhyming, segmenting, and deleting sounds), Spelling subtest, and Written Expression subtest (filling in missing words, completing and combining sentences, mechanics, and producing a written response to a prompt).

Sam performed in the Below Average range in Letter and Word Recognition (reading a list of words aloud), and Reading Comprehension (reading sentences and/or passages aloud then answering comprehension questions). He also performed in the Below Average range on the Reading Fluency Composite, which is comprised of Word Recognition Fluency (reading words aloud in a timed format), and Decoding Fluency (reading nonsense words aloud in a timed format).

*2nd Area Achievement Testing*
*Gray Oral Reading Test –5th Edition (GORT-5)*

| | Scaled Score |
|---|---|
| Rate score | 7 |
| Accuracy score | 2 |
| Fluency Score | 4 |
| Comprehension score | 10 |
| | Standard Score |
| Oral Reading Quotient | 82 |

The **GORT-5** was administered as a second area achievement test. Sam performed within the low average range in "Rate" (amount of time taken to read a story aloud), and in the well below average range in "Accuracy" (ability to read each word correctly). His overall "Fluency" score, which is a combination of his Rate and Accuracy, falls within the below average range. He performed in the average range on the comprehension scale. Sam's overall Oral Reading Quotient score, which is a combination of Fluency and Comprehension, falls within the below average range, at the 12th percentile.

**CURRICULUM BASED ASSESSMENT**

Ms. Smith completed a 3rd Grade Curriculum-Based Assessment Checklist. This checklist is an informal measure of a child's progress towards meeting the common core standards. In the area of Reading, Sam is rated as having "mastered" 7/30 standards, and "developing" in 23/30 standards at this time. In the area of writing, he has "mastered" 0/36 standards, and is rated as "developing" in 36/36 standards at this time. In the area of math, Sam has "mastered" 19/49 standards, and he is rated as "developing" in 30/49 standards at this time. Please refer to the CBAs for detailed information regarding the 3rd grade standards.

**CLASSROOM BASED ASSESSMENT**

Ms. Smith completed a Classroom Based Assessment as part of this evaluation. She reports that Sam's low grades are due to lack of assignment completion, poor memorization skills, and poor work habits. His behavior is reported to be acceptable, he uses good manners, he contributes and participates in class discussions, he cooperates and works well with others, and he responds positively to correction. Ms. Smith indicates that he is easily distracted, and over-active/frequently in motion. In the area of work habits, Sam comes to class with materials, he returns homework, and he attempts his work. He struggles with the following daily work habits: he does not complete assignments on time, he does not use independent work time wisely, he does not attend to teacher lecture/presentation, he does not keep pace with the class, he does not successfully follow teacher model, he is unable to read content vocabulary, he is unorganized, and he is not motivated or serious about his work. He also needs prompting to work, he wastes class time, he is careless/sloppy with his work, and slow to finish his work.

**RESPONSE TO INTERVENTION**

*INTERVENTIONS*

Sam is currently participating in the Tier 3 research-based literacy intervention Barton Reading and Spelling, an Orton-Gillingham phonics based intervention. This intervention began in September 2015, and occurs in a small group setting with an interventionist for 45 minutes a day. During 2nd grade, he participated in the small group reading interventions of Haggerty and Lexia, a computer based reading intervention. Both of those interventions address phonics and phonemic awareness skills. During 2nd grade, Sam also received one on one tutoring after school from a certified teacher three days a week to help develop his reading skills. These interventions stated here were all provided with adequate fidelity.

*DISTRICT ASSESSMENT DATA*: *Dynamic Indicators of Basic Early Literacy Skills*

| 3rd Grade DIBELS | Beginning of Year Benchmark (September 2015) | Middle of Year Benchmark (January 2016) |
|---|---|---|
| Oral Reading Fluency | 48 wpm (at-risk) 70 is grade level | 56 wpm (at-risk) 86 is grade level |
| Oral Reading Fluency (accuracy) | 89 95 is grade level | 93 96 grade level |
| Oral Reading Fluency (retell) | 25 20 grade level | 28 26 grade level |

According to a review of records, the student performed in the at-risk range on the DIBELS Beginning of Year, Middle of Year, and End of Year Benchmark Assessments in 2nd grade. During this 3rd grade year, Sam continues to perform below grade-level, and in the at-risk range on both the Beginning of Year, and Middle of the Year Benchmark assessments. The results on the oral reading fluency progress monitoring assessments conducted this school year indicate that he is not making sufficient progress in the number of words read per minute. Through the course of the first semester, typical students progress at a rate of 16 words per minute on the DIBELS Oral Reading Fluency (DORF) measure. In order to successfully close the gap between his initial reading level and grade level expectations, Sam would need to improve at a rate of 32 words over that time period, which translate to a consistent improvement rate of 2 words per minute at each two week progress monitoring interval. To date, Sam's DORF score improved only 6 words, a rate of progress that does not keep pace with typical student improvement and does not close the gap between the his ability level and grade level expectations. Sam continues to be in the at-risk range and below grade level in oral reading fluency.

DIBELS Oral Reading Fluency progress monitoring results

| 9/23/15 | Progress monitoring 1 | 51 wpm |
|---|---|---|
| 10/7/15 | Progress monitoring 2 | 53 wpm |
| 10/22/15 | Progress monitoring 3 | 55 wpm |
| 11/19/15 | Progress monitoring 4 | 49 wpm |
| 12/16/15 | Progress monitoring 5 | 45 wpm |
| 2/7/16 | Progress monitoring 6 | 53 wpm |
| 2/19/16 | Progress monitoring 7 | 54 wpm |
| 3/5/16 | Progress monitoring 8 | 57 wpm |

DIBELS Oral Reading Fluency progress monitoring
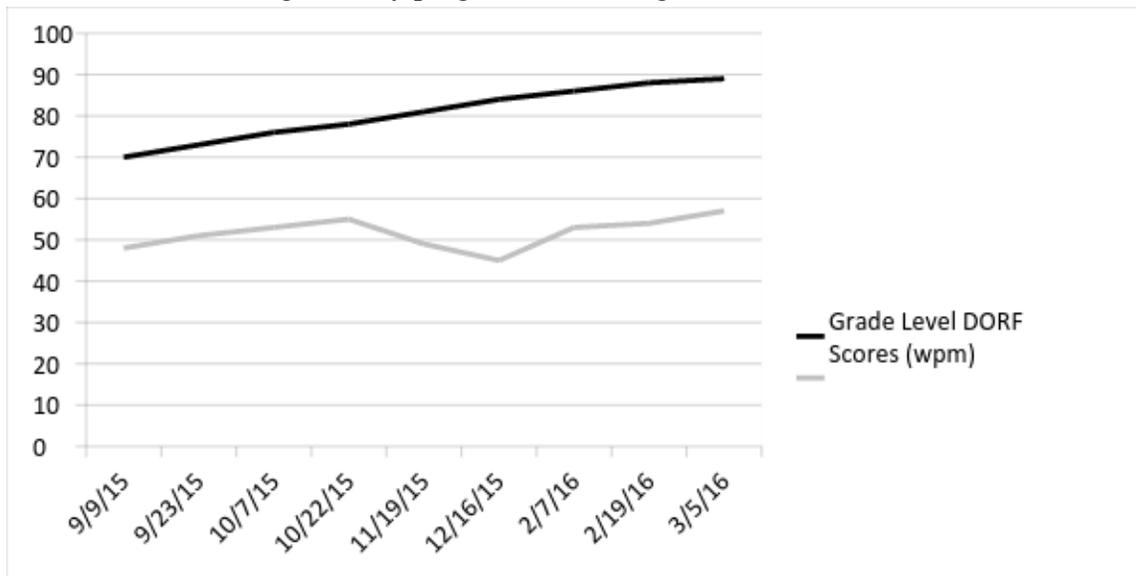


*Measures of Academic Progress (MAP)*

The MAP assessment is a computer-based assessment that is administered to all students in the district three times a year; in the Fall, Winter, and Spring. The MAP assessment adapts to a student's responses as they take the test. That is, if the student answers a question correctly, the test presents a more challenging item. However, if the student misses a question, the test offers a simpler item. In this way, the test narrows in on a student's learning level. The scores below indicate that Sam continues to perform below grade level in reading, and at grade level in math. In reading, from the fall 2014 to winter 2016, typical students would have demonstrated an 18 point improvement. Sam's initial score fell approximately two grades below expectations in the Fall of his second grade year (2016). In order to close the gap between himself and grade level expectations, Sam would have needed to make approximately 7 RIT points of growth per administration period. Initially, he met this expectation, but over the course of his third grade year has only made no improvement in his reading performance on the MAP.

*MAP Reading Assessment*

| Administration Period | Grade Level | Student RIT Score (Grade Level Score) | National Percentile Ranking |
|---|---|---|---|
| Winter 2016 | 3rd grade | RIT: 159 (197) | 1st percentile |
| Fall 2015 | 3rd grade | RIT: 168 (192) | 7th percentile |
| Spring 2015 | 2nd grade | RIT: 172 (190) | 12th percentile |
| Winter 2015 | 2nd grade | RIT: 161 (186) | 6th percentile |
| Fall 2014 | 2nd grade | RIT: 150 (180) | 5th percentile |

*MAP Reading Assessment*
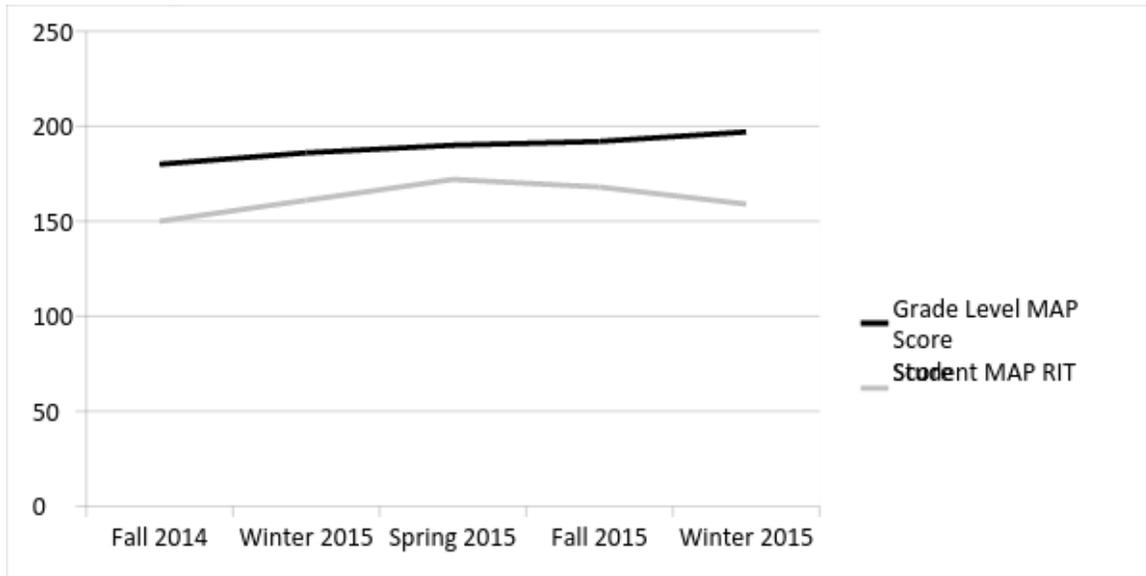


*MAP Math Assessment*

| Administration Period | Grade Level | Student RIT Score (Grade Level Score) | National Percentile Ranking |
|---|---|---|---|
| Winter  2016 | 3rd grade | RIT:  197 (199) | 45th percentile |
| Fall    2015 | 3rd grade | RIT:  196 (192) | 62nd percentile |
| Spring 2015 | 2nd grade | RIT:  192 (191) | 52nd percentile |
| Winter 2015 | 2nd grade | RIT:  170 (187) | 11th percentile |
| Fall 2014 | 2nd grade | RIT:  159 (180) | 7th percentile |

ACTAAP Iowa Test of Basic Skills

Results on the Iowa Test of Basic Skills in April 2015 indicate that Sam performed at the 22nd percentile in Literacy and at the 68th percentile in Math.

**ADAPTIVE BEHAVIOR ASSESSMENT**

*Behavior Assessment System for Children-Second Edition (BASC-2)*

The **BASC-2** is a comprehensive measure of both adaptive and problem behaviors within the school setting.  Sam's parent and teacher completed a **BASC-2** rating scale.  The **BASC-2** uses scores known as T-scores.  T-scores of 70 and above are referred to as "Clinically Significant," while T-scores of 60 to 69 are referred to as "At-Risk."  There may also be cases where skills are weak; therefore, low scores represent an impairment.  As such, T-scores of 30 and below are referred to as "Clinically Significant," and T-scores between 31 to 39 are considered "At-Risk."

The following results were obtained from Sam's teacher and mother (T-scores are in parentheses):

|  | Teacher | Mother |
|---|---|---|
| Clinically Significant<br>T score 70 and above or<br>30 and below | None | None |
| At-Risk<br>T score 60-69<br>or 31-39 | Learning Problems (65)<br>Adaptability (37)<br>Leadership Skills (32)<br>Functional Communication (37)<br>Adaptive Skills (34) | Atypicality (62)<br>Attention Problems (61)<br>Functional Communication (38)<br>Adaptive Skills (40) |

The following is a description of the scales listed above:

| *Scales* | *Definition* |
|---|---|
| Attention Problems | Tendency to be easily distracted and unable to concentrate more than momentarily |
| Learning Problems | Presence of academic difficulties particularly in understanding or completing schoolwork |
| Adaptability | Ability to adapt readily to changes in the environment |
| Leadership | the skills associated with accomplishing academic, social, or community goals, including the ability to work well with others |
| Functional Communication | Ability to communicates clearly, explain rules of games, describe feelings, track down information when needed, respond appropriately when asked a question |

Sam's teacher did not indicate any behaviors to be within the clinically significant range. He was rated in the At-risk range on the following scales: Learning Problems, Adaptability, Leadership, Functional Communication, and Adaptive Skills.

Mrs. Jones rated Sam within the at-risk range on the following scales: Atypicality, Attention Problems, Functional Communication, and Adaptive Skills.

**SPEECH AND LANGUAGE EVALUATION**

A speech and language evaluation was completed by the Speech Pathologist at NWA Elementary School. Please refer to the report for detailed information.

**SUMMARY**

Sam was referred for a comprehensive evaluation due to academic concerns in reading, and in order to determine whether student meets additional eligibility criteria as a student with a Specific Learning Disability under the Individuals with Disability Education Act. Sam currently receives special education services under the primary disability of Speech or Language Impairment due to a mild articulation and mild expressive language delay. He has been

participating in the intensive Tier 3 research-based intervention, Barton Reading and Spelling, which is an Orton-Gillingham based phonics intervention. This intervention occurs daily in a small group setting for 45-minute sessions. Sam's teacher reports that student is not making sufficient progress in reading, and that he continues to perform below grade level.

Sam was administered the **KABC-II** and portions of the **WISC-IV** to measure his cognitive processing abilities. Results on the **KABC-2**, indicate that his overall cognitive ability, as measured by the Fluid-Crystallized Index on the **KABC-II,** falls within the Average range and at the 53rd percentile compared to other children his age. An analysis of Sam's cognitive processes measured on the **KABC-II**, indicate that he performed in the Above Average range and demonstrates a normative strength on the Visual Processing Index. He performed in the Average range on the Long-Term Storage and Retrieval Index, the Fluid Reasoning Index, and the Crystalized ability Index; and in the Low Average range on the Short-Term Memory Index. The results on the **WISC-IV** indicate that Sam performed in the Average range on the Processing Speed Index. An analysis of Sam's performance on the **KABC-II** and **WISC-IV** indicate that his Short-term memory, which is the ability to encode, maintain and manipulate information in one's immediate awareness, falls within the Low Average to Below Average range. Difficulty in short-term memory may relate to difficulties decoding multisyllabic words, orally retelling or paraphrasing what one has read, and difficulty in reading comprehension.

The **Test of Auditory Processing Skills 3rd Edition** was also administered in order to assess Sam's auditory processing skills. Sam performed in the Low Average range on the Overall Total score; within the Average range on the Phonologic and Cohesion Indexes; and within the Below Average range on the Memory Index. Results on the Beery Buktenica Test of Visual-Motor Integration indicate average skills in visual-motor integration.

Results on the **KTEA-II**, indicate that Sam demonstrates a normative strength and performed within the Above Average range in Math Computation. He also performed in the High Average range in Math Concepts and Applications, and in the Average range on the Phonological Awareness, Spelling, and Written Expression subtests. Sam performed in the Below Average range on the Letter and Word Recognition, Reading Comprehension, and Reading Fluency subtests (Word Recognition Fluency and Decoding Fluency). Results on the **GORT-5** indicate that Sam performed in the below average range in Fluency (which is comprised of his Rate and Accuracy scores), within the average range in Comprehension, and within the Below Average range on the Overall Reading Quotient. His performance on the MAP reading assessments, and the DIBELS Oral Reading Fluency benchmark along with progress monitoring scores suggest that he is not making sufficient progress in reading as he continues to perform in the at-risk range and below grade level.

The **BASC-2** was completed by Sam's teacher and by his mother. His teacher rated him in the At-risk range on the following scales: Learning Problems, Adaptability, Leadership, Functional Communication, and Adaptive Skills. His mother rated him within the At-Risk range on the following scales: Atypicality, Attention Problems, Functional Communication, and Adaptive Skills.

**RECOMMENDATIONS**

This psychoeducational evaluation report is presented to the evaluation committee. This committee makes the ultimate decision about the student's eligibility for special education and related services in the least restrictive environment.

- The IEP committee is encouraged to review this psycho-educational evaluation, the current speech and language evaluation, as well as other available information about the student's learning and performance at school. Sam has been participating in a Tier 3 research-based reading intervention called Barton. This intervention began in September 2015, and occurs in a small group setting, every day for 45 minute sessions. The results of the standardized academic achievement test on the **KTEA-II** and **GORT-5** indicate that he is performing in the below average range, and below grade level in reading. A review of the District MAP reading assessments, as well as the DIBELS Oral Reading Fluency benchmark and progress monitoring scores suggest that Sam is not making sufficient progress in reading, even with intensive interventions in place. Therefore, following a Response to Intervention process, the IEP committee may determine that Sam meets eligibility criteria as a student with a specific learning disability in the areas of basic reading and reading fluency.

The results of the evaluation also indicate that Sam demonstrates difficulty with short-term memory, therefore he may experience difficulty encoding, maintaining, and manipulating information in his immediate awareness. The following recommendations may be beneficial:
- Use meaningful stimuli to assist with encoding and allow for experiential learning (e.g. learning while doing).
- Provide opportunities for repeated practice and review.
- Provide supports (e.g. lecture notes, guided notes, study guides, written directions) to supplement oral instruction.
- Break down instructional steps.
- Reading while listening and repeated reading (choral reading) are useful techniques for developing fluency.
- Provide opportunities for repeated practice and review.
- Provide supports (e.g. lecture notes, guided notes, and study guides) to supplement oral instructions.
- A re-evaluation is recommended in three years, or sooner if warranted.

_____

School Psychology Specialist  MA/CAGS, NCSP
Nationally Certified School Psychologist
Four Star Public Schools

**Appendix C.**
**Sample Report representing Patterns of Strengths and Weaknesses Method**
**This report is a sample and not a required template for this methodology.**

### CONFIDENTIAL RE-EVALUATION REPORT

| Name: D | Date: 1/8/16 |
|---|---|
| School: Middle School | Date of Birth: */**/04 |
| Grade: 6 | Age: 11 years, 8 months |

VISION AND HEARING SCREENING:
D passed the hearing screening administered by the school nurse on 10/17/15. She failed the vision screening and was referred for a follow up examination. The doctor's report dated 1/23/16 indicated that D has myopia and she was prescribed glasses to be worn for distance only. Her near vision is 20/20.

REASON FOR REFERRAL:
D recently transferred to NWA Public Schools from a School District in another state. She was referred for a re-evaluation to determine eligibility and programming in Arkansas. She was identified with a Speech/Language Impairment in the other state. Her IEP from the other state addressed Speech/Language services, written language, writing, and multiplication.

BACKGROUND INFORMATION:
D is an eleven-year-old female student in the sixth grade at NW Middle School. D's mother completed the social history update. She reported that D was the product of a normal pregnancy and was delivered via C-Section. She met developmental milestones of walking, talking and coordination within normal limits. D has no current medical problems and takes no routine medications. She lives at home with her mother, L, and three siblings. Also in the home are D's aunt and cousin.

Ms. Mom reported that D has a slight lisp and was receiving speech therapy in the other state. She has not repeated any grades. D likes school. D gets along with her friends, but tends to cry easily and get extremely upset when disappointed.

EDUCATIONAL HISTORY:
D recently transferred to NWA Public Schools from another state. She was identified as a student with a Speech/Language Impairment in the other state and received resource services and speech/language therapy. Services were continued in NWA Public School in accordance with her IEP from the other state.

LANGUAGE:
According to the Home Language Survey completed by D's parents, the primary language spoken in the home is English.

PREVIOUS TEST RESULTS:

| Completed on 1/6 & 1/19/13 by Previous Public Schools | WISC-IV | | WIAT-II | |
|---|---|---|---|---|
| | Full Scale IQ | 93 | Reading Composite | 90 |
| | Verbal Comprehension Index | 87 | Math Composite | 88 |
| | Perceptual Reasoning Index | 84 | Written Language Composite | 89 |
| | Working Memory Index | 102 | | |
| | Processing Speed Index | 118 | | |

TEST BEHAVIOR OBSERVATION:
D is an African American young lady with long braided brown hair and brown eyes. She was tested in a comfortable room at her middle school. She willingly accompanied this examiner to the testing room. She followed directions given by this examiner and seemed to try her best on the test items. The results reported are considered an accurate measure of her ability at this time.

INSTRUMENTS ADMINISTERED:
During the conference to determine re-evaluation needs, the committee determined that further assessment was needed in the areas of social history, cognitive ability, academic achievement, adaptive behavior and communication. The following are the instruments selected to assess these areas:
Differential Ability Scales, Second Edition (DAS-II)
Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV)
Comprehensive Test of Phonological Processing, Second Edition (CTOPP-2)
Wechsler Individual Achievement Test, Third Edition (WIAT-3)
The Beery-Buktenica Developmental Test of Visual-Motor Integration Sixth Edition (Beery VMI-6)
Criterion Test of Basic Skills in Arithmetic, Second Edition
Behavior Assessment System for Children, Second Edition Teacher Rating Scales (BASC-2 TRS)
Classroom/Curriculum Based Assessment
Classroom Observation
Review of School Records
** See Separate Speech/Language Report

TEST INTERPRETATION:
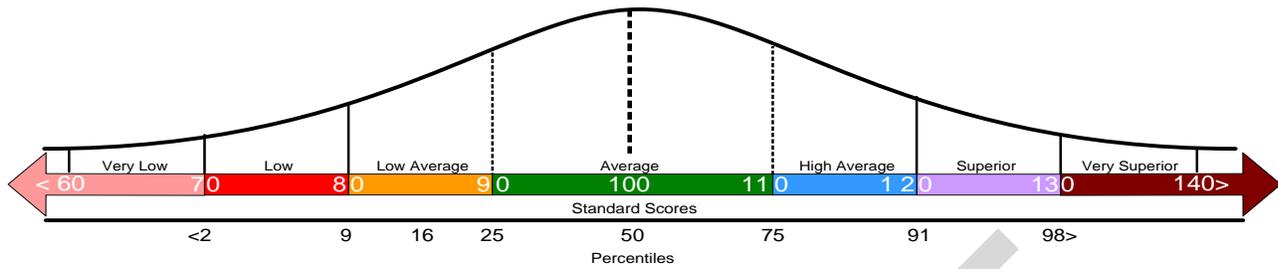


| T Score | Standard Score | Scaled Score | Range |
|---------|----------------|--------------|-------|
| Below 30 | Below 70 | Below 4 | Very Low |
| 30-37 | 70- 79 | 4-6 | Low |
| 37-43 | 80-89 | 6-8 | Below Average |
| 43-57 | 90-109 | 8-12 | Average |
| 57-63 | 110-119 | 12-14 | Above Average |
| 63-70 | 120-129 | 14-16 | High |
| Above 70 | Above 130 | Above 16 | Very High |

TEST RESULTS:

D was administered the **Differential Ability Scales, Second Edition** (**DAS-2**) and portions of the **Wechsler Intelligence Scales for Children, Fourth Edition** (**WISC-IV**), individually administered tests of intelligence to determine cognitive strengths and weaknesses. The **DAS-2** and **WISC-IV** measure several cognitive factors, also known as *G*. Her scores were interpreted using the Aptitude-Achievement Consistency Model of Pattern of Strengths and Weaknesses. In the context of this model, scores below 85 are considered below normal limits. Scores between 85-115 are within normal limits and scores above 115 are considered above normal limits. Below is a summary of the G factors and her performance.

| G Factor | Definition | Subtests | Converted Standard Score | Averaged Standard Score |
|----------|-----------|----------|--------------------------|-------------------------|
| Fluid Reasoning (Gf) | the broad ability to reason, form concepts, and solve problems using unfamiliar information or novel procedures | Matrices (DAS-2) | 90 | 87 Within Normal Limits |
| | | Sequential & Quantitative Reasoning (DAS-2) | 87 | |
| Crystallized Ability (Gc) | the breadth and depth of a person's acquired knowledge, the ability to communicate one's knowledge, and the ability to reason using previously learned experiences or procedures | Word Definitions (DAS-2) | 97 | 98 Within Normal Limits |
| | | Verbal Similarities (DAS-2) | 99 | |
| Visual Processing (Gv) | the ability to perceive, analyze, synthesize, and think with visual patterns, including the ability to store and recall visual representations | Pattern Construction (DAS-2) | 96 | 92 Within Normal Limits |
| | | Recall of Designs (DAS-2) | 90 | |

| Auditory Processing (Ga) | the ability to detect and process meaningful nonverbal information in sound | Phonological Processing (DAS-II) | 82 | 79 Below Expected Limits |
| | | Elision (CTOPP-2) | 75 | |
| | | Blending Words (CTOPP-2) | 90** | |
| Short Term Memory (Gsm) | the ability to apprehend and hold information in immediate awareness and then use it within a few seconds | Recall of Digits Forward (DAS-2) | 93** | 73 Below Expected Limits |
| | | Recall of Digits Backward (DAS-2) | 73 | |
| | | Recall of Sequential Order (DAS-2) | 84 | |
| Long Term Retrieval (Glr) | the ability to store information and fluently retrieve it later in the process of thinking | Recall of Objects Immediate (DAS-2) | 91 | 94 Within Normal Limits |
| | | Recall of Objects Delayed (DAS-2) | 100 | |
| | | Rapid Naming (DAS-2) | 94 | |
| Processing Speed (Gs) | the ability to perform automatic cognitive tasks, particularly when measured under pressure to maintain focused attention | Speed of Information Processing (DAS-2) | 109 | 111 Within Normal Limits |
| | | Coding (WISC-IV) | 85** | |
| | | Symbol Search (WISC-IV) | 110 | |

** Divergent Scores: scores that are significantly different from other factor scores and are not included in *averaged standard score*.

An achievement test is administered to determine the student's progress in academic areas. D was administered the **Wechsler Individual Achievement Test, Third Edition**. Below is a summary of her performance:

| Subtest | Description | SS | Range |
|---|---|---|---|
| Reading Comprehension | The student reads passages aloud or silently under un-timed conditions, and then answers open-ended questions about each one | 94 | Within Normal Limits |
| Word Reading | The student reads aloud a list of increasingly difficult words | 96 | Within Normal Limits |
| Pseudoword Decoding | The student reads aloud a list of increasingly difficult nonsense words | 97 | Within Normal Limits |
| Oral Reading Fluency | The student reads passages aloud, and then orally responds to comprehension questions | 101 | Within Normal Limits |
| Sentence Composition | The student combines the information from two or three sentences into single sentences that mean the same thing, and then the student writes meaningful sentences that use specific words. | 104 | Within Normal Limits |

| | | | |
|---|---|---|---|
| Essay Composition | The student writes an essay within a 10-minute time limit | 102 | Within Normal Limits |
| Spelling | The student writes single words that are dictated within the context of a sentence. | 89 | Within Normal Limits |
| Math Problem Solving | The student solves un-timed math problems related to basic skills (counting, identifying shapes, etc.), everyday applications (time, money, word problems, etc.), geometry, and algebra. | 79 | Below Expected Limits |
| Numerical Operations | The student solves un-timed written math problems in the following domains: basic skills, basic operations with integers, geometry, algebra, and calculus | 84 | Below Expected Limits |

Additional subject area tests were administered to measure D's skills in math. D was administered the **Criterion Test of Basic Skills in Arithmetic, Second Edition**. The **Criterion Test of Basic Skills in Arithmetic** is designed to assess a student's strengths and weaknesses in mathematics. Student's skills are determined to be "Frustration" (0-49% correct), "Instructional" (50-89% correct) or "Mastery" (90- 100% correct). Below is a summary of her performance on this administration:

| Skill Area | Correct Responses | Mastery Level |
|---|---|---|
| Addition: One Digit Numbers | 5/5 | Mastery |
| Addition: 2 & 3 Digit Numbers No Regrouping | 5/5 | Mastery |
| Addition: 2 & 3 Digit Numbers with Regrouping | 5/5 | Mastery |
| Subtraction: One Digit Numbers | 5/5 | Mastery |
| Subtraction: 2 & 3 Digit Numbers No Regrouping | 5/5 | Mastery |
| Subtraction: 2 & 3 Digit Numbers with Regrouping | 2/5 | Frustration |
| Multiplication: One Digit Numbers | 2/5 | Frustration |
| Multiplication: 1 & 2 Digit Combinations | 2/5 | Frustration |
| Division: One Digit Divisor | 3/5 | Instructional |
| Division: Two Digit Divisor | 0/5 | Instructional |
| Telling Time: Hour and Half Hour | 5/5 | Mastery |
| Telling Time: Five Minute Intervals | 4/5 | Instructional |
| Symbol Operation | 6/7 | Instructional |
| Fractions: Identifying Fractions | 5/5 | Mastery |
| Fractions: Improper Fractions to Mixed Numbers | 0/5 | Frustration |
| Fractions: Addition and Subtraction | 0/5 | Frustration |
| Decimals & Percents: Conversion | 5/6 | Instructional |

On the **CTBS-2**, D demonstrated strengths in addition (with and without regrouping), subtraction without regrouping, identifying fractions and telling time. She has not yet mastered skills in subtraction with regrouping, multiplication, division and addition and subtraction of fractions.

D completed the **Beery-Buktenika Developmental Test of Visual-Motor Integration, Sixth Edition** (**Beery VMI-6**). This instrument measures visual-motor integration skills. The student

is asked to copy line drawings onto paper.  The student is awarded a point for each drawing if it closely resembles the design.  Their scores are then compared to scores of other children the same age.  D received standard score of 97 on this administration.  Based on this score, D has average skills in visual-motor integration.

The **BASC-2** is a comprehensive measure of both adaptive and problem behaviors within the school setting.  The **BASC-2 Teacher Rating Scales** (TRS) consists of about 140 phrases describing positive and negative behaviors.  The teacher indicates how often the child displays each of these behaviors answering *Never, Sometimes, Often*, or *Almost Always*.  These phrases are grouped into 11 to 15 scales, with each scale relating to a specific area of behavior.  The student is scored using T-Scores based on norms from ratings of children his age.  The scales are divided into Clinical Scales, which focus on disruptive behaviors or internal problems and Adaptive Scales, which focus on positive psychological features and skills.  Scores in the Clinically Significant range suggest a high level of maladjustment while scores in the At-risk range may identify a significant problem that may not be severe enough to require formal treatment or may identify the potential of developing a problem that needs careful monitoring.

D received the following scores on this administration:

| Scale | T Score | Range | Description of Scale |
|---|---|---|---|
| Clinical Scales (59-below= Average Range, 60-69= At-risk Range, 70-above= Significant Range) | | | |
| Hyperactivity | 41 | Average | tendency to be overly active, rush through work or activities, and act without thinking |
| Aggression | 43 | Average | tendency to act in a physically or verbally hostile manner that is threatening to others |
| Conduct Problems | 42 | Average | tendency to engage in rule-breaking behavior |
| Anxiety | 42 | Average | tendency to be nervous, fearful, or worried about real or imagined problems |
| Depression | 45 | Average | excessive feelings of unhappiness, sadness, or stress |
| Somatization | 43 | Average | tendency to be overly sensitive or to complain about relatively minor physical problems or discomfort |
| Attention Problems | 38 | Average | tendency to be easily distracted and unable to concentrate for an extended period of time |
| Learning Problems | 48 | Average | presence of academic difficulties, particularly in understanding or completing schoolwork |
| Atypicality | 46 | Average | tendency to behave in ways that are immature or considered odd |
| Withdrawal | 47 | Average | tendency to evade others to avoid social contact |
| Adaptive Scales (41-above= Average Range, 31-40= At-risk Range, 30-below= Significant Range) | | | |
| Adaptability | 58 | Average | ability to adapt readily to changes in the environment |
| Social Skills | 40 | At-risk | skills necessary for interacting successfully with peers and adults |

| Leadership | 39 | At-risk | skills associated with accomplishing academic, social, or community goals |
|---|---|---|---|
| Study Skills | 45 | Average | skills conducive to strong academic performance, including organizational skills and good study habits |
| Functional Communication | 44 | Average | ability to communicate basic thoughts, knowledge, ideas, and feelings in a way others can understand |

CLASSROOM/CURRICULUM BASED ASSESSMENT:

D's teachers completed Student Progress Reports. According to these reports, D is making passing grades in her academic classes. She is attentive in class and usually completes assignments. She was noted to work hard and to be organized. She benefits from participation accountability, peer collaboration and one-on-one assistance. She is respectful and listens well in class.

CLASSROOM OBSERVATION:

D was observed in her science class by Mr. Jones, School Counselor. D was attentive in class and participated in class discussions, but did not have the assignment the students had previously completed. She did not seem stressed about not having the assignment. During the class, D was noted to interact with peers, give appropriate responses, respond to visual cues and accept feedback. She did not ask for feedback.

CONCLUSIONS AND RECOMMENDATIONS:

D is an 11-year-old student in the 6<sup>th</sup> grade at Middle School who currently receives special education services in a resource setting with the primary disability of Speech/Language Impairment. D recently transferred to NWA Public Schools from another state. A reevaluation was initiated to comply with Arkansas due process requirements and to aid in programming and placement decisions.

D was administered the **DAS-II** and portions of the **WISC-IV** to measure her cognitive abilities. D's cognitive skills are within normal limits in the areas of Crystallized Intelligence, Fluid Reasoning, Visual Processing, Long-Term Storage and Retrieval and Processing Speed. Her skills are below expected levels in Short Term Memory and Auditory Processing. Her achievement is in the average range on the Total Reading and Written Expression Composites and in the below average range on the Mathematics Composite on the **WIAT-III**. According to the authors of *Essentials of Cross Battery Assessment, Third Edition*, students who have weaknesses in short term memory struggle with following multi-step oral and written directions, have difficulty remembering information long enough to apply it, have difficulty remembering the sequence of information, struggle with rote memorization, and have difficulty maintaining one's place in a math problem or maintaining a train of thought while writing. Weaknesses in short-term memory are associated with academic weaknesses in math in the following areas: rote memorization of facts, remembering mathematical procedures, multistep problems and

regrouping, extracting information to be used in word problems.

No significant adaptive behavior concerns were noted on the **BASC-2 TRS**.

It is this examiner's opinion that D should be considered for placement in special education services due to the primary disability of Specific Learning Disability in math reasoning. The Arkansas Department of Education defines a Specific Learning Disability as "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 an imperfect ability to listen, think, speak, read, write or do mathematical calculations."

The team may determine that a student has a specific learning disability if:
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:

> **a.** Oral expression;
> **b.** Listening comprehension;
> **c.** Written expression;
> **d.** Basic reading skills;
> **e.** Reading fluency skills
> **f.** Reading comprehension;
> **g.** Mathematics calculation; or
> **h.** Mathematics problem solving.

The child does not make sufficient progress to meet age or State approved grade-level standards in one or more of the areas above when using a process based on the child's response to scientific, research-based intervention; or
The child exhibits 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 group to be relevant to the identification of a specific learning disability using appropriate assessments; and
The group determines that its findings under paragraphs 2 and 3 of this section are not primarily the result of -

> **a.** A visual, hearing or motor disability;
> **b.** Mental retardation;
> **c.** Emotional disturbance; or
> **d.** Cultural factors;
> **e.** Environmental or economic disadvantage; or
> **f.** Limited English proficiency.

To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider

**1.** 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

**2.** 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.

The evaluation committee will determine appropriate programming based upon careful analysis of all evaluation information, including the student's observed behavior during an instructional period.  Numerous intervention approaches and strategies have been developed for students who have specific learning disabilities.  It is the responsibility of instructional personnel to review and evaluate such interventions for appropriateness and effectiveness.  However, the emphasis must be on programming which meets individual needs.

Students with SLD often encounter difficulty with materials used in regular classroom instruction.  Therefore, modifications in pace, content and/or curriculum may be necessary for those classes.

It is recommended that the committee review all available assessment data and D's classroom performance when determining her educational needs.  A routine evaluation should be considered in three years if the committee determines that special education services continue to be appropriate for D.

Please consult the following recommendations for the remediation of deficit areas found in the evaluation.

1. Consider IEP goals to address math problem solving.
2. Classroom accommodations should be considered.  Relevant accommodations may include copies of lecture notes, use of an agenda planner, use of a calculator, visual supports, breaking large assignments into smaller chunks and repetition of directions.
3. The following interventions are recommended for students with deficits in short-term memory by the authors of *Essentials of Specific Learning Disability Identification* (2011):
    a. Provide opportunities for repeated practice and review
    b. Provide supports (e.g., lectures notes, study guides, written directions) to supplement oral instruction
    c. Break down instructional steps for student
    d. Provide visual support (e.g., time table) to support acquisition of basic math facts
    e. Outline math procedures for student and provide procedural guides or flashcards for the student to use when approaching problems

  f. Highlight important information within a word problems

  g. Have student write all steps and show all work for math computations

4. The following interventions are recommended for students with deficits in auditory processing by the authors of *Essentials of Specific Learning Disability Identification* (2011):

  a. Implement phonemic awareness activities

  b. Emphasize sight-word reading

  c. Teach comprehension monitoring (e.g. does the word I heard/read make sense in context?)

  d. Annunciate sounds in words in an emphatic manner when teaching new words for reading or spelling

  e. Use work preview/text preview to clarify unknown words

  f. Provided guided notes during note-taking activities

  g. Build in time for clarification questions related to items "missed" or "misheard" during lecture

  h. Supplement oral instruction with written instructions

  i. Shorten instructions

  j. Arrange preferential seating

  k. Localize sound source for student

  l. Minimize background noise.

_____

School Psych, M.S.

School Psychology Specialist

## Confidential Test Data Summary

Name: D                                       D.O.E.: 1/8/16

### DIFFERENTIAL ABILITY SCALES, SECOND EDITION

|  | Standard Score |  | T-Score |
|---|---|---|---|
| Verbal Cluster | 97 | Word Definitions | 49 |
|  |  | Verbal Similarities | 48 |
| Nonverbal Reasoning Cluster | 87 | Matrices | 43 |
|  |  | Sequential & Quantitative Reasoning | 41 |
| Spatial Cluster | 91 | Recall of Designs | 43 |
|  |  | Pattern Construction | 47 |
| Working Memory Cluster | 76 | Recall of Sequential Order | 39 |
|  |  | Recall of Digits Backward | 32 |
| Processing Speed Cluster | 102 | Speed of Information Processing | 56 |
|  |  | Rapid Naming | 46 |
| (Diagnostic Subtests) |  | (Recall of Objects- Immediate) | (44) |
|  |  | (Recall of Objects- Delayed) | (50) |
|  |  | (Recall of Digits Forward) | (45) |
|  |  | (Phonological Processing) | (38) |

### WECHSLER INTELLIGENCE SCALE FOR CHILDREN, FOURTH EDITION

| Processing Speed Index | 97 | Coding | 7 |
|---|---|---|---|
|  |  | Symbol Search | 12 |

### WECHSLER INDIVIDUAL ACHIEVMENT TEST, THIRD EDITION

|  | Standard Score |  | Standard Score | Grade Equivalent |
|---|---|---|---|---|
| Total Reading Composite | 94 | Reading Comprehension | 94 | 3.6 |
|  |  | Word Reading | 96 | 6.0 |
|  |  | Psuedoword Decoding | 97 | 5.7 |
|  |  | Oral Reading Fluency | 101 | 6.5 |
| Written Expression Composite | 97 | Sentence Composition | 104 | 7.8 |
|  |  | Essay Composition | 102 | 7.6 |
|  |  | Spelling | 89 | 4.7 |
| Mathematics Composite | 80 | Math Problem Solving | 79 | 3.4 |
|  |  | Numerical Operations | 84 | 4.5 |

### BEERY-BUKTENICA DEVELOPMENTAL TEST OF VISUAL MOTOR INTEGRATION, FIFTH EDITION

| Standard Score | 97 |
|---|---|

BEHAVIOR ASSESSMENT SYSTEM FOR CHILDREN, SECOND EDITION
TEACHER RATING SCALES

| | T-score | Range | | T-Score | Range |
|---|---|---|---|---|---|
| Behavior Symptoms Index | 42 | Average | Atypicality | 46 | Average |
| Hyperactivity | 41 | Average | Withdrawal | 47 | Average |
| Aggression | 43 | Average | Adaptive Skills Composite | 45 | Average |
| Conduct Problems | 42 | Average | Adaptability | 58 | Average |
| Anxiety | 42 | Average | Social Skills | 40 | At-risk |
| Depression | 45 | Average | Leadership | 39 | At-risk |
| Somatization | 43 | Average | Study Skills | 45 | Average |
| Attention Problems | 38 | Average | Functional Communication | 44 | Average |
| Learning Problems | 48 | Average | | | |

** See Classroom Observation

** See Classroom/Curriculum Based Assessment

** See Separate Speech/Language Report

g-Value

Data Organizer

S&W Indicator

Start

Index

PSW-A Data Summary

XBA Analyzer

Selecting PSW Scores

# Cross-Battery Assessment Software System (X-BASS® v1.1)

## Dual-Discrepancy/Consistency Model: PSW Analyses for SLD

Conceptualization by D.P. Flanagan, S.O. Ortiz, V.C. Alfonso; Programming by S.O. Ortiz and A.M. Dynda
Copyright © 2015 Samuel O. Ortiz, Dawn P. Flanagan & Vincent C. Alfonso. All Rights Reserved

| Name: D | Age: 11 years 8 month(s) | Grade: 6 | Date: 1/8/16 |
|---|---|---|---|

| WISC-V | WAIS-IV | WPPSI-IV | WIAT-III | WJ IV COG | WJ IV ACH | WJ IV OL | KABC-II | KTEA-3 | CAS2 | DAS-II | SBS |
|---|---|---|---|---|---|---|---|---|---|---|---|

g-Value = 0.79

### Cognitive Strengths

The value here is either the Facilitating Cognitive Composite (FCC) or a user-entered Alternative Cognitive Composite (ACC).

FCC = 94

WIAT-III Word Reading (BRS;Grw-R:RD) Subtest - 96

#### Supporting Academic Strengths

Areas listed in the drop down menu above have been identified as academic strengths for the individual.

### Are weaknesses domain specific?

Using the FCC as the predictor, if the difference between Actual and Predicted specific cognitive performance equals or exceeds the Critical Value, then the size of the difference is unusually large and infrequent and the weakness is domain specific.

| Difference | Critical Value |
|---|---|
| 22.38 | 12.16 |

Yes, domain specific

Critical value set at 5%

### Is underachievement unexpected?

Using the FCC as the predictor, if the difference between Actual and Predicted specific academic performance equals or exceeds the Critical Value, then the size of the difference is unusually large and infrequent and underachievement is unexpected.

| Difference | Critical Value |
|---|---|
| 16.56 | 12.08 |

Yes, unexpected underachievement

Critical value set at 5%

### Is the difference statistically significant?

YES    p < .05    YES

A "YES" in these boxes indicates that the difference between the Facilitating Cognitive Composite (FCC or alternative) and the Actual cognitive or the Actual academic weakness score is statistically significant at a 95% level of probability (one-tailed; assumes the cognitive/academic weakness is < cognitive aggregate).

### Cognitive Weakness

If calculated, the Inhibiting Cognitive Composite (ICC) is selected below by default. You may select a different area of cognitive weakness from the drop down menu for analysis.

Short-Term Memory - XBA Gsm Comp - 73

| Actual | Predicted by |
|---|---|
| 73 | 95 |
| Gsm | Strengths (FCC) |

### Academic Weakness

The first weakness in the list is selected by default. You may select a different area of academic weakness from the drop down menu for analysis.

WIAT-III Math Problem Solving (MPS;Gf:RQ) Subtest - 79

| Actual | Predicted by |
|---|---|
| 79 | 96 |
| MPS | Strengths (FCC) |

Both Weaknesses?

YES

Strength of Relationship

HIGH

### Is there a BELOW AVERAGE aptitude-achievement consistency?

YES, CONSISTENT

The small box on the left in this section addresses the first component of the criterion through consideration of the degree to which the meaning of the scores is consistent based on their respective magnitudes (e.g., are they both indicative of a weakness relative to most people?). The small box on the right addresses the second component through evaluation of the extent to which the cognitive weakness, either collectively (e.g., via the ICC) or individually, is empirically related to the academic weakness, as suggested by mainly correlational research. Relationships that are LOW suggest that the cognitive weakness may not be a contributory factor in the academic weakness. However, in all cases, clinical judgment should be exercised. The larger box directly above yields a decision with respect to the consistency criterion based on consideration of both the magnitude of the reported and selected cognitive and academic weaknesses and the strength of the relationship between them.

**Appendix D**

**Sample Exclusionary Worksheet 1**

Does the review of the Response to Intervention (RI) indicate that the student may have a disability? **Yes or No (Please attach RTI documentation that is utilized to make this determination.)**

What learning difficulties do the parents think the student might have?
_____
_____

**School History:**
Does the student have any attendance issues?
_____

Has the student repeated a grade? _____ If so, which one? _____
Has the student changed schools/campuses? If so, how many times? _____
Is the student performing consistent with instructional level? (For example, does the student refuse to complete assigned tasks?) Explain:
_____
_____

Summary of discipline reports:
_____
_____

**Exclusionary Factors:**
Are there any emotional/behavioral/attention factors, which are interfering with the student's ability to profit from the general education curriculum? **Yes or No** If yes, explain:
_____

Are there any medical issues (e.g. vision, hearing, motor) which might impact the student's ability to profit from general education curriculum? **Yes or No** If yes, explain:
_____

Is the student's intellectual ability above the range of intellectually disability? **Yes or No**

Are there any socio/economic issues (e.g. environment, culture, economic disadvantage) which might impact the student's ability to profit from the general education curriculum? **Yes or No** If yes, explain:
_____

Are there any limitations to the Student's English Language Proficiency? **Yes or No** If yes, explain:

_____

**C. ENVIRONMENTAL, CULTURAL, OR ECONOMIC FACTORS** – Check all factors that apply to the student. Use available records, interviews with parents, and other resources to obtain data.

| ENVIRONMENTAL | CULTURAL DISADVANTAGE | ECONOMIC DISADVANTAGE |
|---|---|---|
| _____Limited experiential background<br>_____Irregular attendance (absent at least 23% of the time in a grading period for reasons other than verified personal illness)<br>_____Transiency in elementary school years (at least two moves in a single year)<br>_____School readiness compared to peers | _____Limited experiences in majority-based culture (child does not participate in scouts, clubs, other organizations and activities with members of dominant culture)<br>_____Child has limited involvement in organizations and activities of any culture<br>_____Secondary standards in conflict with majority-based culture standards<br>_____Geographic isolation | _____Residence in a depressed economic area<br>_____Low family income at subsistence level<br>_____Family unable to afford enrichment materials/or experiences |

Are the above-checked items compelling enough to indicate this student's educational performance is primarily due to environmental, cultural, or economic disadvantage? Explain:

_____
_____
_____
_____
_____

**Reprinted with permission from:**

McCook, J. E. (2006). *The RTI Guide: Developing and Implementing a Model in Your Schools.* Horsham, PA: LRP Publishing.

**Sample Exclusionary Worksheet 2**

## Evaluation and Consideration of Exclusionary Factors for SLD Identification

An evaluation of specific learning disability (SLD) requires an evaluation and consideration of factors, other than a disorder in one or more basic psychological processes that may be the primary cause of a student's academic skill weaknesses and learning difficulties. These factors include (but are not limited to), vision/hearing[1], or motor disabilities, intellectual disability (ID), social/emotional or psychological disturbance, environmental or economic disadvantage, cultural and linguistic factors (e.g., limited English proficiency), insufficient instruction or opportunity to learn and physical/health factors. These factors may be evaluated via behavior rating scales, parent and teacher interviews, classroom observations, attendance records, social/developmental history, family history, vision/hearing exams[1], medical records, prior evaluations, and interviews with current or past counselors, psychiatrists, and paraprofessionals who have worked with the student. Noteworthy is the fact that students with (and without) SLD often have one or more factors (listed below) that *contribute* to academic and learning difficulties. However, the practitioner must rule out any of these factors as being the *primary* cause of a student's academic and learning difficulties to maintain SLD as a viable classification/diagnosis.

### Vision (Check All that Apply):

□ Vision test recent (within 1 year)      □ History of visual disorder/disturbance

□ Vision test outdated (> 1 year)      □ Diagnosed visual disorder/disturbance

□ Passed      Name of disorder: _____

□ Failed      □ Vision difficulties suspected or observed

□ Wears Glasses      (e.g., difficulty with far or near point copying, misaligned numbers in written math work, squinting or rubbing eyes during visual tasks such as reading, computers)

NOTES:_____
_____
_____

### Hearing (Check All that Apply)[2]:

□ Hearing test recent (within 1 year)      □ History of auditory disorder/disturbance

□ Hearing test outdated (> 1 year)      □ Diagnosed auditory disorder/disturbance

□ Passed      □ Name of disorder:_____

□ Failed      □ Hearing difficulties suggested in the referral

□ Uses Hearing Aids      (e.g., frequent requests for repetition of auditory information, misarticulated words, attempts to self-accommodate by moving closer to sound source, obvious attempts to speech read)

NOTES:_____
_____
_____

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**Motor Functioning (Check All that Apply):**

☐ Fine Motor Delay/Difficulty                    ☐ History of motor disorder

☐ Gross Motor Delay/Difficulty                   ☐ Diagnosed motor disorder

☐ Improper pencil grip (Specify type: _____ )    Name of disorder: _____

☐ Assistive devices/aids used                    ☐ Motor difficulties suggested in the referral
(e.g., weighted pens, pencil grip, slant board)    (e.g., illegible writing; issues with letter or number
                                                 formation, size, spacing; difficulty with fine motor
                                                 tasks such as using scissors, folding paper)

NOTES:_____
_____
_____

**Cognitive and Adaptive Functioning (Check All that Apply):**

☐ Significantly "subaverage intellectual functioning" (e.g., IQ score of 75 or below)

☐ Pervasive cognitive deficits (e.g., weaknesses or deficits in many cognitive areas, including $Gf$ and $Gc$)

☐ Deficits in adaptive functioning (e.g., social, communication, self-care)

Areas of significant adaptive skill weaknesses (check all that apply):

☐ Motor Skill            ☐ Communication              ☐ Socialization

☐ Daily Living Skills    ☐ Behavior/Emotional Skills  ☐ Other

NOTES:_____
_____
_____

**Social-Emotional/Psychological Factors (Check All that Apply):**

☐ Diagnosed psychological disorder (Specify: _____ )

☐ Date of Diagnosis

☐ Family history significant for psychological difficulties

☐ Disorder presently treated - specify treatment modality (e.g., counseling, medication): _____

☐ Reported difficulties with social/emotional functioning (e.g., social phobia, anxiety, depression)

☐ Social-Emotional/Psychological issues suspected or suggested by referral

☐ Home-School Adjustment Difficulties

☐ Lack of Motivation

☐ Emotional Stress

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☐ Autism

☐ Present Medications (type, dosage, frequency, duration) _____

☐ Prior Medication Use (type, dosage, frequency, duration) _____

☐ Hospitalization for psychological difficulties (date(s): _____ )

☐ Deficits in social, emotional, or behavioral [SEB] functioning (e.g., as assessed by standardized rating scales)

   Significant scores from SEB measures: _____

**NOTES:**_____
_____
_____


**Environmental/Economic Factors (Check All that Apply):**

☐ Limited access to educational materials in the home     ☐ History of educational neglect

☐ Caregivers unable to provide instructional support     ☐ Frequent transitions (e.g., shared custody)

☐ Economic considerations precluded treatment     ☐ Environmental space issues (e.g., no space

    of identified issues (e.g., filling a prescription,     for studying, sleep disruptions due to shared

    replacing broken glasses, tutoring)     sleeping space)

☐ Temporary Crisis Situation

**NOTES:**_____
_____
_____


**Cultural/Linguistic Factors (Check All that Apply)[3]:**

☐ Limited Number of Years in U.S. ( ___ )     ☐ Language(s) Other than English Spoken in Home

☐ No History of Early or Developmental     ☐ Lack of or Limited Instruction in Primary Language

    Problems in Primary Language     (# of years _____ )

☐ Current Primary Language Proficiency:     ☐ Current English Language Proficiency:

(Dates: _____ Scores: _____ )     (Date: _____ Scores: _____ )

☐ Acculturative Knowledge Development     ☐ Parental Educational and Socio-Economic Level

(Circle one: High – Moderate – Low)     (Circle one: High – Moderate – Low)

**NOTES:**_____
_____
_____

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**Physical/Health Factors (Check All that Apply):**

□ Limited access to healthcare       □ Minimal documentation of health history/status

□ Chronic health condition (Specify: _____)       □ Migraines

□ Temporary health condition (Date/Duration: _____)    □ Hospitalization (Dates: _____)

□ History of Medical Condition (Date Diagnosed _____)

□ Medical Treatments (Specify: _____)

□ Repeated visits to the school nurse       □ Repeated visits to doctor

□ Medication (type, dosage, frequency, duration: _____)

**NOTES:** _____

_____

_____


**Instructional Factors (Check All that Apply):**

□ Interrupted schooling (e.g., mid-year school move)    Specify why: _____

□ New teacher (past 6 months)       □ Retained or advanced a grade(s)

□ Nontraditional curriculum (e.g., homeschooled)       □ Accelerated curriculum (e.g., AP classes)

□ Days Absent _____

**NOTES:** _____

_____

_____


**Determination of Primary and Contributory Causes of Academic Weaknesses and Learning Difficulties (Check One):**

□ Based on the available data, it is reasonable to conclude that one or more factors is *primarily* responsible for the student's observed learning difficulties. Specify: _____

□ Based on the available data, it is reasonable to conclude that one or more factors *contributes* to the student's observed learning difficulties. Specify: _____

□ *No* factors listed here appear to be the primary cause of the student's academic weaknesses and learning difficulties

[1] For vision and hearing disorders, it is important to understand the nature of the disorder, its expected impact on achievement, and the time of diagnosis. It is also important to understand what was happening instructionally at the time the disorder was suspected and/or diagnosed.

With regard to hearing, even mild loss can impact initial receptive and expressive skills as well as academic skill acquisition. When loss is suspected, the practitioner should consult professional literature to further understand the potential impact of a documented hearing issue (see American Speech-Language-Hearing Association guidelines www.asha.org).

With regard to vision, refractive error (i.e., hyperopia and anisometropia), accommodative and vergence dysfunctions, and eye movement disorders are associated with learning difficulties whereas others vision problems are not (e.g., constant strabismus and amblyopia). As such, when a vision disorder is documented or suspected, the practitioner should consult professional literature to further understand the impact of the visual disorder (e.g., see American Optometric Association www.aoa.org).

[2] When there is a history of hearing difficulties and a learning disability diagnosis is being considered, hearing testing should be recent (i.e., conducted within the past 6 months).

[3] When evaluating the impact of language and cultural factors on a student's functioning, the practitioner should consider whether and to what extent other individuals with similar linguistic and cultural backgrounds as the referred student are progressing and responding to instruction in the present curriculum (e.g., if an LEP student is not demonstrating academic progress or is not performing as expected on a class- or district-wide assessment when compared to his/her peers who possess a similar level of English proficiency and acculturative knowledge, it is unlikely that cultural and linguistic differences are the sole or primary factors for the referred student's low performance). In addition, it is important to note that as the number of cultural and linguistic differences in a student's background increase, the greater the likelihood that poor academic performance is attributable primarily to such differences rather than a disability.

*Note*: All 50 US states specify eight exclusionary criteria. Namely, learning difficulties cannot be primarily attributed to, (1) visual impairment; (2) hearing impairment; (3) motor impairment; (4) intellectual disability; (5) emotional disturbance; (6) environmental disadvantage; (7) economic disadvantage; and (8) cultural difference. Noteworthy is the fact that certain states have adopted additional exclusionary criteria including *autism*, (CA, MI, VT, and WI), *emotional stress* (LA and VT), *home or school adjustment difficulties* (LA and VT), *lack of motivation* (LA and TN), and *temporary crisis situation* (LA, TN, and VT). The present authors have integrated these additional criteria under "social-emotional/psychological factors" and "environmental/economic factors" and have added two additional categories, namely, "instructional factors" and "physical/health factors" to this form.

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