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| Hampton School District Policy | Section: | I |
| | Code: | IHBAA-R |
| | Title: | Determining a Specific Learning Disability |
| | Category: | P (Priority/Required by Law) |
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DETERMINING A SPECIFIC LEARNING DISABILITY

In making determinations regarding whether a student has a specific learning disability under state and federal special education rules, the Hampton School District shall evaluate students suspected of having a specific learning disability in a manner consistent with the procedures and standards included in the attached LD eligibility checklist, dated October 26, 2008, reflecting requirements set forth in NH Ed 1107.01 and .02 and 34 C.F.R. § 300.301 to .311 (as applicable).

Legal References:

*NH Ed 1107.01, .02 (2008);
34 C.F.R. § 300.307, .309 (2006)*

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| Adopted: | DATE: December 8, 2009, November 9, 2010 |
| Reviewed: | Sept. 2010 |
| Revised: | May 2009 & Sept. 2010 |
| Cancellation: | |

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LEARNING DISABILITY ELIGIBILITY CHECKLIST
(continued)

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

Specific Learning Disability Definition:

The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Eligibility Questions – Answer All Of Them

| | | |
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| | YES | NO |
| 1. Is there a disorder in one or more of the basic psychological processes? | | |

Verification:

To be eligible, the answer to Question 1 must be yes. Proceed to next question.

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| | YES | NO |
| 2. Is the student failing to achieve adequately for the student’s age or to meet State-approved grade level standards in any of the areas below, when provided with learning experiences and instruction appropriate for the student’s age or State approved grade level standards? | | |

If so, identify the area(s):

- | | |
|--|--|
| <input type="checkbox"/> oral expression | <input type="checkbox"/> reading fluency skills |
| <input type="checkbox"/> listening comprehension | <input type="checkbox"/> reading comprehension |
| <input type="checkbox"/> written expression | <input type="checkbox"/> mathematics calculation |
| <input type="checkbox"/> basic reading skills | <input type="checkbox"/> mathematics problem solving |

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

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

| | | |
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| <p>4. Is the underachievement due to the lack of appropriate instruction in reading or math?</p> | YES | NO |
| <p><i>In making this determination, the Team must consider:</i></p> <p><i>a) Data that demonstrates that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; <u>and</u></i></p> <p><i>b) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.</i></p> | | |

To be eligible, the answer to Question 4 must be no. Proceed to next question.

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LEARNING DISABILITY ELIGIBILITY CHECKLIST

(continued)

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

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

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

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

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

(continued)

Eligibility Conclusions:

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| 2. Does a learning disability exist? <i>To be eligible, answers to questions 1, 2, and 3 must each be "Yes," and the answers to questions 4 and 5 must each be "No."</i> | YES | NO |
| Summarize basis for decision: | | |

To be eligible, the answer to Question 1 must be yes. Proceed to Question 2.

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

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

I certify that this report reflects my conclusions:

| NAME and TITLE: | NAME and TITLE: |
|-----------------|-----------------|
| | |
| | |
| | |

I certify that this report does not reflect my conclusions:

| NAME and TITLE: | NAME and TITLE: |
|-----------------|-----------------|
| | |
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Dissenting members shall submit a separate written statement within five (5) calendar days of this meeting date.

As parents of a student with a disability you have protections under the procedural safeguards, which are enclosed, of the New Hampshire Special Education Rules. Sources for parents to contact to obtain assistance in understanding the provisions of these regulations call: Sara Stetson, 926-8788, Email: sstetson@sau21.org, or contact New Hampshire Dept. of Education, Bureau of Special Education, State Office Park South, 101 Pleasant St. Concord, NH, 03301 (603) 271-2299, Fax: (603) 271-1953. Web: www.ed.state.nh.us/education/doe/organization/instruction/bose.htm.

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