

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

Exceptional Student Education
40 E. Texar Drive, Pensacola, FL 32503
Phone (850) 469-5518

SLD MULTIDISCIPLINARY TEAM REPORT

LI MULTIDISCIPLINARY TEAM REPORT

Student _____ Date of Birth _____ Grade _____
School _____ County # _____ Meeting Date _____

Consideration of factors impacting learning: Determine whether level of performance and rate of progress are primarily the result of any of the following. Specify the documentation that supports the group's conclusion for each.

- | | | | | | |
|-----------------------|-----------------------|--|-----------------------|-----------------------|---|
| Yes | No | | Yes | No | (LI ONLY) |
| <input type="radio"/> | <input type="radio"/> | Visual, hearing, or motor disability | <input type="radio"/> | <input type="radio"/> | Cultural factors |
| <input type="radio"/> | <input type="radio"/> | Intellectual disability | <input type="radio"/> | <input type="radio"/> | Classroom behavior |
| <input type="radio"/> | <input type="radio"/> | Emotional/behavioral disability | <input type="radio"/> | <input type="radio"/> | Limited English proficiency |
| <input type="radio"/> | <input type="radio"/> | Irregular pattern of attendance or high mobility rate (SLD only) | <input type="radio"/> | <input type="radio"/> | Environmental/economic factors |
| | | | | | Yes No |
| | | | | | <input type="radio"/> <input type="radio"/> Chronological Age |
| | | | | | <input type="radio"/> <input type="radio"/> Gender |
| | | | | | <input type="radio"/> <input type="radio"/> Ethnicity |

The student's progress is not primarily the result of any of the above exclusionary factors or lack of appropriate instruction. (If no, provide reason in comments and proceed to bold questions under Summary of Eligibility section below)

Comments:

Summary of eligibility criteria for a specific learning disability and/or language impairment:

Yes No Student does not achieve adequately for age OR does not meet grade-level standards in one or more of the following areas:

- (Check all that apply):
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Basic reading skills | <input type="checkbox"/> Mathematics problem solving | <input type="checkbox"/> Social Interaction (LI only) | <input type="checkbox"/> Reading fluency skills |
| <input type="checkbox"/> Math calculation | <input type="checkbox"/> Phonological processing (LI only) | <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Oral expression |
| <input type="checkbox"/> Listening comprehension | <input type="checkbox"/> Written expression | | |

Student does not make adequate progress based on response to scientific, research-based intervention.

The student needs interventions that differ significantly in intensity and duration from what can be provided through general education resources alone. Specify, if needed: _____

The student demonstrates evidence of eligibility for a specific learning disability.

The student demonstrates evidence of eligibility for a language impairment.

Signatures of group determining eligibility. Each of the following certifies their agreement with the determination of eligibility and assurance. This determination was made in accordance with subsection (6) of Rule 6A-6.0331.

ESE Administrator/Designee Parent General Education Teacher

Interpreter of Educational Evaluation Speech/Language Pathologist ESE Teacher

Other: Name/Position Other: Name/Position Other: Name/Position

The following team members DISAGREE with the conclusion of the group. A separate statement of conclusion from each dissenting member is attached

Other: Name/Position Other: Name/Position Other: Name/Position