



Individual Student Record Review Form: Identification/ Specific Learning Disability

THE FOLLOWING PAGES ARE REQUIRED FOR EACH STUDENT

Student Identifier:

Reviewer:

Date:

Randomly select five (5) student records for this review. To randomly select student files, begin with a comprehensive list of students in the defined category (e.g., Black students identified with a specific learning disability). Use a random number generator (e.g., the RAND function in Excel) to select the desired number of files. If a selected file is inappropriate for some reason, document thoroughly why it is inappropriate – this becomes a part of the record. Replace any such files with a new randomly selected file.

Request the followings items from each child’s file:

1. Individualized Education Plan (IEP)
2. Multi-disciplinary Team (MDT) report

Specific Learning Disability (SLD) Identification and Eligibility for Special Education

Description: Relevant records of students with disabilities will be reviewed to determine if the child was appropriately evaluated and met the criteria for the disabilities with which they were identified. For each child, complete the evaluation questions and then disability-specific questions.

SLD Area 1: Comprehensive Evaluation

92 Neb. Admin. Code §§ 51-006.02C10, -006.02C5, -006.04K; 34 C.F.R. §§ 300.8(c)(10), 300.304(b), (c)(4), 300.305

Did the district assess the child in all areas related to the suspected disability, including the following:

District Response

SLD Area 1: Comprehensive Evaluation			District Response
92 Neb. Admin. Code §§ 51-006.02C10, -006.02C5, -006.04K; 34 C.F.R. §§ 300.8(c)(10), 300.304(b), (c)(4), 300.305			
Did the district assess the child in all areas related to the suspected disability, including the following:			
1a	§ 51-006.02C10; § 300.304(c)(4)	State assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b	§ 51-006.02C10; § 300.304(c)(4)	Universal screening data	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c	§ 51-006.02C10; § 300.304(c)(4)	Formative assessments (progress monitoring)	<input type="checkbox"/> Yes <input type="checkbox"/> No



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92 Neb. Admin. Code §§ 51-006.02C10, -006.02C5, -006.04K; 34 C.F.R. §§ 300.8(c)(10), 300.304(b), (c)(4), 300.305

Did the district assess the child in all areas related to the suspected disability, including the following:

District Response

1d*	§ 51-006.04K7; § 300.310	Direct observations in natural environments or classroom (to include observations related to both	<input type="checkbox"/> Yes <input type="checkbox"/> No
1e	§ 51-006.02C10; § 300.304(c)(4)	academic performance and behavior)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1f	§ 51-006.02C10; § 300.304(c)(4)	Norm-referenced assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No
1g	§ 51-006.02C10; § 300.304(c)(4)	Criterion-referenced academic assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No
1h	§ 51-006.02C5; § 300.304(b)	Any relevant medical information	<input type="checkbox"/> Yes <input type="checkbox"/> No
1i	§ 51-006.02C10; § 300.304(c)(4)	Parent/caregiver input (e.g., interviews, ratings scales, history)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1j		Other assessments included:	
1k*	§ 51-006.02C10; § 300.304	All other referral concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No
1l*	§ 51-006.02C10; § 300.304(c)(4)	Did the district ensure the child was assessed in all areas related to the suspected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Compliance item.



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District Response: If you answered "No" to any items above, provide explanation or relevant information:

State compliance review notes and items with potential findings of noncompliance:



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SLD Area 2: Multidisciplinary evaluation team (MDT)

92 Neb. Admin. Code §§ 51-003.41, -006.03, -006.04K; 34 C.F.R. §§ 300.301(c), 300.305(a)(2), 300.306, 300.307, 300.308, 300.309, 300.310, 300.311

District Response

2a*	§§ 51-006.04K2, -006.03B §§ 300.306(a)(1), 300.308	<p>Did the MDT include all the following?</p> <p>Special educator with knowledge of specific learning disabilities (SLDs) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's parent <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The child's teacher or another teacher qualified to teach a child of that age <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Person qualified to conduct initial individual diagnostic examinations of children <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>District administrator or designated representative <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the child attends a non-public school, an administrator or designated representative <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b*	§ 51-006.04K3; § 300.309(a)(1)	Child does not achieve adequately for the child's age or 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: Oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, mathematics problem solving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c*	§ 51-006.04K3; § 300.309(a)(2)	Child does not make sufficient progress to meet age or State-approved grade-level standard in one or more of the areas identified in question 2b when using a process based on the child's response to scientific, research-based intervention, OR child exhibits a pattern of performance and/or achievement that is relevant to SLD, using appropriate assessments ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Compliance item.



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92 Neb. Admin. Code §§ 51-003.41, -006.03, -006.04K; 34 C.F.R. §§ 300.301(c), 300.305(a)(2), 300.306, 300.307, 300.308, 300.309, 300.310, 300.311

Did the MDT report include a statement of the child's educational needs?

2d*	§ 51-006.04K8a; § 300.310(b)(1)	Did the MDT use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation? OR Has at least one MDT member conducted an observation of the child's academic performance in the regular classroom (or other appropriate environment, if child is less than school age or out of school) after the referral for evaluation and parental consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2e*	§§ 51-006.03F1, -006.03F4; § 300.306(a)(2)	Was an MDT report prepared, that included documentation of determination of eligibility, and a copy provided to the parent at no cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2f*	§ 51-006.03F2a; § 300.311(a)(1)	Did the MDT report include a statement of whether the child has a SLD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2g*	§ 51-006.03F2b; § 300.306(a)(1)	Did the MDT report include a statement of the child's educational needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2h*	§ 51-006.03F2c; § 300.311(a)(2)	Did the MDT report a statement of the basis for making the determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2i*	§ 51-006.03F2d; § 300.311(a)(3)	Did the MDT report a statement of the relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2j*	§ 51-006.03F2e; § 300.311(a)(4)	Did the MDT report a statement of the educationally relevant medical findings, if any?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2k*	§ 51-006.03F2f; § 300.311(a)(5)	Did the MDT report a statement of whether the child meets the required criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Compliance item.



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92 Neb. Admin. Code §§ 51-003.41, -006.03, -006.04K; 34 C.F.R. §§ 300.301(c), 300.305(a)(2), 300.306, 300.307, 300.308, 300.309, 300.310, 300.311

Did the MDT report include a statement of the child's educational needs?

2l*	§ 51-006.03F2g; § 300.309(a)(3); § 300.311(a)(6)	Did the MDT report a statement of the determination of the team concerning effects of a visual, hearing, or motor disability; intellectual disability; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2m*	§ 51-006.03F2h(1); § 300.311(a)(7)(ii)(A)	If the district used an RTI process, did the MDT report a statement that the child's parents were notified about the district's policies regarding the amount and nature of performance data that would be collected and the general education services that would be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2n*	§ 51-006.03F2h(2); § 300.311(a)(7)(ii)(B)	If the district used an RTI process, did the MDT report a statement that the child's parents were notified about strategies for increasing the child's rate of learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2o*	§ 51-006.03F2h(3); § 300.311(a)(7)(ii)(C)	If the district used an RTI process, did the MDT report a statement that the child's parents were notified about their right to request an evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2p*	§ 51-006.03F2i	Did the MDT report include a listing of the team members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2q*	§ 51-006.03F3; § 300.311(b)	Did each member certify in writing whether the report reflects their conclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2r*	§ 51-006.03F3; § 300.311(b)	If any member certified that the report did not reflect their conclusion, did that team member submit a separate statement presenting his or her conclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

*Compliance item.



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District Response: If you answered “No” to any items above, provide explanation or relevant information:

State compliance review notes and items with potential findings of noncompliance:



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SLD Area 3: Eligibility Determination

92 Neb. Admin. Code §§ 51-006.03D, -006.04K, -006.06A2c; 34 C.F.R. §§ 300.306, 300.309

District Response

3a*	§ 51-006.04K1; § 300.8(c)(10)	Did the evaluation results demonstrate the presence of the disability as defined by 92 Neb. Admin. Code § 51-006.04K1 and 34 C.F.R. § 300.8(c)(10)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b*	§ 51-006.06A2c; § 300.306(c)(2)	Is there documentation of a need for special education and related services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3c*	§ 51-006.03D; § 300.306(c)(2)	Was an IEP developed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

District Response: If you answered “**No**” to any items above, provide explanation or relevant information:

State compliance review notes and items with potential findings of noncompliance:

*Compliance item.



SPED
SPECIAL EDUCATION

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General Notes

A large, empty rectangular area with a light blue gradient background, intended for entering general notes.