



Individual Student Record Review Form: Identification/ Speech or Language Impairment

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 speech or language impairment). 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 following items from each child's file:

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

Speech or Language Impairment (SLI) 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.

SLI Area 1: Comprehensive Evaluation

92 Neb. Admin. Code §§ -006.02C5, -006.02C10, 006.04L, 34 C.F.R. §§ 300.8(c)(11), 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

SLI Area 1: Comprehensive Evaluation			District Response
92 Neb. Admin. Code §§ -006.02C5, -006.02C10, 006.04L, 34 C.F.R. §§ 300.8(c)(11), 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)	Standardized or criterion-referenced speech or language assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b	§ 51-006.02C10; § 300.304(c)(4)	Criterion-referenced speech-language sampling	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c	§ 51-006.02C10; § 300.304(c)(4)	Criterion-based communication measures	<input type="checkbox"/> Yes <input type="checkbox"/> No



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92 Neb. Admin. Code §§ -006.02C5, -006.02C10, 006.04L, 34 C.F.R. §§ 300.8(c)(11), 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	§ 51-006.02C10; § 300.304(c)(4)	Criterion-referenced academic assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No
1e	§ 51-006.02C10; § 300.304(c)(4)	Direct observations in natural environments or classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No
1f	§ 51-006.02C10; § 300.304(c)(4)	Measurement of intellectual functioning (if needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1g	§ 51-006.02C10; § 300.304(c)(4)	Any relevant medical information	<input type="checkbox"/> Yes <input type="checkbox"/> No
1h	§ 51-006.02C5; § 300.304	Parent/caregiver input (e.g., interviews, ratings scales, checklists)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1i	§ 51-006.02C10; § 300.304(b)	Teacher input (e.g., int§ 51-006.02C10; § 300.304(b)hecklists)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1j		Other assessments included:	
1k*	§ 51-006.02C10; § 300.304	All other referral concerns (e.g., autism, social emotional, behavior)	<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 review notes on compliance decisions:



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SLI Area 2: Multidisciplinary evaluation team (MDT)

92 Neb. Admin. Code §§ 51-003.41, -006.03; 34 C.F.R. §§ 300.301(c), 300.305(a)(2), 300.306

District Response

2a*	§§ 51-003.41, -006.03B	<p>Did the MDT include all the following?</p> <p>Qualified professionals <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's parent <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*	§ 51-006.03C; § 300.306(b)(1)(i)	Did the MDT determine that the identification of the child with a disability was not primarily due to a lack of appropriate instruction in reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c*	§ 51-006.03C; § 300.306(b)(1)(ii)	Did the MDT determine that the identification of the child with a disability was not primarily due to a lack of appropriate instruction in math?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2d*	§ 51-006.03C; § 300.306(b)(1)(iii)	Did the MDT determine that the identification of the child with a disability was not primarily due to limited English proficiency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2e*	§ 51-006.03F1; § 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*	§ 51-006.03E2a; §§ 300.301(c)(2), 300.306(a)(1)	Did the MDT report include a statement of whether the child met the disability definition based on the required criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2g*	§ 51-006.03E2b; § 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

*Compliance item.



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92 Neb. Admin. Code §§ 51-003.41, -006.03; 34 C.F.R. §§ 300.301(c), 300.305(a)(2), 300.306			District Response
2h*	§ 51-006.03E2c	Did the MDT report a statement of the basis for making the determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2i*	§ 51-006.03E2d	Did the MDT report include a listing of the team members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2j*	§ 51-006.03E3	Did each member certify in writing whether the report reflects their conclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2k*	§ 51-006.03E4	If any member certified that the report did not reflect his or her 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

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

State review notes on compliance decisions:

*Compliance item.



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SLI Area 3: Eligibility Determination

92 Neb. Admin. Code §§ 51-006.04L, -006.03D, 34 C.F.R. §§ 300.8(a), (c)(11), 300.306

District Response

3a*	§ 51-.006.04L; § 300.8(a), (c)(11)	Did the evaluation results demonstrate the presence of the disability of SLI as defined by 92 Neb. Admin. Code § 51-006.04L and 34 C.F.R. § 300.8(c)(11)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b*	§ 51-.006.04L; §§ 300.8(c)(11), 300.305(a)(2)(iii)	Is there documentation of adverse effect on educational performance and a need for special education 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 review notes on compliance decisions:

*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.