**REQUIRED DOCUMENTATION FOR**

**SPECIFIC LEARNING DISABILITY (SLD) – REEVALUATION**

**Form ER-2B (Rev. 05/2022)**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Eligibility Determination: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A student who met initial SLD identification criteria and continues to demonstrate a need for special education, including specially designed instruction, is a student with a continuing disability unless one or more exclusionary factors now apply. If the student no longer needs special education to address needs resulting from impairment, then the student is **no longer** a student with a disability under Ch. 115, Wis. Stats., and the Individuals with Disabilities Education Act (IDEA). **A student continues to be a student with the impairment of specific learning disability (SLD) who needs special education if all items are marked "YES."** If information is addressed elsewhere in the IEP team evaluation report, please reference where the information can be found.

**CONSIDERATION OF EXIT CRITERIA AND CONTINUING NEED FOR SPECIAL EDUCATION**

[ ]  Yes [ ]  No The student was previously found eligible as having the impairment of SLD. If "No", the IEP team

should consider whether the student meets initial SLD criteria.

[ ]  Yes [ ]  No The student does not perform to generally accepted expectations in the general education

classroom without specially designed instruction.

[ ]  Yes [ ]  No The student continues to need special education to address needs resulting from the impairment of

SLD.

Reason for determination including data used (*document on model forms ER-1 Evaluation Report or explain below*):

**CONSIDERATION OF EXCLUSIONARY FACTORS**

[ ]  Yes [ ]  No **Exclusionary Factors as a primary reason DO NOT apply.** *Check "Yes" if none of the exclusionary factors apply*

*and complete the section Consideration of Exit Criteria and Continuing Need for Special Education. Mark "NO" if one or more exclusionary factors apply and check the factor(s) below. If one or more factors apply, the student is not a student with a specific learning disability and is not eligible for special education.*

The student does not meet general education expectations primarily because of *(check all that apply)*:

[ ]  Environmental, cultural, or economic factors

[ ]  Limited English proficiency

[ ]  Lack of appropriate instruction in the identified area(s) of concern: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving

[ ]  Other impairment (*specify*):

 Additional Notes (*if any*):

 **ADDITIONAL DOCUMENTATION REQUIRED WHEN STUDENT IS EVALUATED FOR SLD**

Relevant behavior noted during observation of the student in their learning environment, including the regular classroom, and the relationship of that behavior to the student’s academic functioning.

Educationally relevant medical findings

 [ ]  Yes, relevant medical findings (*specify*):

[ ]  No relevant medical findings.

[ ]  The IEP team assures that the decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion.

**DISABILITY CATEGORY CRITERIA DETERMINATION**

[ ]  Yes [ ]  No The student was previously found eligible as meeting the disability category criteria for Specific Learning Disability and continues to have a disability that adversely affects the student’s educational performance. A student who previously met criteria under the disability category of **Specific Learning Disability** is not required to meet initial identification criteria upon reevaluation.

A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1).

Each IEP team participant must sign below and indicate whether they agree with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect their conclusions, then that IEP team participant must also attach a statement with his/her conclusions.

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| --- | --- | --- |
|  **Name and title** |  **Signature** |  **Agree or disagree** |
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Additional Notes (*if any*):