

Gervais SD 1 - 503-792-3803  
290 First Street, Gervais, OR 97026

## Statement of Eligibility for Special Education (Specific Learning Disability 90)

<b>Student Name:</b> Armando Javier Reyes Reyes	<b>Date of Birth:</b> 02/11/1998	<b>Date:</b> 05/21/2015
<b>Attending School:</b> Gervais High School	<b>Attending District:</b> Gervais SD 1	
<b>Date of Initial Eligibility:</b> 05/21/2015	<b>Date of Reestablished Eligibility:</b> 05/21/2015	

**A. Indicate the primary evaluation model used in determining eligibility for this student** [Select only one box to indicate the primary model used, however, districts are not precluded from completing other portions of this form if additional elements are used.]

- ☐ The Response to Intervention (RTI) model was the primary model used for this evaluation.
- ☒ The Patterns of Strengths and Weaknesses (PSW) model was the primary model used for this evaluation.

**B. The team has completed the following evaluation components (attach evaluation report):**

- Review of existing information from a variety of sources, including the parents, teacher recommendations (including Oregon state assessments, if available), the student's cumulative records, previous IEPs or IFSPs, teacher collected work samples, and information about the child's physical condition, background, and adaptive behavior. Evaluation report includes relevant information from these sources used in the eligibility determination.

**Report Date:**  
05/20/2015

**Date Reviewed:**  
05/21/2015

- An assessment of the child's academic achievement toward Oregon grade-level standards.

**Examiner/Title**

Karri Castle Special Education Teacher

**Date Conducted**

05/06/2013

**Date Reviewed**

05/21/2015

**Assessment**

OAKS-Oregon Assessment of Knowledge and Skills - Reading & Math

- An observation of the child's academic performance and behavior in a regular classroom setting, or in the case of a child less than school age or out of school, an observation in an age-appropriate environment. (Describe relevant behavior noted during observation, and its relationship to academic functioning in evaluation report.)

**Observer/Title:** Karri Castle/Special Education Teacher

**Report Date:**  
05/20/2015

**Date Reviewed:**  
05/21/2015

**Date Conducted:** 05/12/2015

- Progress monitoring data: (described in evaluation report)

Data that demonstrate that before or as part of the referral process, the child was provided with appropriate instruction in regular education settings by qualified personnel.

**Report Date:**  
05/18/2015

**Date Reviewed:**  
05/21/2015

Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress that is directly linked to instruction.

**Report Date:**  
05/18/2015

**Date Reviewed:**  
05/21/2015

- If using a response-to intervention (RTI) model:** list scientifically-based interventions attempted (based on the district's RTI model) and describe the child's response in the evaluation report.

**Prior to Consent for evaluation:**

- ☒ Exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, Oregon grade-level standards, or intellectual development, that is determined to be relevant to the identification of a specific learning disability, and/or
- ☒ Demonstrates a significant discrepancy between his or her academic achievement, relative to age, (including progress toward state-approved grade level standards), and his or her intellectual development. Results described in evaluation report.

*If one or more boxes are checked, continue. If no boxes are checked, the child cannot be found eligible.*

3. The student's lack of achievement is primarily the result of:

- ☐ yes ☒ no a) A visual, hearing, or motor impairment, intellectual disability, emotional disturbance, cultural factors, or environmental or economic disadvantage.
- ☐ yes ☒ no b) A lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading comprehension strategies).
- ☐ yes ☒ no c) A lack of appropriate instruction in math.
- ☐ yes ☒ no d) Limited English proficiency.

*If all of the boxes are checked "no", continue. If "yes" to any of these the student cannot be found eligible.*

4. The student has a specific learning disability in one or more of the following areas:

- ☒ Basic reading skills ☒ Mathematics calculation ☐ Written expression
- ☒ Reading fluency skills ☒ Mathematics problem solving ☐ Oral expression
- ☒ Reading comprehension ☐ Listening comprehension

- ☒ yes ☐ no 5. The student's disability has an adverse impact on the student's educational performance when the student is at the age of eligibility for kindergarten through age 21, or has an adverse impact on the child's developmental progress when the child is age three through kindergarten.

- ☒ yes ☐ no 6. The student needs special education services as a result of this disability.

**D. The team agrees that this student ☒ does ☐ does not qualify for special education with the eligibility of Specific Learning Disability.**

***This special education eligibility determination avoids racial, ethnic, linguistic, and socioeconomic bias in a manner which complies with the existing relevant State and Federal laws.***

1. This statement reflects my conclusions (Note: if the report does not reflect a member's conclusions, the member must submit a separate statement presenting the differing conclusion):

Signatures of Team Members	Title	Agree	Disagree
<i>Micaela Reyes m.</i>	Parent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Armando Reyes</i>	Student	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Jill Hill</i>	School Psychologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Special Education Teacher	<input type="checkbox"/>	<input type="checkbox"/>
<i>Spencer Bailey</i>	Interpreter	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Cindy Ferrel</i>	Instructional Assistant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Amber Enfield</i>	Regular Education Teacher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Bob Mard</i>	Regular Education Teacher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Regular Education Teacher	<input type="checkbox"/>	<input type="checkbox"/>

## 2. The following have been provided to the child's parents:

☒ A copy of the evaluation report and eligibility statement.

☒ **If using response to intervention model**, a copy of the initial notice, provided to parents in a timely manner, including :

- ODE and district policies describing the amount and nature of student performance data to be collected and the general education services to be provided as part of the district's response to intervention model;
- Strategies for increasing the child's rate of learning; and
- The parents' right to request an evaluation.

\_\_\_\_\_  
Signature of person completing eligibility form

\_\_\_\_\_  
Position

05/21/2015  
Date

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**Oregon Standard INDIVIDUALIZED EDUCATION PROGRAM**  
**For students age 16 and older when IEP is in effect**

<b>Student's Name:</b>	Armando Javier Reyes Reyes	<b>Resident District:</b>	Gervais SD 1	<b>IEP Meet Date:</b>	05/21/2015
<b>Gender:</b>	Male	<b>Resident School:</b>	Gervais High School	<b>Revision date(s) to annual IEP (if needed):</b>	
<b>Date of Birth:</b>	02/11/1998	<b>Attending District:</b>	Gervais SD 1	<b>Primary Eligibility Code:</b>	80
<b>Grade:</b>	11	<b>Attending School:</b>	Gervais High School	<b>Current Eligibility Date:</b>	05/21/2015
<b>District Student ID:</b>	100933	<b>Case Manager:</b>	Karri Castle	<b>Re-evaluation Due:</b>	05/21/2018
<b>SSID #:</b>	0007697406				
<b>Secondary Code(s):</b>					
<b>Secondary Dates:</b>					
<b>*IEP Meeting Participants:</b>					
Micaela Reyes	Cindy Ferschweiler	Kenneth Stott			
<b>Parent</b>	<b>Other</b>	<b>Other</b>			
Armando Javier Reyes Reyes	Rosa Bailey				
<b>Student</b>	<b>Other</b>				
Karri Castle	Daniel Murray				
<b>Special Education Teacher/Provider</b>	<b>Other</b>				
Lois Thurton	Crystal Olson				
<b>Regular Education Teacher</b>	<b>Other</b>				
Ann O'Connell	Amber Enfield				
<b>District Representative</b>	<b>Other</b>				
Karri Castle					
<b>Individual Interpreting Evaluations</b>					
<i>*If a required participant participates through written input or is excused from all or part of the IEP meeting, attach documentation of parents' and district agreement to participation by written input or excuse.</i>					
<b>Procedural Safeguards</b> A copy of the Notice of Procedural Safeguards has been given to the parent.					

Form 581-5138-P

4/2007: Oregon Standard IEP for students age 16 and older when IEP is in effect