

# Specific Learning Disabilities

*Evaluation and Eligibility Guidance for  
West Virginia Schools*





**West Virginia Board of Education**  
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## Evaluation and Eligibility Guidance for West Virginia Schools

**West Virginia Department of Education**  
Federal Programs and Support, Special Education

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**NOTE:** This document is meant to provide technical assistance and reflects the West Virginia Department of Education's recommendations which are based on best practices derived from scholarly works, peer-reviewed academic journal articles, as well as state and federal regulations pertaining to special education and individuals with disabilities. This document is not legally binding and is not to be construed as legal advice. If you are seeking legal advice, please contact your legal counsel. This information may be subject to change. Visit <https://wvde.us/> for the latest information, including any updates to this document.

Parts of this document were adapted from *Specific Learning Disabilities: Guidelines for West Virginia Schools and Districts* (2015), *West Virginia Tiered System of Support (WVTSS): An Overview* (2020), *West Virginia Tiered System of Support (WVTSS) Quick Reference Guide*, and WVBE Policy 2419: *Regulations for the Education of Students with Exceptionalities* (Effective March 13, 2023).

This guidance document incorporates and replaces *Specific Learning Disabilities: Guidelines for West Virginia Schools and Districts* (2015) published by the West Virginia Department of Education (WVDE).

Additional information regarding eligibility for specific learning disabilities may be found in WVBE Policy 2419: *Regulations for the Education of Students with Exceptionalities* (Effective March 13, 2023).

Although this document may be printed, the electronic format provides for its full functionality as some hyperlinks are embedded in the text.

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## Foreword

The goal of this document is to provide educators, administrators, and families in West Virginia with updated information regarding the identification and education of students with specific learning disabilities (SLD). In recent years, there has been much more discourse on a national level regarding SLDs. While this has mostly included dyslexia, there is also more discussion surrounding dyscalculia and dysgraphia, all of which fall under the umbrella category of SLD. The purpose of this document is to promote general consistency of SLD determinations across West Virginia local educational agencies (LEA) and schools using the allowable methods of SLD identification described in West Virginia Board of Education (WVBE) Policy 2419: *Regulations for the Education of Students with Exceptionalities*. Much of the information in this document overviews best practices, considerations, and guidance related to problem-solving teams, data-based decision making, and the SLD identification methods permitted in West Virginia. Additional information included refers to relevant state and federal law, as well as WVBE policies, and should be followed to the extent applicable.

Education professionals who may find this document particularly useful include school psychologists, educational diagnosticians, special education specialists, special educators, as well as individuals who serve as members of Instructional/Collaborative Teams (ICT), Student Assistance Teams (SAT), Multidisciplinary Evaluation Teams (MDET), Eligibility Committees (EC), and Individualized Education Program (IEP) Teams. This document should be used alongside W. Va. Code §18-20, et seq., WVBE Policy 2419, and other West Virginia Department of Education (WVDE) guidance documents as appropriate.

Because our understanding of SLD is constantly evolving, and the tests and processes used to evaluate and measure associated constructs are occasionally revised or improved, information and hyperlinks within this document may need updated from time to time. Therefore, we recommend periodically visiting the Specific Learning Disabilities page at <https://wvde.us/special-education/resources-sp-page/specific-learning-disabilities/> for updated information, including revised versions of this guidance document.

Although each of the allowable methods of SLD identification permissible under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) has its advantages and disadvantages, our duty as professionals in education is to follow the evidence wherever it leads us.

## Introduction and History

The Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) de-emphasized the use of the discrepancy model for identifying students with specific learning disabilities (SLD) and allowed more flexibility for states by permitting the use of other methods of SLD identification.

IDEA 2004 required that states adopt their own criteria for determining whether a child has an SLD and provided three conditions: 1) States must not require the use of a severe discrepancy between intellectual ability and achievement, 2) States must permit the use of a process based on a child's responses to scientific, research-based intervention, and 3) States may permit the use of other alternative research-based procedures for determining whether a child has an SLD as defined in 34 CFR 300.8(c)(10). This "third method" has generally come to represent approaches that involve consideration of a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of an SLD.

In 2007, the West Virginia Board of Education (WVBE) approved a revision to WVBE Policy 2419: *Regulations for the Education of Students with Exceptionalities* that phased out the use of the discrepancy model and required the use of Response to Intervention (RTI) documentation as one component of eligibility decision-making while also recognizing that an evaluation of a student's cognitive processing to determine strengths and weaknesses could provide additional useful information. Although elements of the RTI service delivery model have been present in West Virginia schools since 2005, Support for Personalized Learning (SPL) was formally adopted in 2011 as a framework for providing personalized learning to all students which emphasized the flexible use of resources to provide relevant academic, social/emotional, and behavioral support to enhance learning for all students.

In 2020, the West Virginia Department of Education (WVDE) made an intentional shift in terminology to a "multi-tiered system" to highlight the integration of academics, behavior, and mental health as uniformly critical to student success. This shift accompanied the rebranding and reimagining of the framework as West Virginia Tiered System of Support (WVTSS). WVTSS is a multi-tiered system of support (MTSS) characterized by a seamless system of high-quality instructional practices allowing all students to sustain significant progress, whether they are considered at-risk, exceeding grade-level expectations, or at any point along the continuum. WVTSS involves examining universal screening data, analyzing potential causes for the limited response to universal instruction or supports, developing strategies and supports to increase student outcomes, and ensuring all students are learning and thriving. The problem-solving process is the same for groups or individual students and is carried out by various teams. The flexibility of the framework allows schools to customize their implementation of WVTSS.



## What is a Specific Learning Disability (SLD)?

The study and documentation of learning disabilities dates to the early 1800s and has its roots in medicine, psychology, and education (Alnaim, 2016). Since that time, much progress has been made in the field both scientifically and politically, including:

- › advancements in instructional interventions;
- › involvement of the United States federal government in creating legislation that provided funding and legal protections for students with learning disabilities, codifying their right to a free and appropriate public education; and
- › technological advances which have increased and enhanced access to general education for students with specific learning disabilities.

Although refinements to our scientific understanding of learning disabilities and related educational policies continue, we still have much to learn about the causes, identification, and treatment of SLDs.

Historically, defining and identifying SLD has been difficult and complex as it has been traditionally regarded as what it is *not* rather than what it *is*. Although there may not be international consensus on what defines SLD, the federal definition in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) is recognized by educational agencies in the United States that provide special education services.

### 34 CFR § 300.8 (c) (10)

#### (10) Specific learning disability—

**(i) General.** *Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.*

**(ii) Disorders not included.** *Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.*

The definition of SLD in WVBE Policy 2419 mirrors the federal definition; however, in September 2014, the following information which describes dyslexia and dyscalculia was appended to the definition in accordance with W. Va. Code §18-20-10:



**Dyslexia is an alternative term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities.**



**Dyscalculia is an alternative term used to refer to a pattern of learning difficulties characterized by problems processing numerical information, learning arithmetic facts, and performing accurate or fluent calculations.**

The terms “SLD,” “dyslexia,” “dyscalculia,” and “dysgraphia,” are used throughout this document, and it is important to note that SLD is a broad term that encompasses the individual disabilities of dyslexia, dyscalculia, and dysgraphia. In previous years, the education sector was discouraged from using this specific terminology, which led to the use of terms such as “SLD in Reading,” “SLD in Math,” or “SLD in Writing.” While dyslexia may be best characterized as an SLD in Basic Reading Skills, “dyslexia” and “SLD in Reading” may at times be used interchangeably in this document. When “SLD in Reading” or “SLD in Math” is used, the reader should assume that this classification would include deficits in basic literacy and numeracy skills, respectively, as well as problems with the application of those skills. However, because the definition of dyslexia covers specific components, there may be times where using “dyslexia” is not appropriate for a student if the deficits do not align with the definition (e.g., if a student has deficits in only reading comprehension).

## **Key Features of SLD**

Historically, a major element of SLD has been the concept of “unexpected underachievement.” To some scholars, this has been regarded as a significant discrepancy between intellectual ability and achievement (Sotelo-Dynega, Flanagan, & Alfonso, 2018), while others have interpreted it as an inability to achieve adequately despite high-quality instruction that is not explained by other factors that could contribute to low levels of achievement (Burns, Maki, Warmbold-Brann, & Preast, 2018). Below are some other key features of SLD generally agreed upon by scholars and practitioners alike.

- › Academic difficulties are ***persistent***.
- › Academic performance is ***substantially below age/grade expectations***.
- › Related problems begin to ***emerge during school-age years***.
- › Learning difficulties are ***not better explained by other factors***.
- › Academic problems cause ***significant functional impairment***.

### **Persistent**

Whether the difficulty is with reading, writing, mathematics, or a combination of these, evaluation data indicate that the academic problem(s) persist despite the provision of adequate instruction in English language arts and/or mathematics (i.e., research- or evidence-based universal instruction and tiered interventions that should otherwise provide reasonable benefit to most students, and has occurred for a long enough time for learning or mastery of the skill(s) to have occurred).

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision (DSM-5-TR; American Psychiatric Association, 2022) specifies that academic difficulties should persist for a period of at least six months despite intervention, while WVBE Policy 2419 recommends a suggested minimum of nine weeks of targeted and nine weeks of intensive intervention should occur before making an SLD determination.

### **Substantially Below Age/Grade Expectations**

Multiple sources of evidence suggest academic performance in the targeted area(s) is well below age-or grade-level expectations. Standardized, norm-referenced assessments of achievement are often used to corroborate the presence of low academic achievement as they provide a degree of consistency and a basis for comparability. While rigid adherence to specific cutoff scores can be problematic for SLD identification (Fletcher & Miciak, 2018), the DSM-5-TR (APA, 2022) recommends scores at or below the 7<sup>th</sup> percentile for increased diagnostic confidence, while WVDE guidance has historically considered scores at or below the 8<sup>th</sup> percentile as significant. ***However, eligibility decisions should always consider the standard error of measurement and multiple sources of data.***

## **Emerges During School-Age Years**

Serious learning difficulties are typically noticeable in the elementary years; however, the increasing ubiquity of universal screening procedures for basic literacy and numeracy skills occurring as early as preschool and kindergarten has allowed for even earlier detection of at-risk students so that early prevention and intervention efforts can be provided to minimize further academic difficulty. SLD can be initially identified in later years if significant difficulties appear after academic demands exceed limited capacities and other necessary diagnostic or eligibility criteria have been applied.

## **Not Better Explained by Other Factors**

The learning difficulties are regarded as *specific* because they are not better explained by, or the primary result of, other conditions, disabilities, or circumstances (e.g., visual or hearing disabilities, intellectual disability, economic disadvantage), and may be limited to one skill (e.g., spelling) or academic domain (e.g., mathematics). Exclusion factors are described in detail later in this document.

## **Significant Functional Impairment**

Evaluation data show that the academic difficulties cause substantial interference with educational performance in younger children and can extend to problems with occupational performance or the demands of everyday living in older adolescents and adults. Adverse effects on educational performance could be substantiated through data sources including, but not limited to, grades, teacher and parent reports, academic progress, social-emotional difficulties, or secondary academic problems arising from primary difficulties acquiring requisite foundational academic skills.

## **The Terms “Dyslexia,” “Dyscalculia,” and “Dysgraphia”**

Dyslexia, dyscalculia, and dysgraphia are all conditions that could qualify a child for special education services as a student with a specific learning disability under IDEA, provided that all necessary eligibility criteria are met following a comprehensive evaluation. Additionally, nothing in IDEA 2004 forbids the use of these terms in documentation related to evaluation, eligibility, or Individualized Education Programs (IEP) (Yudin, 2015), despite the reluctance by some to use these terms. In some cases, it may even be helpful to use one or more of these terms in describing a student’s specific pattern of academic difficulties if evaluation data support the use of the term(s), if the term(s) make it easier for teams to communicate, and if use of the term(s) provides meaningful information for educational programming.

### **Resources:**

- › <https://www.nclld.org/wp-content/uploads/2017/06/SLD-Conversations.D3.pdf>
- › [https://sites.ed.gov/idea/files/policy\\_speced\\_guid\\_idea\\_memosdcltrs\\_guidance-on-dyslexia-10-2015.pdf](https://sites.ed.gov/idea/files/policy_speced_guid_idea_memosdcltrs_guidance-on-dyslexia-10-2015.pdf)

## **SLD and Other Conditions**

Because SLD rarely occurs in isolation, comprehensive evaluation is important to carefully evaluate all factors that may contribute to learning difficulties. According to the DSM-5-TR (2022), SLD frequently co-occurs with other neurodevelopmental disorders such as attention-deficit/hyperactivity disorder (ADHD), communication disorders, developmental coordination disorder, and autism spectrum disorder (ASD), as well as other conditions such as anxiety and depression. The American Speech-Language-Hearing Association (ASHA, 2022) asserts that approximately 80% of students identified as having an SLD also have a language disorder. ***For students with more than one condition or disorder, the eligibility committee must determine which is the primary reason for the student’s underachievement to make appropriate eligibility decisions.***

## **SLD and Student Outcomes**

SLD can negatively impact student outcomes across many areas, including lower academic achievement, increased risk of high school dropout, decreased post-secondary education rates and post-secondary income, increased unemployment or under-employment, and increased psychological or mental health problems (American Psychiatric Association, 2022). Therefore, screening, prevention, and early intervention are crucial for students at-risk for SLD. Proper instruction, and adequate social and emotional support may also mitigate negative consequences for those identified with SLD.

## **SLD and Academic Screening**

The Office of Special Education and Rehabilitative Services (OSERS) provided a “Dear Colleague” letter containing guidance on dyslexia, dyscalculia, and dysgraphia. The letter states that a multi-tiered system of supports (MTSS) framework can be utilized to identify students with a specific learning disability, and secondly, an MTSS framework can “identify students at risk for poor learning outcomes, including those who may have dyslexia, dyscalculia, or dysgraphia; monitor their progress; provide evidence-based interventions; and adjust the intensity and nature of those interventions depending on a student’s responsiveness” (Yudin, 2015, p. 2).

West Virginia Tiered System of Support (WVTSS) is West Virginia’s MTSS framework that supports the whole child by focusing on academics, behavior, and mental health. Screening of all students is a universal (Tier 1) support within the WVTSS framework. The WVTSS framework is set up to assist educators in identifying which students require targeted and intensive interventions as well as provide a guide for intervention planning and progress monitoring through the problem-solving process. Best practice is to use a universal screener focusing on key academic areas starting in kindergarten and use data-based decision making to determine appropriate evidence-based targeted or intensive interventions, as well as the intensity and frequency of those interventions for at-risk students.

For more information on state law and state board policy regarding academic screening, dyslexia, and dyscalculia, see the following webpage:

- › <https://wvde.us/third-grade-success-act/>



***School psychologists in West Virginia often serve as Medicaid providers who can diagnose educationally relevant disorders and are essential members of school-based evaluation teams and eligibility committees. Therefore, the definitions of SLD most pertinent to public school settings are those found in IDEA 2004, WVBE Policy 2419, and the DSM-5-TR.***



## Specific Learning Disability in Reading: Dyslexia, Reading Disability

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### Overview

Dyslexia is a type of specific learning disability in reading. While there is no universally accepted definition of dyslexia, a few commonalities consistently emerge across many of the definitions adopted by various organizations: ***persistent problems with decoding (word-level reading), accurate and/or fluent word recognition, and encoding (spelling)***. A student with dyslexia in the school setting may be described by some as having a specific learning disability in basic reading skills and/or reading fluency. Difficulties with these literacy skills tend to persist despite effective instruction, and are not better explained by other factors. It is imperative to note that even with multiple definitions of dyslexia, it is “not a visual-spatial processing deficit, but instead a linguistic disorder disrupting the brain’s phonological and decoding pathways resulting in inaccurate oral reading and poor spelling skills” (Feifer, 2018, p. 35). The definition contained in the American Psychiatric Association’s DSM-5-TR was adopted by the WV legislature (W. Va. Code §18-20-10) and is cited in WVBE Policy 2419: *Regulations for the Education of Students with Exceptionalities*.

**Dyslexia** is an alternative term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities.

The prevalence of dyslexia or any other SLD is difficult to precisely determine as it depends on the specific cut-off used, the criteria or definition being applied, and the identification method used. However, many prevalence estimates fall below 10 percent (Hoeft, McCardle, & Pugh, 2015). Poor phonological processing, genetic risk, and environmental circumstances increase the probability of developing dyslexia. Attention-deficit/hyperactivity disorder (ADHD) and dyscalculia also frequently co-occur with dyslexia, and the most severe cases of dyslexia tend to occur more often in males. Just like with most other disabilities, dyslexia can also occur across a wide range of intellectual functioning. Individuals with dyslexia typically have poor reading decoding skills, diminished sight-word vocabulary, respond more poorly to intervention, and have better listening comprehension than reading comprehension (Wagner et al., 2020).

Research has indicated that intelligence does not predict reading ability for individuals with dyslexia even though it is a reasonable predictor for individuals without reading impairments (Ferrer, Shaywitz, Holahan, Marchione, & Shaywitz, 2010). This is because many individuals with dyslexia have average or even superior intellectual abilities. However, individuals with any level of intelligence may have dyslexia (Mather & Wendling, 2012). For example, a student in medical school may have dyslexia that results in a decreased reading rate, or a student with borderline intellectual functioning may struggle to learn to read even the most basic sight words.

## **What It Looks Like:**

### **Comparing Developmentally Appropriate Errors to Possible Signs of SLD in Reading/Dyslexia**

Before examining possible characteristics of dyslexia, it is important to recognize what types of difficulties or errors are appropriate and expected for typically developing readers. The following are examples of developmentally appropriate errors or difficulties students may exhibit across different programmatic levels. Because reading skill development exists on a continuum, not every child will learn, understand, or apply all literacy skills at the same time or in the same way.

## **Developmentally Appropriate Errors Across Programmatic Levels**

### **Pre-K — Kindergarten**

- ✓ Confusion and reversals with letters “b” and “d”
- ✓ Use of picture cues to help with unknown words when reading
- ✓ Occasional lack of interest in reading due to desire for active play
- ✓ Difficulty creating rhymes for words
- ✓ Confusion over letter names
- ✓ Boredom when listening to chapter books and a preference for picture books instead
- ✓ Use of consistent punctuation and difficulty making some letter formations correctly

### **Grades 1 — 3**

- ✓ Use of phonetic spelling and a tendency to transpose letter positions, such as “wiht” for “with”
- ✓ Confusion and reversals with letters “b” and “d” when writing
- ✓ Use of picture cues to help with unknown words when reading
- ✓ Difficulty with later-developing sounds such as “v”, “th”, “ch” and consonant blends with speaking
- ✓ Use of consistent punctuation and difficulty making some letter formations correctly
- ✓ Preference for other activities over reading
- ✓ The need to slow down for sounding out multi-syllabic words
- ✓ Misspellings of words that are longer or infrequently used
- ✓ Use of imprecise language, especially with new material
- ✓ The need to wait to read chapter books until the middle of third grade

### **Grades 4 — 8**

- ✓ A tendency to stumble when reading new vocabulary words
- ✓ The need for explicit instruction with new subject matter for full comprehension
- ✓ Forgetting new vocabulary words
- ✓ Rereading passages with new information or vocabulary to comprehend
- ✓ Misspelling new or multi-syllabic words
- ✓ The use of graphic organizers to develop writing ideas
- ✓ Needing adult assistance with organizing ideas in essays
- ✓ Help from an adult with time management and organization

### **High School**

- ✓ The need for guidance on developing higher-level concepts in all areas
- ✓ The need for extra review for new, content-specific vocabulary
- ✓ The need for extra time for reading material that is dense with information
- ✓ The need for guidance on determining good sources of information

(American Psychiatric Association, 2022; California Department of Education, 2018)

## **Possible Signs of SLD in Reading/Dyslexia Across Programmatic Levels**

The following are examples of possible signs of dyslexia across different programmatic levels. These are difficulties that persist or are uncommon for the respective programmatic level, and may warrant more careful monitoring and additional intervention.

### **Pre-K – Kindergarten**

- › Lack of interest in games with language sounds (rhyming, repetition)
- › Difficulty learning nursery rhymes
- › Delay in speech that is difficult to understand and sounds like “baby talk”
- › Frequently mispronouncing developmentally appropriate words
- › Difficulty remembering names of letters, numbers, days of the week
- › Failure to recognize letters in their own name
- › Trouble learning to count
- › Lack of interest in books
- › Difficulty segmenting and blending sounds to make words
- › Difficulty telling and retelling a story in the correct sequence
- › Frustration with fine motor skills, such as coloring, pasting, and cutting with scissors
- › Trouble recognizing words that rhyme (bat, cat, hat)
- › Unable to recognize individual phonemes (e.g., unable to identify words with the same beginning **sound**)

### **Grades 1 – 3**

- › Continued problems recognizing and manipulating phonemes
- › Unable to read common one-syllable words (mat, hat)
- › Struggles with recognizing common irregularly spelled words (e.g., said, two)
- › Tendency to make reading errors that are not connected to the sounds of letters on a page (e.g., “big” for “got”)
- › A heavy reliance on pictures to “read”
- › Difficulty remembering basic sight words
- › Struggles with letter-sound correspondences
- › Complaining that they don’t like to read and find it difficult to do, or active avoidance of reading
- › Omission of grammatical endings in reading and writing (-s, -ing, -ed)
- › Use of guessing on words, especially words that are based on the initial letter sound and have little to no relationship with the rest of the word
- › Difficulty remembering spelling words over time and learning spelling rules
- › Frequent misspelling of high frequency words

## **Grades 4 – 8**

- › Mispronouncing or skipping parts of long multi-syllabic words
- › Confusing similar sounding words (e.g., tornado and volcano)
- › Struggle to complete homework or tests on time
- › Poor comprehension with or without slow, effortful, and inaccurate reading
- › Difficulty reading small function words (e.g., the, an, in)
- › Poor spelling and/or illegible writing
- › May get the first part of a word correct and then guess (e.g., read “clover” as “clock”)
- › Fear and anxiety over reading aloud or refusal to read aloud
- › Lack of awareness of word structure and knowledge of prefixes and suffixes to support reading
- › Frequent errors in reading common sight words
- › Lack of smoothness or fluency when reading aloud such as inappropriate pauses, slow pace, multiple self-corrections, and monotone inflection
- › Difficulty learning new information from text and new vocabulary
- › Difficulties with organizing ideas for writing
- › Avoidance of reading for pleasure
- › Weak decoding skills
- › Difficulty with word problems in mathematics
- › Tendency to reverse letter sequences

## **High School**

- › Childhood history of reading and spelling difficulties, many of which persist
- › Tendency to read with great effort and at a slow pace, although reading skills have developed over time
- › An avoidance of reading for pleasure and reading aloud
- › Continued trouble pronouncing multi-syllabic words
- › Difficulty with taking notes in lecture-based classes
- › A tendency to pause or hesitate often when speaking and the use of imprecise language, such as “stuff” and “things”
- › Frequent mispronunciation of the names of people and places
- › Confusion over words that sound alike
- › A tendency to struggle to retrieve words; frequently has “it was on the tip of my tongue” moments
- › A spoken vocabulary that is smaller than the student’s listening vocabulary
- › An avoidance of saying words that may be mispronounced
- › Persistence of earlier oral language difficulties
- › Low self-esteem and fear of being perceived as “not smart” even if the student has good grades
- › Extreme fatigue when reading
- › Frequent re-reading to understand text
- › Trouble making inferences from written text

(American Psychiatric Association, 2022; California Department of Education, 2018)



## **Other Related Factors**

### **Family History**

Due to the neurobiological basis of dyslexia, family history of this disorder has long been considered a risk factor for students (Snow, Burns, & Griffin, 1998). Snowling and Melby-Lervag (2016) indicated that when a parent has dyslexia, the child's risk is four times greater than the general population. Although having a family history of dyslexia increases the chances of a child having dyslexia, it does not guarantee that the child will have dyslexia.

### **Medical**

A number of medical factors may contribute to reading difficulties. For example, recurrent ear infections have been linked to difficulties with reading and spelling (Updike & Thornburg, 1992), and similar difficulties may be seen in children with sensorineural hearing loss (SNHL) (Halliday, Tuomainene and Rosen, 2017). SNHL is a common side effect of certain chemotherapies but can also be linked to genetic causes or perinatal medical complications. Epilepsy is associated with increased risk in learning disorders generally, though certain pediatric epilepsy syndromes such as Childhood Epilepsy with Centrotemporal Spikes (CECTS) are associated with greater impairment in reading and spelling. Broadly speaking, any injury which affects key language areas, including any injury which involves large portions of the language dominant (typically left) hemisphere of the brain is more likely to cause difficulties with reading and spelling. A notable exception is dominant hemisphere injuries which occur pre- or perinatally, where cerebral reorganization may lead to sparing of language. Individuals who are born prematurely or who have a very low birth weight are at an increased risk for being identified with an SLD regardless of the academic skill(s) affected.

### **Social Emotional**

Changes in the manifestation of dyslexia symptoms can occur, but it can continue to cause difficulties throughout one's lifespan. It can contribute to academic, social, and occupational struggles for students and adults with dyslexia. As such, avoidance of tasks that involve academic skills in reading are common across all age groups of people who have dyslexia. Episodes of anxiety, anxiety disorders, somatic complaints, and panic attacks are common in those who have any type of SLD. This can also lead to low self-esteem, and in some cases, can cause externalizing behavior issues (e.g., inattention, low frustration tolerance, task avoidance). Research shows that early remediation of skill deficits, positive teacher-student relationships, fostering a growth mindset in the student, teaching coping skills, and building confidence assists in reducing the presentation of these social-emotional issues (Haft et al., 2016).

## **Screening to Detect Risk for SLD in Reading/Dyslexia**

The National Reading Panel (2000) concluded that effective reading instruction should include explicit instruction in phonemic awareness, systematic phonics instruction, methods to improve fluency, vocabulary development, and ways to enhance comprehension. These five "big ideas" continue to be supported by research (National Center on Improving Literacy [NCIL], 2022). Grade-appropriate universal screening of these areas and other literacy-related precursor skills allows us to determine which students may be at risk for future difficulty in reading, including those who may have dyslexia, and to decide which students need intervention. Classification accuracy (i.e., correctly identifying students who do need intervention and students who do not) increases when multiple literacy skills are assessed (International Dyslexia Association [IDA], 2019).

## **Why is Screening Needed?**

Universal screening of students is an evidence-based way to identify students who are at risk for a variety of issues in a variety of domains such as mental health, behavior, and academics. Universal screening in reading helps to identify students who are at risk for future reading issues whether it be due to a possible SLD, other disabilities that may affect reading, or to identify students who have not had adequate instruction. SLD in reading is a neurobiological disorder and, due to brain plasticity decreasing with age, it can take four times as long to remediate in fourth grade compared to if the deficit was caught in kindergarten, according to the National Institute of Child Health and Human Development. Students at risk for reading issues can reliably be identified before entering kindergarten. Research has shown that early intervention is critical to avoid students falling significantly behind peers and grade level standards, which can develop into an SLD in reading. According to the International Dyslexia Association, psychological and clinical implications of these reading deficits can be minimized or completely prevented if children are identified early and receive intervention as early as possible (*Universal Screening*, 2020).

## **Screening Characteristics**

A screening is not to be confused with a diagnostic assessment. Its main purpose is to identify deficits and to help guide intervention planning. In kindergarten through second grade, the grades in which heavy emphasis is placed on early identification and intervention, screenings should focus on phonological awareness, rapid automatized naming, verbal working memory, and letter knowledge. Screenings should be conducted with all students in general education settings and may include checklists, work samples, or curriculum-based measures. The main characteristic of a screener is that it should be quick to administer to all students while obtaining the necessary information. If using standardized screeners, they should be quick, target specific skills, have standardized directions for administration and scoring, and have alternate forms that can be used three to four times per year or more.

## **Screening vs. Benchmarking**

In a general sense, a screening is typically conducted once, while benchmarking is conducted three or more times per year. Best practice is that students be screened multiple times per year to gauge progress. This also aligns with screening procedures mandated in the Third Grade Student Success Act (W. Va. Code §18-2E-10). In this section of W. Va. Code, the terms screening and benchmarking are used interchangeably to mean an assessment given at a point in time to determine if additional support is needed. Often the benchmarking procedures already in place fit the criteria to be a screener.

For the list of approved screeners, please visit:

- › <https://wvde.us/third-grade-success-act/>

**Components of Successful Literacy Screening Measures in K-2**

Kindergarten	First Grade	Second Grade
<p><b>Phonological awareness*</b></p> <ul style="list-style-type: none"> <li>› Phoneme segmentation*</li> <li>› Phoneme blending</li> <li>› Onset and rime</li> </ul> <p><b>Rapid automatic naming</b></p> <ul style="list-style-type: none"> <li>› Letter naming fluency</li> <li>› Letter-sound association</li> </ul> <p><b>Phonological memory</b></p> <ul style="list-style-type: none"> <li>› Nonword repetition</li> </ul>	<p><b>Phoneme awareness</b></p> <ul style="list-style-type: none"> <li>› Phoneme segmentation</li> <li>› Phoneme blending</li> <li>› Phoneme manipulation</li> </ul> <p><b>Phonological memory</b></p> <ul style="list-style-type: none"> <li>› Nonword repetition</li> </ul> <p><b>Rapid automatic naming</b></p> <ul style="list-style-type: none"> <li>› Letter naming fluency</li> <li>› Letter-sound association</li> </ul> <p><b>Oral vocabulary</b></p> <p><b>Word identification*</b></p> <ul style="list-style-type: none"> <li>› Nonwords*</li> <li>› Real words</li> </ul> <p><b>Word recognition fluency*</b></p> <ul style="list-style-type: none"> <li>› Accuracy and rate</li> </ul> <p><b>Oral reading fluency* (<i>beginning mid-year</i>)</b></p>	<p><b>Word identification*</b></p> <ul style="list-style-type: none"> <li>› Nonwords</li> <li>› Real words</li> </ul> <p><b>Oral reading fluency*</b></p> <p><b>Reading comprehension</b></p>

**Note:** Components with an asterisk (\*) are recommended areas for progress monitoring in the grades specified.

(IDA, 2019)

## **Instruction and Intervention**

### **Structured Literacy Principles**

In 2016, the International Dyslexia Association released a report indicating that a structured literacy approach to teaching was the most effective for students with dyslexia. Because structured literacy is a framework and not a specific program, there are many programs that can include all these aspects. It is not recommended that one specific program be used to teach students with dyslexia as 1) there are many programs that can meet the needs of a student, 2) a student may respond better to one structured literacy-based program over another, and 3) research and evidence, especially within the field of dyslexia, is everchanging so teachers should not be limited to one single program.

Structured literacy includes the following principles:

- › **Explicit Instruction.**  
All concepts are directly and explicitly taught to the students with continuous teacher interaction. Learning is not discovery-oriented, and the goal of the instruction is always for independent functional use by the student.
- › **Sequential and cumulative.**  
Language concepts are taught systematically in a way that explains how each concept fits into the whole. The goal is for the student to have fluent and automatic application of language knowledge to assist in reading comprehension.
- › **Multisensory, multimodal.**  
Instruction should be engaging and hands-on as well as set up to incorporate listening, speaking, reading, and writing. This method incorporates visual, auditory, and kinesthetic-motor to support memory and learning of both oral and written language skills (California Department of Education, 2018).
- › **Structured and diagnostic.**  
The content follows step-by-step procedures for learning concepts in which the pacing, practice, and time spent is adjusted based upon the needs of the student. Student progress is also frequently monitored through both informal (i.e., observation, anecdotal) and formal (i.e., standardized) methods.

### **Elements of Literacy**

These literacy skills are considered the foundation of classroom reading instruction, assessment, and intervention. The structured literacy framework also emphasizes teaching all aspects of language. This includes the following elements:

- › **Phonology.**  
Phonology is the study of sound structure of spoken words. Phonological awareness includes the ability to rhyme, count spoken words in a sentence, segment words into their sounds. A critical element of literacy is phonemic awareness, which involves the ability to segment words in their phonemes, which are their individual sound components.
- › **Sound-Symbol Association (Phonics).**  
Once phonemic awareness is developed, students need to learn to map phonemes to printed letters. Students must be taught to map visual symbols (letters) to the sounds as well as the sounds themselves to the visual symbols. Another important phonics skill is blending of sounds and letters into words as well as segmenting whole words into individual sounds.
- › **Syllable Instruction.**  
A syllable is a unit of oral or written language with one vowel sound. Knowledge of syllables and their types is important so that readers can determine the sound of the vowel in the syllable. Syllable division rules heighten the reader's awareness of where a long, unfamiliar word may be divided for greater accuracy in reading a word.

- › **Morphology.**  
A morpheme is the smallest unit of meaning in a language and includes base words, roots, prefixes, and suffixes.
- › **Syntax.**  
The set of principles that dictate the sequence and function of words in a sentence in order to convey meaning such as grammar and mechanics of language.
- › **Semantics.**  
The aspect of language concerned with meaning including the comprehension of written language.

## **Selecting Interventions**

Interventions any reading difficulty, including dyslexia, should directly align with the deficit determined by progress monitoring. This is what guides the individualized interventions needed to remediate difficulties. By using a one-size-fits-all intervention program or by not focusing intervention on the area of deficit, we cannot say that the student has had appropriate intervention, particularly if progress monitoring data does not show growth. If an individual struggles to read nonsense words, instruction should focus on phonics. If an individual can read nonsense words, but struggles reading irregular words, instruction should focus on orthographic patterns and sight word learning. If an individual is accurate in reading real words and nonsense words, but reads slowly, an intervention to increase fluency would be appropriate.

## **SLD in Reading/Dyslexia in Young Children**

The issue of determining the appropriate age to assess a student's eligibility for special education services related to dyslexia is a continued source of debate. It is a topic that can often place schools and parents at odds, especially when schools or districts advise against evaluating for SLD prior to a particular grade or age level. The issue lies in the number of "false positives" for dyslexia that can occur when students are assessed too early. Measures of phonological processing and early print awareness, which are often used to identify children at risk for dyslexia, are confounded by cognitive development, linguistic experience, exposure to text, and learning opportunities. For example, a kindergarten student who has never attended pre-k may appear as though he could have symptoms of dyslexia on assessments, but it is difficult to determine whether the child truly has dyslexia or if the deficit is due to lack of exposure.

Another perspective worth considering is to liken dyslexia to other medical conditions, such as blood pressure. To illustrate, when an individual's blood pressure falls into the "at-risk" range, medical professionals typically do not immediately resort to medication. Instead, they advise lifestyle modifications like dietary changes and exercise. Only when the blood pressure persists at the level of hypertension despite these interventions, medication is deemed necessary due to its debilitating nature.

Likewise, in the context of dyslexia, a similar approach can be applied. When a student is identified as "at-risk," the school should promptly initiate appropriate interventions through an MTSS process, incorporating targeted support and continuous progress monitoring. After implementing these interventions diligently for a reasonable period, if the student's progress remains significantly limited, the school may then consider the possibility of referring the student for special education services to address their challenges effectively.

To prevent young students at risk of dyslexia or other reading difficulties from being stuck in a "wait-to-fail" approach, early intervention within an MTSS framework is crucial. Moreover, the 2023 revision of WVBE Policy 2419 includes raising the maximum age for special education eligibility under the developmental delay category, which may also benefit these students. It is important to emphasize that students eligible for special education under developmental delay should receive intervention through MTSS as well.

For more information on Developmental Delay, please refer to [Developmental Delay Evaluation and Eligibility Guidance for West Virginia Schools](#).



## Specific Learning Disabilities in Mathematics: Dyscalculia, Math Learning Disability

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### Overview

Dyscalculia, also referred to as *math learning disability (MLD)*, is a type of specific learning disability in mathematics, and it has received less research attention than dyslexia (Rapin, 2016). A universally recognized definition of dyscalculia has not been established; however, individuals with this condition have difficulties with mathematics that tend to persist despite effective instruction, and are not better explained by other factors (Soares et al., 2018). These difficulties may include ***persistently weak number skills, slow or inaccurate math fact fluency, ineffective use of strategies during problem-solving, and unusual math errors*** (Mazzocco & Vukovic, 2018). A student with dyscalculia in the school setting may be described by some as having a specific learning disability in mathematics calculation and/or mathematics problem solving. The definition of dyscalculia contained in the American Psychiatric Association's DSM-5-TR was adopted by the WV legislature (§18-20-10) and is cited in WVBE Policy 2419: *Regulations for the Education of Students with Exceptionalities*.

**Dyscalculia** is an alternative term used to refer to a pattern of learning difficulties characterized by problems processing numerical information, learning arithmetic facts, and performing accurate or fluent calculations.

Several factors are thought to influence mathematics achievement, including genetics, environmental circumstances (e.g., prenatal conditions, premature birth), social influences (e.g., early experiences, education, encouragement), and cognitive or behavioral characteristics (e.g., attention, language, motivation, memory). Because many different variables may uniquely contribute to the development of skill in mathematics, evaluators should not expect to see a high degree of consistency in how dyscalculia is expressed from student to student.

Studies suggest that dyscalculia's prevalence rate is estimated to be between 3% to 7% (Wilkey et al., 2020; Bugden et al., 2020). However, an estimated additional 10% of students may experience ongoing low achievement in mathematics, which cannot be solely attributed to SLD (Mazzocco & Vukovic, 2018).

### What It Looks Like:

#### **Comparing Developmentally Appropriate Errors to Possible Signs of SLD in Math/Dyscalculia**

Skill in mathematics varies among children, and most students will have occasional difficulty with mathematical concepts during school. However, students with dyscalculia will face substantially more difficulty than their peers. These difficulties may manifest differently depending on the child's age and grade level, and what sets dyscalculia apart is that these struggles tend to persist over time. Persistently weak number skills, slow or inaccurate math fact fluency, ineffective use of strategies during problem-solving, and unusual math errors are common in students with SLD in math, such as dyscalculia (Mazzocco & Vukovic, 2018). Students may get lost during arithmetic computation and switching procedures may be observed. Difficulties with mathematical reasoning, such as extreme difficulty applying mathematical concepts or procedures to solve problems are common (APA, 2022). Students at-risk of dyscalculia tend to exhibit problems in the core mathematical areas of subitizing and approximate magnitude (Butterworth, 2018). Subitizing is the ability to determine the number of a small set of objects without explicitly counting them, and comparing approximate magnitude involves visually identifying which set of a certain type of object has more (Landerl, 2019).

## Possible Signs of SLD in Math/Dyscalculia Across Programmatic Levels

The signs and symptoms listed below do not indicate with certainty that a child has dyscalculia; however, early recognition of these difficulties can allow parents and teachers to seek further support and intervention to prevent further problems with mathematics to the extent possible.

### Preschool

- › Trouble learning to count
- › Skipping numbers when counting well after most peers can remember numbers in the correct order
- › Problems understanding the concept of counting (e.g., after asking a child for six marbles, the child simply provides a handful of marbles)
- › Difficulty with patterns or sequences
- › (e.g., shortest to tallest)
- › Trouble understanding the association between numerals and their corresponding written name (e.g., 8 and eight)
- › Trouble understanding the association between numerals and objects (e.g., how 4 can refer to a group of four apples)

### Grade School

- › Difficulty learning and recalling basic math facts (e.g.,  $2+3=5$ ,  $3-2=1$ )
- › Difficulty identifying math symbols (e.g., +, -) and using them correctly
- › Difficulty understanding math phrases (e.g., “greater than” and “less than”)
- › Difficulty with place value, often putting numbers in the wrong column
- › Difficulty understanding math language or concepts
- › Avoiding situations or games that require numbers

### Middle School

- › Difficulty with math concepts such as:
  - *Commutativity*  
( $3 + 5$  is the same as  $5 + 3$ )
  - *Inversion*  
(solving  $3 + 26 - 26$  without calculating)
- › Difficulty understanding math language and coming up with a plan to solve a math problem
- › Difficulty keeping score in sports games and gym activities
- › Difficulty figuring out the total cost of things or keeping track of money
- › Avoiding situations or games that require numbers

### High School

- › Difficulty reading charts and graphs
- › Difficulty applying math concepts to money, (e.g., making exact change, figuring out a tip)
- › Difficulty measuring things, particularly when fractions are involved (e.g., ingredients in a recipe, lengths of materials)
- › May lack confidence in activities that require understanding speed, distance, and directions
- › Difficulty finding different approaches to the same math problem (e.g., adding the length and width of a rectangle and doubling the answer to solve for the perimeter, rather than adding all the sides)

(Understood for All, Inc. & Ansari, 2022)

## Other Related Factors

### Medical

The medical condition most consistently associated with difficulties with mathematics is spina bifida myelomeningocele, though difficulties in written expression and reading can also be seen in this population (Lindquist et al., 2022). Similarly, very high rates of math learning disabilities are also seen in Turner Syndrome, a genetic syndrome affecting biological females, though a growing body of research suggests that differences are less prominent on untimed tests (Baker & Reiss, 2016). Dyscalculia may also be seen in other conditions such as epilepsy, stroke, or brain tumors, particularly if there is prominent involvement of the right hemisphere. Additionally, individuals with a history of pre- or peri-natal stroke may be at increased risk for math impairments regardless of lesion location (Li et al., 2022).

### Math Motivation and Math Anxiety

Motivation has been consistently linked to academic outcomes from early childhood through secondary school (Zakariya & Massimiliano, 2021). **Math motivation** involves 1) the notion that mathematics is important, 2) a desire to do well in mathematics, and 3) readiness to apply effort to make accomplishments in mathematics. **Math anxiety** can be defined as "a feeling of tension, apprehension, or fear that interferes with math performance" (Ashcraft, 2002, p. 181), and has little to do with overall intelligence. Some anxiety or stress is beneficial as it motivates us to act or accomplish tasks; however, elevated levels of anxiety – math or otherwise – can be debilitating and cause significant distress. Although low levels of math motivation or elevated levels of math anxiety do not necessarily cause SLD in mathematics, these variables can have compounding negative effects on individuals with or without SLD. For that reason, evaluators should consider students' attitudes toward mathematics and the possible presence of math anxiety in their comprehensive evaluations of SLD.

## Screening to Detect Risk for SLD in Math/Dyscalculia

Assessments of number skills are presently the most effective screening tools for detecting which students are at most risk for future mathematics difficulties. Note that numeracy development is wide-ranging among students in early elementary school, and not every student who might perform below average on these screening tools will develop an SLD in mathematics. Students at risk for developing dyscalculia will likely have difficulties with both overlearned skills and new math topics. Recent research supports the following number skills as being especially useful for predicting later achievement in mathematics (Mazzocco & Vukovic, 2018).

### Nonsymbolic Magnitude Judgment

Two sets of objects (e.g., dots, squares, stars) are presented side-by-side and the student quickly determines, without counting, which set contains more of the objects.

**Example:**





## Symbolic Magnitude Judgment

Two Arabic numerals are presented side-by-side and the student quickly determines which number is numerically larger.

**Example:**



## Counting

Counting can be separated into five essential principles (Gelman & Gallistel, 1978):

- › *Stable order* – Understanding the verbal sequence of counting, and ability to recite number names in order.
- › *One-to-One Correspondence* – Understanding each object in a group can be counted only once.
- › *Cardinality* – Understanding that the last number spoken represents the total number of items in a set
- › *Abstraction* – Understanding that *what* is being counted does not change *how* one counts.
- › *Order Irrelevance* – Objects can be counted in any sequence (e.g., top-to-bottom, left-to-right) as long as one-to-one correspondence is maintained.

## Digit Naming

The fluent recognition of Arabic digits in any order.

**Example:**

5 8 2 7 4 6 1

## Small-Number Addition

Two pairs of single-digit numbers are presented side-by-side and the student quickly determines which pair, when added together, equals a target number.

**Example:**

[5 3]    [4 5]

“Which pair equals 8?”

### NOTE:

Screenings that utilize nonsymbolic and symbolic comparisons may provide the most value in terms of identifying at-risk students if time and resources are limited (Bugden et al., 2020; Mazzocco & Vukovic, 2018). For more information on comprehensive evaluation for suspected SLD in math, see Appendix G.

**Components of Successful Numeracy Screening Measures in K-2**

Kindergarten and First Grade	First Grade	Second Grade
<p><b>Number sense*</b></p> <ul style="list-style-type: none"> <li>› Magnitude comparison (nonsymbolic [objects] and/or symbolic [numerals])</li> </ul> <p><b>Counting*</b></p> <ul style="list-style-type: none"> <li>› Naming the next or missing number in a series</li> </ul> <p><b>Digit Naming</b></p> <ul style="list-style-type: none"> <li>› Fluent recognition of Arabic numerals in any order</li> </ul>	<p><b>Math Fact Retrieval</b></p> <ul style="list-style-type: none"> <li>› <i>Small-number addition/subtraction</i></li> </ul>	<p><b>Computation</b></p> <p><b>Concepts and Applications</b></p>

**Note:** Components with an asterisk (\*) are especially useful for early prediction of mathematics outcomes.

(Gersten et al., 2011; Mazzocco & Vukovic, 2018; The IRIS Center; 2018)

## Instruction and Intervention

Instruction provided at the universal tier of support should be evidence-based, and the curriculum implemented as prescribed by the publisher. Ideally, this should meet the educational needs of most students. However, for the smaller number of students who may need additional targeted or intensive support, the following principles should be considered (National Research Council, 2001; National Mathematics Advisory Panel, 2008; Mazzocco & Vukovic, 2018):

### › **Explicit, systematic, and didactic**

- Rather than discovery-oriented learning, supplemental intervention in mathematics should be clear, methodical, and teacher-led.

### › **Sequenced instruction that builds on existing knowledge**

- While some students benefit from explaining their thought processes as they work through problems, this is not always the case for students who struggle with mathematics. Therefore, math concepts and procedures should be clearly explained by the teacher or interventionist to reduce misunderstanding, rather than having students provide their own explanations or interpretations of these concepts.

### › **Conceptual emphasis**

- Placing a greater emphasis on mathematical concepts (explaining *why* operations and algorithms work) can produce greater gains than focusing primarily on procedures in mathematics (*how* to solve a problem with a series of steps).

### › **Frequent opportunities for practice**

- Whether engaged in fluency or conceptual practice, struggling students who are provided plenty of opportunities to practice what they learn with immediate feedback tend to show greater gains.

### › **Cumulative**

- Math interventions that cover specific concepts more deeply often produce better student outcomes than those that cover a wider range of concepts but with less depth. By focusing on and mastering math concepts in a cumulative progression, students can strengthen their knowledge base allowing for new learning to occur more easily.

### › **Motivating**

- Increasing motivation is important for students who have a history of struggling academically; therefore, reward systems may be helpful for associating math and learning with positive experiences.

### › **Progress monitoring**

- Regularly monitoring progress in mathematics allows teachers and interventionists to know whether the instruction being provided is having the intended result. The tools used to progress monitor should be aligned with the concepts and procedures being taught.



## Specific Learning Disability in Written Expression: Dysgraphia, Writing Disability

### Overview

Writing is a complex task that involves fine-motor coordination, an understanding of the “rules” of writing in the language of instruction (e.g., spelling, grammar, punctuation), sufficient oral language development, adequate writing fluency, and the ability to plan, organize, review, and revise (Mather & Wendling, 2018). The definition and categorization of writing disabilities seem to be no less complex. A deficit in just one of the various aspects involved in the writing process, which includes motoric, linguistic, and executive functioning elements, can broadly impede one’s ability to produce written work (Chung, Patel, & Nizami, 2020).

The DSM-5-TR does, however, provide a definition of SLD with impairment in written expression. The criteria within the DSM-5-TR specifies that one or more impaired academic skills, including **spelling accuracy, grammar and punctuation accuracy, and clarity or organization of written expression**, must persist for at least six months despite the provision of interventions that target those difficulties, and the difficulties must be substantially and quantifiably below what is appropriate for the individual’s age. In addition, the difficulties must emerge during school-age years and must not be better explained by other disorders, conditions, or circumstances (APA, 2022). IDEA 2004 and WVBE Policy 2419 also state that SLD identification in written expression, or any of the other eight areas of SLD, can be supported if documentation exists which indicates the child does not achieve adequately for the child’s age or meet State-approved grade-level standards after being provided appropriate instruction and learning experiences.

The term *dysgraphia*, when compared to *dyslexia* and *dyscalculia*, is even less clearly defined among scholars, researchers, and professional associations.

*“Developmental coordination disorder (DCD) or dyspraxia? A poor writer or a child with developmental dysgraphia? The variety of names that have been put forward, sometimes with different diagnostic criteria, highlights the vagueness and imprecision surrounding these disorders across different disciplines and professionals...”*

(Biotteau et al., 2019, p. 1873)

*“Much controversy exists regarding the precise definition of and deficits seen in dysgraphia, depending on the theoretical mechanisms attributed to the disorder.”*

(Chung, Patel, & Nizami, 2020, p. S46)

*“Whereas developmental dyslexia has moved into the focus of research, the investigation of developmental dysgraphia has garnered less attention. Yet for both disorders, there are different classifications and definitions in the literature, making it difficult for the reader to gain insight into the actual characteristics and causes of these disorders and their relationship.”*

(Döhla & Heim, 2016, p. 1)

Although dysgraphia is not currently considered a formal diagnosis or disability in the DSM-5-TR or IDEA 2004, it is a term used by scholars and researchers who study writing disabilities. For the sake of clarity and consistency within this document, the term **dysgraphia** shall refer to significant difficulties primarily with graphomotor skills (i.e., visual-motor skills that are specific to handwriting) that can substantially impact areas such as legibility, writing fluency, letter formation, and spelling, which may cause secondary problems with written expression (Mather & Wendling, 2018).

The term *specific learning disability in written expression*, or *SLD in written expression* shall refer to major difficulties with spelling, grammar, punctuation, generation of text, syntax, and structure, as well as executive functioning aspects of writing, including planning, organizing, and revising, regardless of whether graphomotor problems and difficulties with handwriting are present (APA, 2022).

Like other SLDs, many factors may contribute to the development of SLD in writing, including genetic, environmental, medical, developmental, social, cognitive, or behavioral factors. Attention or behavior difficulties, such as Attention-Deficit/Hyperactivity Disorder, (ADHD) and Oppositional Defiant Disorder (ODD), can also contribute to problems with written expression. As such, the presentation of SLD in writing may vary across individuals (McCloskey & Rapp, 2017). Learning problems may be isolated to handwriting or written expression; however, these difficulties often co-occur with other learning disabilities. An estimated 30%-47% of students with writing difficulties also experience problems with reading (Chung, Patel, & Nizami, 2020). [The American Speech-Language-Hearing Association](#) provides a [useful overview](#) of the relationship between disorders of reading and written language.

## **What It Looks Like**

A primary sign of dysgraphia is messy handwriting, although this does not definitively indicate the presence of an SLD. Some essential handwriting skills students may struggle with include:

- › Letter formation
- › Writing grammatically correct sentences
- › Spacing letters correctly
- › Writing in a straight line
- › Holding and controlling a writing tool
- › Writing clearly enough to read later
- › Writing complete words without omitting letters

## **Possible Signs of SLD in Written Expression/Dysgraphia Across Programmatic Levels**

The signs and symptoms mentioned below are not definitive evidence of dysgraphia or an SLD in written expression. Nevertheless, recognizing these difficulties early on can enable parents and teachers to proactively seek additional support and intervention to prevent further problems with writing to the extent possible.

### **Grades Pre-K – 2**

- › Awkward grip or body position when writing (PK)
- › Tires very easily with writing (PK)
- › Avoidance of writing and drawing (PK)
- › Difficulty labeling pictures with a few words (K-1)
- › Written letters are often poorly formed, inversed, reverse, or spaced inconsistently
- › Illegible handwriting
- › Writes sentences that are hard to understand
- › Sometimes gets confused about the differences between stories, opinions, and informational writing
- › Has trouble writing one or two paragraphs about a personal experience

### **Grades 3 – 5**

- › Switching between cursive and print
- › Difficulty with word-finding, sentence completion, and written comprehension
- › Still only writes simple sentences instead of using a variety of sentences to express ideas clearly
- › Drafts without any planning and does little revising
- › Has trouble with organization and content for different forms of writing, like narratives and opinions

### **Middle School**

- › Struggles to plan before writing and use the plans
- › Focuses mostly on minor errors and corrections of wording when revising
- › Has a hard time writing more complex narratives about people's experiences
- › Uses the same words over and over
- › Difficulty writing argumentative papers that back up claims or consider other options

### **High School**

- › Tries to write longer, more complex sentences that end up being confusing
- › Comes up with a few ideas when asked to plan, but does not make and follow an organized plan
- › Has trouble finding weaknesses in writing and revising the content and how it is organized
- › When using sources in writing, has a hard time explaining the ideas and integrating ideas from multiple sources
- › Writes papers that are missing facts and detail
- › Difficulty with written organization of thought

(Understood for All, Inc. & MacArthur, 2022; Chung, Patel, & Nizami, 2020)

## **Other Related Factors**

### **Medical**

While no particular medical condition is associated with isolated spelling difficulties, several medical conditions may interfere with the physical act of writing via fine motor deficits. Fine motor deficits are a prominent feature of many neurological conditions, including spina bifida myelomeningocele (e.g. Lindquist et al., 2022), as well as any other condition medical condition which results in hydrocephalus (Işık, & Özek, 2018). Students with a history of leukemia or other forms of cancer treated with vincristine also frequently demonstrate fine motor impairments (Mora et al., 2016).

## **Screening to Detect for Risk of SLD in Written Expression/Dysgraphia**

Because of the significant overlap in skills and concepts necessary for proficiency in both reading and writing (e.g., phonological awareness, phoneme-grapheme knowledge, morphology, orthography, vocabulary, and oral language), educators should keep a close eye on the handwriting, spelling, and written expression skills of students who are considered at-risk for reading problems based on literacy screenings. Additionally, many evidence-based interventions for reading problems often integrate handwriting and spelling within a multisensory approach to instruction. Therefore, difficulties with writing may become apparent when students initially identified as needing targeted or Intensive intervention for reading are required to produce written output as part of a reading intervention program.

Screening may include the use of [curriculum-based measurement \(CBM\)](#) (i.e., standardized, systematic method of formative assessment used for screening and [progress monitoring](#) of specific academic skills), informal assessment of writing samples, or assessments included within a reading/language arts curriculum. The following are examples of screening measures that could be used to detect risk for future difficulties in writing.

**Word Dictation / Spelling CBM (word level)**

Essentially a spelling test, word dictation or spelling CBMs provide a standardized way of measuring spelling skill. This [manual](#) provides an overview of how to administer and score these CBMs.

**Sentence Copying CBM**

Educators may consider developing packets of up to eight pages with three sentences per page for this screening tool. Including a practice sentence can be useful for teaching the task. Sentences for copying may be drawn from the local curriculum. Ensuring that sentences are seven words or fewer in length, and that words within the sentences consist of no more than seven letters can ensure consistency. Provide students with three minutes to copy as many sentences as possible. This may be group-administered (McMaster, Du, Yeo, Deno, Parker, & Ellis, 2011).

**Example:**

**Spring is here.**

\_\_\_\_\_

-----

\_\_\_\_\_

\_\_\_\_\_


-----

\_\_\_\_\_

**Picture-Word CBM (sentence level)**

Educators may consider creating paper packets using high-frequency words from the local curriculum, or other grade-appropriate high-frequency words, paired with pictures to be used as prompts for students to create and write sentences using the word provided. Working through a sample item for the class can be useful for teaching the task. Draw a simple picture and write the word underneath for all the class to see, and ask the class to orally provide sentences using the word. After allowing the students to practice, provide students with three minutes to write as many sentences as possible. This may be group-administered (McMaster et al., 2011).

**Example:**

 <p data-bbox="220 1690 287 1728">dog</p>	<p>_____</p> <p>_____</p>
--	---------------------------

## **Story Prompt / Written Expression CBM (passage level)**

These brief, timed assessments assess a student’s understanding of writing mechanics, conventions, and written expression. The student is given a grade-appropriate “story starter” or writing prompt to create a writing sample. [This manual](#) provide details regarding the [administration and scoring](#) of written expression CBM, and this [guide](#) provides an overview, instructions, and general benchmarks for grades 1-8.

### **Example:**

**In the middle of a dark forest...**

**The world needs a hero more than ever.**

## **Analysis of Writing Samples**

Writing samples can be assessed informally using a rubric by rating each of the following categories on a Likert-type scale (e.g., 1 – Poor, 2 – Fair, 3 – Good, 4 – Very Good, 5 – Excellent). For a more detailed analysis, each of the criteria within each category can be assigned a rating. Future work samples can be graded similarly to gauge progress.

### **Example:**

#### **Handwriting**

- › Correct letter formation
- › Consistent spacing
- › Writing remains on line
- › Fluent letter formation

#### **Spelling**

- › Regular words spelled correctly
- › Irregular words spelled correctly

#### **Mechanics**

- › Correct ending punctuation
- › Correct internal punctuation
- › Correct use of capital letters
- › Paragraph indentation

#### **Vocabulary**

- › Grade-appropriate vocabulary
- › Varied vocabulary
- › Precise vocabulary

#### **Grammar / Usage**

- › Correct word endings
- › Correct verb tense
- › Pronouns used correctly
- › Complete sentences
- › Varied sentence composition



## ***Instruction and Intervention***

Regarding difficulties with graphomotor skills or visual-motor integration related to handwriting, consultation with a school-based occupational therapist (OT) may be appropriate. Although OTs may not provide direct services to a student who is not yet eligible for special education, they may be able to offer brief consultation or provide teachers with recommendations, specific tools, classroom-based strategies, or accommodation ideas to use with students struggling with handwriting. Students who have been evaluated and qualify for special education services may be eligible for occupational therapy as a related service, provided the students meet the eligibility criteria for such services. While interventions should be based on student-specific needs, the following are general recommendations for improving instruction in writing (Mather & Wendling, 2018).

### ***Elementary***

- › Increase amount of time spent writing
- › Explicitly teach writing skills and strategies
- › Develop an early interest in writing
- › Emphasize connections for writing between home and school
- › Integrate computer use within writing instruction

### ***Middle and High School***

- › Teach strategies for planning, revising, and editing
- › Teach how to summarize written information
- › Encourage goal-setting for writing
- › Use computers as instructional supports
- › Use prewriting for idea generation and organization
- › Provide models of good writing for reading and analysis
- › Use writing as a learning tool

The [National Center on Intensive Intervention](#) provides a [webinar](#) overviewing assessment and instruction in early writing.

# Eligibility for Special Education Under an SLD Classification: Joint Principles

In 2019, eleven organizations, including the [National Center for Learning Disabilities](#) (NCLD) National Association of School Psychologists (NASP), American Speech-Language-Hearing Association (ASHA), Learning Disabilities Association of America (LDA), and the International Dyslexia Association (IDA), collaborated to develop guiding principles for states and LEAs to consider when evaluating students for suspected SLD (SLD & Eligibility Under IDEA: Resources to Improve Practice & Policy - NCLD, 2022). These principles are listed below.

## Education for All Students

### **Principle 1**

All students should have access to general education that includes rigorous, differentiated, universally designed core instruction, as well as supplemental, evidence-based interventions designed to respond to students' individual needs.

### **Principle 2**

Education professionals—working as a team—should have the preparation, ongoing training, and resources required to: collect and use universal screening information; select and administer assessments to measure student learning and monitor progress; and provide evidence-based instruction and interventions to support students in accessing the core general education curriculum.

### **Principle 3**

Teams of education professionals should establish and maintain clear lines of communication with families to gain valuable input related to a student's strengths as well as academic, social, behavioral, and health needs to ensure that families, students, and service providers can participate in collaborative decision making about future instruction.

## Where a Disability is Suspected

### **Principle 4**

An evaluation must lead to a clear, unbiased, and timely decision regarding special education eligibility and inform future instruction, whether the student requires special education or not.

## Where Special Education Eligibility is Being Determined and SLD is Suspected

### **Principle 5**

Policies for determining student eligibility for special education services under the SLD classification should require the use of valid and reliable measures and ensure consistency across LEAs.

## **Principle 6**

Comprehensive evaluations for special education eligibility under the SLD category must include data from targeted, valid, and reliable measures that are tailored to the unique learning and behavioral profile of each student. The selection of measures and an eligibility determination must consider both best practice and professional judgment.

**Principle 6** calls for comprehensive evaluations to be conducted in a timely manner for students suspected of having an SLD. The multidisciplinary evaluation team should provide a broad perspective of the whole child. Parents, as well as the student, when appropriate, should be provided the opportunity for team membership. Evaluation information should, at minimum, include relevant background information, academic and instructional response data, and behavioral information. Other measures of performance should have demonstrable validity and reliability. The student's native culture and English language proficiency should also be considered when appropriate. If external information is supplied by the parent/guardian, such as an outside evaluation, these data should be considered within the context of the student's education. However, the school may still need to conduct a comprehensive evaluation should the outside evaluation data be inadequate to substantiate the need for special education services according to state or LEA policy. In addition to ruling out lack of adequate instruction and limited English proficiency as primary causes of underachievement, other exclusion factors must also be ruled out when evaluating a student for SLD. Because SLDs are heterogeneous (i.e., diverse, not uniform), multiple sources of data as well as professional judgment should inform the team's conclusions regarding eligibility.

## **Principle 7**

Assessments that measure aspects of cognitive functioning may be used to rule out intellectual disabilities or to inform educational decisions by documenting areas in which the student is struggling or excelling. Use of such cognitive assessments is allowed, but not required.

**Principle 7** emphasizes that cognitive assessments, when conducted by competent evaluators, can provide reliable and valid information about a child's intellectual ability, and can offer insight on cognitive strengths and weaknesses. Nevertheless, cognitive testing should be considered on an individual basis, and the utility of the assessment and its interpretation should be grounded in current empirical research and relevant to educational programming. Some exclusion factors, such as intellectual disability, may be ruled out using a combination of other data sources, such as strengths in other academic areas, behavior observations, and information about adaptive skills from parents/guardians and teachers, for example. The decision of whether to administer cognitive assessments as part of an evaluation depends on the student's specific circumstances and input from the evaluation team. The evaluator is ultimately responsible for selecting culturally and linguistically appropriate assessments, knowing both the usefulness and limitations of using cognitive testing to inform SLD determination, and interpreting results in a psychometrically and legally defensible way.

## **Principle 8**

Teams of education professionals should use the data collected on how a student responds to evidence-based interventions as an essential part of the evaluation. School personnel must not use response to intervention (RTI) procedures to delay a comprehensive evaluation and the determination of eligibility for special education services (Musgrove, 2011).

**Principle 8** asserts that, while response to intervention procedures should not be used to delay an evaluation, instructional response data should be an integral component of a comprehensive evaluation. Further, a referral for evaluation can occur at any time when a disability is suspected, regardless of how long a student has received tiered intervention. Screening instruments and progress monitoring tools should be valid and reliable, and interventions should be research-based and implemented with fidelity. Education professionals should ideally receive ongoing training regarding best practices of multi-tiered service delivery models. As stated in the Third Grade Student Success Act (W. Va. Code §18-2E-10) that was enacted in 2023, parents must be notified of their child's participation in tiered intervention to facilitate home-school communication about the process.

## **Connecting the WVTSS Framework to SLD Determination**

WVTSS supports student learning by addressing the needs of the whole child in the areas of academics, behavior, and mental health, through a multi-tiered framework. ([Principle 1 of the Eligibility for Special Education Under an SLD Classification: Joint Principles, 2019](#)) High-quality practices supported by this framework include:

- › accommodating the needs of all students resulting in improved support for both struggling and high-achieving students,
- › a means for appropriately identifying and selecting students for continued services through an Individualized Education Program (IEP) based on their documented response to targeted and intensive instruction,
- › universal screening for all students in the areas of academics, behavior, and mental health,
- › multiple tiers of support that provide increasing assistance for struggling students,
- › systematic data collection, analysis, and decision-making,
- › progressively intense monitoring of student progress,
- › collaboration and problem-solving, and
- › professional development for teachers and administrators in all components of the framework.

Using WVTSS specifically to support and monitor academic growth is one component of SLD identification. WVTSS provides a framework for working with struggling learners and allows teachers to organize and deliver instruction to students who struggle in reading, writing, and mathematics. The benefit of a multi-tiered system of support is to provide early intervention and to reduce the number of students referred for special education services, ultimately distinguishing between poorly performing students with disabilities and students performing poorly due to inadequate instruction or the impacts of trauma.

The WVTSS process may be used to identify specific, effective instructional strategies that result in higher student achievement. Many students who struggle to learn grade-level content often benefit from instruction that is skill-specific and supplemental to the instruction provided within the general curriculum. Given supplemental instruction, progress can be accelerated by adequate time, the use of effective materials, and robust instruction. Consequently, many students no longer require additional instruction after receiving this strategic support. However, for a small number of students, persistently low levels of response to instruction might initiate a referral for special education.

An SLD determination is based on both educational need and a student's low response to high-quality general education instruction, which includes support at all tiers of WVTSS. A body of evidence demonstrating academic skill deficiencies and insufficient progress when provided targeted and intensive instruction is required for substantiating eligibility as a student with an SLD. WVTSS provides the process for verifying students have received high-quality instruction prior to pursuing eligibility.



***Labeling a child is never a benign action. Eligibility decisions hold life-changing implications for students and should be made with careful attention to all aspects of the process.***

Teachers, administrators, and evaluators should understand that low achievement alone does not constitute a student with an SLD. The performance of students with disabilities is considerably different from same-grade peers on core academic skills such as English/language arts or mathematics. It is only after a student is provided appropriate targeted and intensive instruction over a sufficient period that the conclusion of an SLD may be made.

## **West Virginia Tiered System of Support (WVTSS)**

All students need access to high-quality, research-based instruction. This access is a fundamental principle of WVTSS. However, the method in which the instruction is delivered should vary based on individual student needs. This model is preventative in nature and assumes that most children's academic difficulties can be remedied with additional instructional supports provided within the context of general education.

**(Principle 2 of the Eligibility for Special Education Under an SLD Classification: Joint Principles, 2019)**



### ***Tier 1: Universal***

Universal instruction is the first level of high-quality, research-based instruction students receive. Approximately 75-80% of students should be proficient when universal supports are provided in general education environment. This tier of support typically includes both whole group and small group instruction. Flexible, fluid grouping allows students to move between groups as appropriate. At this level, using the West Virginia College- and Career-Readiness Standards as the foundation, teachers apply their expertise in pedagogy and curriculum design to create units and lessons for their classes. Educators should consider personalized learning through differentiation at the universal level. Universal Design for Learning (UDL) reduces barriers to materials, instruction, and assessment to ensure access to the core curriculum for all students. It is vital to maintain high expectations for all students at this tier of instruction and support. Additionally, students should be regularly screened and monitored to see how they are responding to instruction

During universal instruction, the level of performance (e.g., average score) and rate of progress of the entire class should first be evaluated to determine whether the curriculum and instructional practices are effective. If not, changes in class-wide instruction may be undertaken. Assuming that the level of performance and rate of growth of the entire class are adequate, the performance of students whose scores are discrepant from expected levels should be examined to determine whether strategic monitoring is desirable or whether targeted instruction should be initiated. On-going progress monitoring can reveal whether individual students are displaying adequate rates of growth. If growth rates are inadequate, targeted instruction should be initiated. Without effective instruction, discrepant growth rates will continue, resulting in the ever-increasing gap between typical and struggling learners known as the “Matthew Effect.” The “Matthew Effect” in this context means that those who start off advantaged continue to become more advantaged while those who start off disadvantaged continue to become more disadvantaged unless intervention occurs.

### **Tier 2: Targeted**

Targeted instruction is added when a student’s progress monitoring data shows insufficient progress at the universal tier. Targeted supports are given in addition to universal instruction. At this level, support is usually short term. Flexible grouping of students is used during the targeted level of academic supports to meet the more specific needs of small groups of students. Targeted support can be provided in small groups both in the general education classroom or outside the classroom in a different setting.

Small group sessions are recommended to last approximately 15-30 minutes, two to three times per week (Burns et al., 2008). Best practice is to progress is monitored every two to three weeks for a total of nine weeks before evaluating the next steps, but this is not a requirement. Short-term, data-based interventions are provided to support student academic needs.



**Technology is embedded in teaching and learning but is not used to replace the teacher or authentic, relevant instruction.**

At this level, the provision of more in-depth scaffolding by the teacher is based on student data and progress monitoring results. Teachers differentiate, scaffold, and use multimodal strategies to engage students during targeted instruction – it is not the place for worksheet- or textbook-driven “drill and kill” instruction. Short-term, data-based interventions are provided to support student academic needs. It is not considered appropriate for supplemental instruction to take place during lunch, recess, extracurricular activities or replace other courses such as art, music, science, social studies, or any other curricular offerings.

### **Tier 3: Intensive**

Intensive instruction is provided if the student is not able to progress after a suggested minimum of nine weeks of targeted instruction. The intensive level of academic support includes increased individualized attention and a customized treatment plan with the use of evidence-based strategies and resources. Intensive intervention reduces complications, intensity, and severity of current cases of academic issues.

Sessions within intensive intervention are increased in frequency and duration (Burns et al., 2008). The sessions should be approximately 30-60 minutes in length, and the number of sessions per week can be increased if necessary. Best practice is to monitor progress more frequently (i.e., every one to two weeks). These sessions focus on more narrowly focused skills. Just as with targeted interventions, it is not

considered appropriate for supplemental instruction to take place during lunch, recess, extracurricular activities or replace other courses such as art, music, science, social studies, or any other curricular offerings.

If a student is unable to progress to the targeted or universal tier after a reasonable duration of high-quality support at the intensive level, decisions driven by useful and relevant assessment data are reviewed and discussed by the school team. Recommendations and/or referrals are made after careful consideration of a collection of relevant data collected over time. **If a student is making adequate progress with either universal and targeted or universal, targeted, and intensive interventions, they can continue to receive those interventions for as long as needed.**



**If a special education evaluation is being considered, it is advisable for the teacher or SAT Coordinator to meet with the school psychologist prior to beginning the process to identify necessary documentation and data to be collected during intensive instruction.**

### ***WVTSS Recommendations for Academic Supports***

	<b>Targeted (Tier2)</b>	<b>Intensive (Tier 3)</b>
<b>General</b>	Small group sessions within or outside the general education classroom	More individualized attention, customized treatment plans
<b>Group Size/Composition</b>	Small, flexible, fluid groups with similar skills and needs	Individual or very small, flexible, fluid groups with narrowly focused developmental/grade-appropriate skills/needs.
<b>Location</b>	Small group in general education classroom or another appropriate setting within school; before, during or after school	Appropriate setting within school; may be pull-out, before school, after school
<b>Intervention</b>	Short-term, data-based interventions	Evidence-based strategies and resources
<b>Time Per Session</b>	15-30 minutes	30-60 minutes
<b>Frequency of Sessions</b>	3-5 times per week (in addition to universal)	3-5 times per week (in addition to universal)
<b>Phase Length</b>	Minimum of 9 weeks	Minimum of 9 weeks
<b>Progress Monitoring</b>	Every 2-3 weeks (3 or more data points over 9 weeks)	Every 1-2 weeks (6 or more data points over 9 weeks)

## WVTSS and Engaging Families: Parents as Partners in the Process

Research has shown that engaging caregivers in the education of their children is critical for the successful implementation of any intervention associated with closing the achievement gap and increasing graduation rates (Topor et al., 2010; Jensen & Minke, 2017). However, unless caregiver and family engagement are data-informed, deliberately planned, based on current research, and connected to school and LEA goals, efforts may not produce maximized results. The caregiver role in the WVTSS process is critical in assuring fidelity throughout each tier. ([Principle 3 of the Eligibility for Special Education Under an SLD Classification: Joint Principles, 2019](#))

The WVDE defines family engagement as authentically including families in activities and programs so that they are equipped to act as effective partners and are prepared to share the responsibility in learning so that their children reach their full potential and graduate college or career ready. That definition is at the core of each WVTSS tier. Staff should consider the role of caregivers in helping their students reach their learning goals. Schools and caregivers benefit when parents are routinely provided information about how they can be involved and participate in this process. If the school's tiered system of support includes gaining caregivers' input and building their capacity to support their child's learning, students' performance and overall school improvement efforts will accelerate. Below are examples of how WVTSS teams might include parents at each tier:

### **Tier 1: Universal**

- ✓ Provide data reflecting student progress for all caregivers.
- ✓ Conduct caregiver/teacher conferences to share data, strategies, materials, and technology tools for home instruction or intervention.

### **Tier 2: Targeted**

- ✓ Obtain caregiver input.
- ✓ Consideration may be given to a Student Assistance Team (SAT) referral as per WVBE Policy 2419
- ✓ Continue to send home reports and continuous progress monitoring data.
- ✓ Involve caregivers in the intervention process. (**Note:** If teaching a targeted skill, the caregiver should know about this and be guided in helping the student at home to the extent the caregiver is willing and able.)
- ✓ Help caregivers understand their child's progress compared to other students.
- ✓ Consult with caregivers regarding any supplemental services (e.g., tutoring or counseling) the student may be receiving.

### **Tier 3: Intensive**

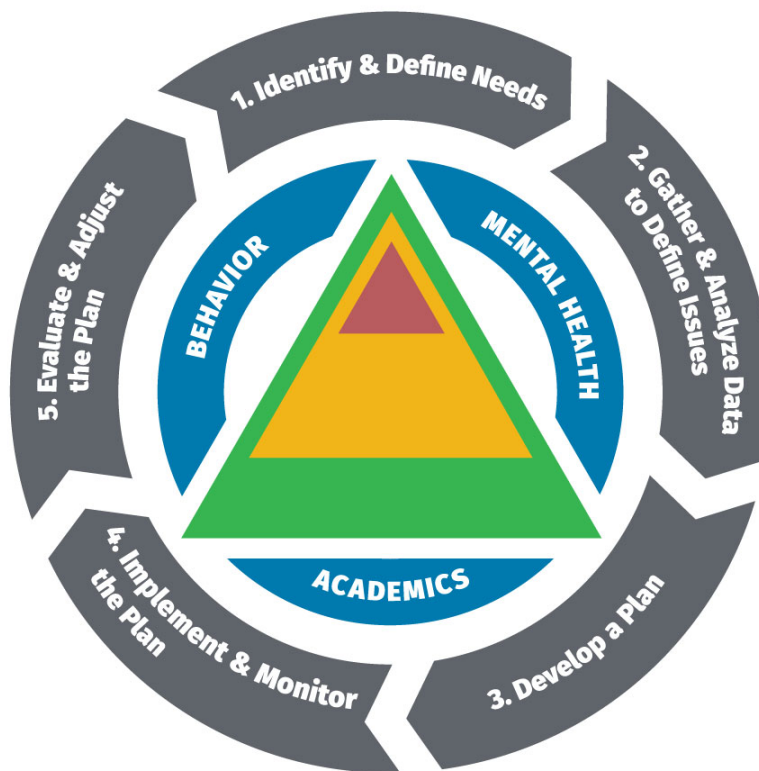
- ✓ Invite caregivers to participate in meetings and/or receive data the team uses with a summary of the meeting in writing.
- ✓ Continue communicating with caregivers, present information on intervention plans and progress monitoring.
- ✓ Communicate the need for evaluation as necessary using data from the intervention process and solicit consent from caregivers.



Embracing a mindset that all students benefit from current evidence-based family engagement practices is vital to the success of the WVTSS program. However, regardless of the school’s WVTSS adoption or implementation and family engagement practices, legal guardians reserve the right to request a special education evaluation at any time (see Policy 2419). Under IDEA, schools still have an obligation to identify and evaluate all children suspected of having a disability, so they may receive the educational supports they need, even if a student is performing comparably to peers and “advancing from grade to grade” (34 CFR 300.11(c)). WVTSS ensures that students do not have to experience detrimental or prolonged failure before they receive education services.

## Determining Levels of Support: The WVTSS Problem Solving Process within General Education

The problem-solving process for identifying and addressing students’ needs should include examining screening data, analyzing causes for the limited response to universal instruction, developing instruction to increase student achievement, and ensuring all students are learning. ([Principle 2 of the Eligibility for Special Education Under an SLD Classification: Joint Principles, 2019](#)) The problem-solving process is the same for groups or individual students and is carried out by various teams. The team members will have various roles in this continuous cycle of examining data and modifying the plan to address student needs. The team makes curriculum decisions, schedules instruction, determines student groups, and allocates resources as needed. The process has five steps:



## 1. Identify and Define Needs (Identify the Gap)

Review student data while keeping in mind the following types of questions:

- › Is the student progressing as expected?
- › If not, in which areas does the lack of progress occur?
- › How does the student's progress compare to the rest of the class?
- › Is there a slight or a significant gap in learning?
- › Are other students showing the same lack of progress?
- › Has the student expressed any concerns about his/her progress?

After reviewing the data, define the student's challenges using direct, observable, measurable terms. Skill deficits are defined as the difference between what is observed or measured and what is expected for a student. Many skill deficits can be addressed and resolved at the universal tier, which includes universal supports for all students (e.g., Universal Design for Learning, differentiated instruction, scaffolding). However, students with more significant skill deficits are likely to need targeted or even intensive supports. Students whose needs cannot be met with universal supports or who are already experiencing significant problems are likely to need targeted or even intensive services and supports.

## 2. Analyze the Student's Needs (Understand Why the Gap has Occurred)

Once the student's needs are determined, it is essential to discover why the student has these needs, so the goal of this analysis is to answer the question, "Why is this challenge occurring?" To answer this question, first, gather and consider the data, then develop, describe, and communicate to the team potential hypotheses about the probable causes of the problem. Finally, confirm or disprove the hypotheses by gathering and reviewing additional data. The data may include but is not limited to the following: classroom products, progress monitoring, universal screeners, information provided by the parents or students, observations and anecdotal notes, data from district and state assessments, or discipline and attendance reports.

Some questions for the team to ask in analyzing the problem include:

- › Does the student's data indicate a deficit in foundational skills?
- › Has the student received high-quality, research-based instruction in the targeted skill?
- › Does the curriculum support the development of the target skill?
- › Does the school environment support the acquisition and application of the targeted skill?
- › Is scaffolding being appropriately used?



**At this stage of problem-solving, it is recommended to begin ruling out exclusion factors for SLD identification which may present as barriers to learning (e.g., hearing/vision screenings, plan to increase attendance/punctuality, adaptive skills interviews/checklists). See also Appendix I – Specific Learning Disability Exclusion Factors Guidance.**

### **3. Develop a Plan (How Can We Best Decrease the Gap?)**

The goal of step three is to develop an instructional plan that matches the identified student need(s) and has the most likelihood of success. An effective monitoring plan must include information about collecting student progress data, who will oversee the process, how often it will occur, what measure(s) will be used (e.g., curriculum-based measurement, computer-adaptive testing, checklists, formative assessments), as well as projected timelines.

### **4. Implement and Monitor the Plan (Are We Closing the Gap?)**

*\*A gap analysis tool could be used to monitor progress.*

Monitor the student's progress by gathering and reviewing data from the various sources specified in the plan. At the universal tier, all student instruction is aligned with on-going universal screening and assessments. At the targeted or intensive level, small group or individualized instruction and assessment is in place which provides a more focused progress-monitoring approach. At these levels, tools that are flexible, efficient, accessible, and informative are a priority.

The data should answer the question "Is the student progressing?" It is critical to visualize trends in student performance. To do so, plot the skill levels on a graph or use a commercial web-based program. The visual should also answer "Is the student making sufficient progress to be on track to meet goals by the end of the year?" Intentional discussions around what sufficient progress is for each individual student is encouraged at the local level. Data collected from progress monitoring guides the instruction.

### **5. Evaluate and Adjust the Plan (Do We Need to Make Changes to Close the Gap?)**

If the student is not progressing, re-evaluate the plan. Consider the following elements:

- › Is the plan being implemented as designed?
- › Should there be more, or fewer, methods for delivery of instruction, interventions, and/or supports?
- › Is the size of the group affecting the student's ability to learn or function in the school setting?
- › Does the student have enough time/frequency of specialized support?
- › Are absences/tardiness creating a barrier to instruction?
- › Is the focus of the instruction too narrow or too broad?

Then, implement the amended plan, monitor the student's progress, and evaluate again according to the timeline of the plan.

## Prerequisites to SLD Identification: Progress Monitoring

Progress monitoring within general education plays a critical role in the WVTSS process and SLD identification, and serves as a tool for determining the benefit of instruction. Progress in academic areas such as reading, writing, and mathematics can be measured with commercial progress monitoring tools as well as curriculum-based measurement (CBM) or computer-adaptive testing (CAT). Data gathered through progress monitoring provides dynamic assessment information to help teachers make instructional decisions. Frequently collected data provides ongoing guidance to teachers regarding the effectiveness of instruction, and whether changes to instruction are needed. For example, if differentiated and scaffolded instruction does not improve a student's progress, changes should be considered.

For students at the universal level, progress monitoring is provided to all students using screening assessments aligned with instruction. Students who are receiving more concentrated instruction in targeted and intensive levels are provided more focused progress monitoring. Tools that are flexible, efficient, accessible, and informative are a priority. Progress monitoring should reflect skills being taught through the intervention process and should be linked to one or more of the eight areas of SLD defined in WVBE Policy 2419.



**Progress monitoring data should be collected prior to and during the referral and evaluation process (i.e., every 2-3 weeks in targeted intervention, and every 1-2 weeks in intensive intervention) as these data are essential for determining the effectiveness of intervention and for assessing a student's rate of learning.**

The National Center on Intensive Intervention (2018) approaches intensive intervention and progress monitoring through a five-step process called Data-Based Individualization (DBI). This process is summarized below.

For more information and reproducible tools, visit <https://intensiveintervention.org/> and <https://iris.peabody.vanderbilt.edu/module/dbi1/>.

### Step 1

The first step begins with the use of a **validated intervention** or intervention program that targets a specific skill or set of skills related to the student's academic weakness(es). These interventions should be evidence-based, aligned with core instruction, and delivered with fidelity. Teachers and interventionists should consider using remediation materials that come with core program materials, research-based instructional strategies, or standards-aligned intervention material in situations where standardized, evidence-based intervention programs are not available.

### Step 2

This step involves the regular collection and analysis of **progress monitoring** data to determine whether the student is responding positively to the intervention. It is important to use progress monitoring tools that are technically adequate, and that match the skill(s) being taught. These tools should also be easy and quick to administer, cost-effective, sensitive to growth, and designed to be administered frequently. Consider both the student's grade level and instructional level when deciding on a progress monitoring measure (e.g., curriculum-based measurement vs. computer-adaptive testing, oral reading fluency vs. word identification fluency).

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For students who are performing well below grade level, it may be useful to progress monitor both at the instructional level to detect individual growth and progress, and at grade level to compare performance to grade-level peers or expectations. Using the chosen method of progress monitoring, determine the student's baseline performance, set an appropriate goal, and graph the data as it is collected. After about six data points are collected, the student's performance can be evaluated using the **Four-Point Method**. If most of the four most recent data points are at or above the goal line, the intervention is assumed to be effective and should continue. If most of the four most recent data points are below the goal line, an instructional change may be warranted.

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**Allowing students to graph their data promotes awareness of their performance and may influence them to feel more responsible for their learning.**

### Step 3

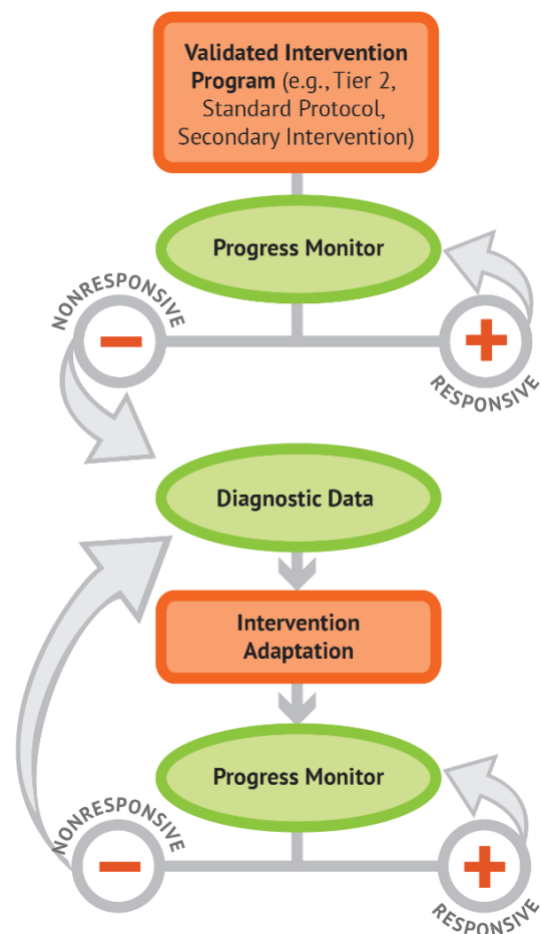
If analysis of progress monitoring data as well as other data sources suggest the intervention is not working as intended, the team may decide to use *diagnostic data* to determine why the student is not responding as expected, and how to make any necessary changes to improve outcomes. Diagnostic data sources can include error analysis of reading or math progress monitoring data, intervention- or curricula-specific diagnostic tools, analysis of work samples, behavior observations, or other assessments specific to the developmental sequences of reading and math skills.

### Step 4

Based on the diagnostic data gathered, the team may decide to *adapt the intervention* to students' individual needs. Intervention adaptation may include changes such as decreasing the size of the intervention group, increasing opportunities for student responses and feedback, increasing the length or frequency of sessions, modifying environmental variables (e.g., different setting, reducing distractions), or a different intervention altogether.

### Step 5

To determine whether any changes made are having a positive effect on student learning, teams should continue to regularly collect and analyze *progress monitoring* data. If data suggest the intervention is still not working, a return to Step 3 may be warranted to further investigate barriers to learning.



(National Center on Intensive Intervention, 2017)  
Image used with permission.

## Selecting Progress Monitoring Tools

Consistent with [Principle 5 of the Eligibility for Special Education Under an SLD Classification: Joint Principles, 2019](#), educational administrators, intervention specialists, school psychologists, special education personnel, and others are encouraged to select and implement screening and progress monitoring tools based on adequate *reliability, validity, growth standards, usability, appropriateness for a given subgroup of students*, as well as the *capability to compare student performance to a normative sample, established benchmark criteria, or both*.

Teams should also consider the appropriateness of the progress monitoring tool for the learner and the purpose for which the data gathered will be used. For example, some computer-adaptive progress monitoring tools can take up to 30 minutes to complete. While such measures may be technically rigorous and appropriate for many learners, very young students, students at very low skill levels, or students suspected of having an SLD may not have the attention, motivation, or ability to validly complete a lengthy assessment. In such cases, the use of curriculum-based measurement may be ideal as they take less time to administer, can be administered more frequently, and provide the administrator an opportunity to observe students performing the task.

The [National Center on Intensive Intervention](#) publishes charts that provide up-to-date information on the technical adequacy of numerous commercially available academic screening and progress monitoring tools.

The list of screeners approved by the WVDE can be found here:

- › <https://wvde.us/third-grade-success-act/>

## Comparison of Computer-Adaptive Testing (CAT) and Curriculum-Based Measures (CBM)

**Note:** The following comparisons are general in scope. Always refer to the individual test publisher’s administration and technical manuals for exact details regarding administration procedures, psychometric properties, and appropriate uses of the assessment.

Consideration	Computer-Adaptive Tests (CAT)	Curriculum-Based Measures (CBM)
Paradigm	<ul style="list-style-type: none"> <li>› Based on Item Response Theory (IRT)</li> </ul>	<ul style="list-style-type: none"> <li>› Based on Classical Test Theory (CTT)</li> </ul>
Length	<ul style="list-style-type: none"> <li>› Most take 15-30 minutes to administer</li> </ul>	<ul style="list-style-type: none"> <li>› Depending on the skill(s) measured, the administration length can be as short as 1 minute, or as long as 20 minutes</li> <li>› Most CBM can be administered in under 5 minutes</li> </ul>
Administration	<ul style="list-style-type: none"> <li>› Can be administered individually or in groups</li> <li>› An adult is required to facilitate engagement with the test, and troubleshoot technology issues if needed</li> <li>› Requires technology</li> </ul>	<ul style="list-style-type: none"> <li>› Typically administered individually, but with some exceptions. For example, spelling or writing CBM, and math problem-solving CBM can generally be administered in groups</li> <li>› Requires a trained adult to administer and score</li> <li>› Some commercial CBM products offer administration options that use technology</li> <li>› Most can be administered in a paper-pencil format</li> </ul>
Skills Measured	<ul style="list-style-type: none"> <li>› Does not typically measure specific or isolated academic skills</li> <li>› Often measures broad areas of academics. For example, a CAT measuring reading might include basic reading, reading fluency, and reading comprehension items</li> </ul>	<ul style="list-style-type: none"> <li>› General outcome measurement</li> <li>› Can measure basic reading skills, reading fluency, math calculation, math problem solving, spelling, written expression</li> <li>› Reading comprehension is more difficult to measure accurately</li> </ul>
Alternate/Equivalent Forms	<ul style="list-style-type: none"> <li>› Capable of multiple equivalent or nearly equivalent forms due to the very large pool of test items</li> </ul>	<ul style="list-style-type: none"> <li>› Usually has alternate forms of nearly equivalent difficulty</li> <li>› The number of alternate forms varies by developer/publisher</li> </ul>
Growth Sensitivity	<ul style="list-style-type: none"> <li>› Generally good growth sensitivity over months or years</li> <li>› Growth sensitivity may be problematic when conducting weekly administrations</li> </ul>	<ul style="list-style-type: none"> <li>› Generally good sensitivity to growth over weeks</li> <li>› Some CBMs have greater sensitivity than others</li> <li>› Stronger sensitivity at younger ages (i.e., elementary school)</li> </ul>
Reliability/Validity	<ul style="list-style-type: none"> <li>› Exact psychometric properties vary by developer/publisher</li> </ul>	<ul style="list-style-type: none"> <li>› Exact psychometric properties vary by developer/publisher</li> </ul>

When the purpose of assessment is to monitor student progress during targeted and intensive interventions over a relatively short period of time consistent with policy requirements and guidance, LEAs are encouraged to choose measures that are suited for the intended purpose, and have sufficient technical adequacy to be used for assisting in high-stakes decision making in education, such as special education eligibility determinations.

## **Validity of Progress Monitoring Data**

Lastly, consider the following when evaluating the validity of progress monitoring data:

### **Attendance (of student)**

- › Regular school attendance is important.
- › Determine if tardiness is a problem, and whether the student misses universal instruction or intervention as a result.

### **Accuracy (of intervention)**

- › Interventions are implemented as intended (i.e., with fidelity).

### **Attention (of student to task)**

- › Weak skill level in the area(s) measured and/or general inattention problems can affect total engagement with task. Reasonable incentives may be helpful.
- › Computer-adaptive testing or other computer-based progress monitoring (e.g., easyCBM math) can be administered in groups, but may require supervision to ensure validity, making sure students are spending adequate time and effort on the assessment.

### **Attitude (toward assessment)**

- › If a student is disengaged (e.g., disinterested, resistant, passive, or withdrawn) assessment results may not accurately reflect the skill level of the child.
- › “Can’t Do / Won’t Do Assessment” may help determine if motivation is a factor limiting performance.

### **Ability (of the student)**

- › When the previous four items are accounted for, teams are more likely to see a valid representation of a student’s performance and progress.



## **Prerequisites to SLD Identification: Problem-Solving and Teaming**

After determining a student's needs, the appropriate individuals become part of the student's team. By sharing their specific understandings of the student, they are best able to see the whole student. As the student's needs change, the composition of the team may change. However, parents should always be involved as should the student's primary educators. This section provides a listing of various teams commonly found in schools and examples of possible ways to utilize those teams within a WVTSS framework.

The LEA and school-level administrators will primarily provide leadership, direction, resources, and guidance. Classroom and special education teachers will focus on how best to deliver appropriate, standards-based content to the student. Families will share information with the teachers and other team members regarding their child's needs, provide insight into the student so instruction can be appropriately customized, and support student learning at home.

The following team members will also provide specialized instruction and support as necessary: Title I teachers, reading specialists/interventionists, speech-language pathologists, gifted education teachers, school counselors, school psychologists, school nurses, and/or school social workers. There may be instances when community supports are needed. With parent permission, referrals should be made so that those supports can be put in place.

Several types of teams may be found in schools that serve distinct functions including School Leadership Teams, Instructional/Collaborative/Grade-Level Teams, Student Assistance Teams (SAT), Multidisciplinary Evaluation Teams (MDET), Eligibility Committees (EC), and Individualized Education Program (IEP) Teams. Larger schools may have little to no overlap regarding team members, while small schools may have combined teams or shared membership. Decisions about how teams are configured are made at the local level based on the current needs of the students in the school. However, each team meets regularly and for enough time to conduct the business of the team. In addition to a written schedule of meeting times and locations, agendas and minutes are typically maintained by a person designated by the team.

## Examples of School Collaborative Problem-Solving Teams, Suggested Membership, and Responsibilities

Type of Team	Suggested Membership	Responsibilities
<b>School Leadership Team</b>	<ul style="list-style-type: none"> <li>› Principal</li> <li>› Grade-level facilitator</li> <li>› Specialist leader</li> <li>› Instructional coach</li> <li>› Counselor</li> <li>› Content-area facilitator</li> <li>› School nurse</li> </ul>	<p>Policy 2510.7.1.c requires a school leadership team that should:</p> <ul style="list-style-type: none"> <li>› articulate school goals,</li> <li>› use evidence-based assessments and strategies to ensure a positive school climate,</li> <li>› determine staff development needs and resources,</li> <li>› communicate within and among teams,</li> <li>› decide on appropriate instructional and testing materials, and</li> <li>› monitor implementation of best practices and monitor school and grade-level data.</li> </ul>
<b>Instructional/ Collaborative/ Grade-Level Team</b>	<ul style="list-style-type: none"> <li>› Grade-level teacher</li> <li>› Instructional coach</li> <li>› Specialists (e.g., speech-language pathologist, Title I teacher, special education teacher, gifted education teacher, English as a second language teacher) as necessary</li> <li>› Instructional aide</li> <li>› School counselor</li> <li>› School nurse</li> <li>› Principal, as necessary</li> </ul>	<ul style="list-style-type: none"> <li>› Collect and analyze data to inform and adjust instruction</li> <li>› Collaboratively plan lessons</li> <li>› Decide and plan how to differentiate instruction</li> <li>› Implement a decision-making process</li> <li>› Communicate within and among teams (and share individual student data with Student Assistance Team if the student is referred)</li> <li>› Ensure consistency of effective instructional practices and share resources and instructional methodologies</li> <li>› Provide support to other teachers</li> <li>› Develop standard instruction protocols that support the needs of all students</li> <li>› Provide coaching, resources, and staff mentoring</li> <li>› Assign and monitor team roles and responsibilities</li> <li>› Interact with families and community resources</li> <li>› Train new teachers in the WVTSS process</li> </ul>
<b>Student Assistance Team (SAT)</b>	<ul style="list-style-type: none"> <li>› Student Assistance Team (SAT) chairperson</li> <li>› Principal</li> <li>› School psychologist</li> <li>› Grade-level teacher(s)</li> <li>› Special educator</li> <li>› Speech-language pathologist</li> <li>› School counselor</li> <li>› School nurse</li> <li>› School social worker</li> <li>› Parent</li> <li>› Student (when appropriate)</li> </ul>	<ul style="list-style-type: none"> <li>› Receive training in referral procedures for multidisciplinary evaluations, alternative education placements, disciplinary proceedings, and other school processes as appropriate for ensuring student progress and maintenance of a safe school environment</li> <li>› Document the activities of the SAT team, including dates of meetings and the results of its recommendations</li> <li>› Conduct the problem-solving process that includes designing and monitoring the implementation of interventions and reviewing interventions designed by other school teams</li> <li>› Receive and process written referrals from outside sources suspecting a student may need special education, including referrals and requests for initial evaluations made by parents</li> <li>› Referral to a Multidisciplinary Evaluation Team (MDET), when warranted and based on the outcome of interventions (Policy 2419, Chapter 3)</li> <li>› Communicate within and among teams, to include the school leadership team</li> <li>› Ensure parents are involved with decision making</li> </ul>
<b>Multidisciplinary Evaluation Team (MDET)</b>	<ul style="list-style-type: none"> <li>› Principal</li> <li>› School psychologist</li> <li>› Special educator(s)</li> <li>› Speech-language pathologist</li> <li>› Classroom teacher</li> <li>› Parent</li> <li>› Occupational/Physical therapist</li> </ul>	<ul style="list-style-type: none"> <li>› Review and consider requests for special education evaluation</li> <li>› Ensure adherence to state policies, federal guidelines, and documentation procedures</li> <li>› Collaborate with community agencies or providers when appropriate</li> <li>› Communicate with and among teams</li> </ul>

<b>Eligibility Committee (EC)</b>	<ul style="list-style-type: none"> <li>› Principal</li> <li>› School psychologist</li> <li>› Grade-level teacher(s)</li> <li>› Special educator</li> <li>› Specialists Reps (SLP, EL, Title I, Gifted, OT, PT)</li> <li>› Parent</li> </ul>	<ul style="list-style-type: none"> <li>› Complete the Eligibility Committee Report which will provide details of how the student meets eligibility requirements</li> <li>› Address each required eligibility component (assessments, documentation, and observations)</li> <li>› Complete Eligibility Checklist</li> <li>› Complete an SLD Team Report (when considering SLD eligibility)</li> <li>› Provide Prior Written Notice (PWN) of decision</li> </ul>
<b>Individualized Education Program (IEP) Team</b>	<ul style="list-style-type: none"> <li>› Principal</li> <li>› Special Education Director or (designee)</li> <li>› Grade-level Teacher(s)</li> <li>› Special educator</li> <li>› Specialists Reps (SLP, EL, Title I, Gifted, OT, PT)</li> <li>› School psychologist</li> <li>› Agency (permission required)</li> <li>› Parent</li> <li>› Student, when appropriate (but required at transition age)</li> </ul>	<ul style="list-style-type: none"> <li>› Develop Individualized Education Program (IEP) according to WVBE Policy 2419: Regulations for the Education of Students with Exceptionalities</li> <li>› Provide Prior Written Notice (PWN)</li> </ul>

Source: West Virginia Tiered System of Support (WVTSS): An Overview

## Referral for Multidisciplinary Evaluation

When firmly established as a framework for providing quality instruction, the WVTSS process yields vital information for decision-making. In making the decision to evaluate, the SAT must carefully examine and discuss progress monitoring data collected during the provision of targeted and intensive instruction. Data supporting initial referral for evaluation should also be as recent as possible, as referrals typically originate after determining that high-quality targeted and intensive intervention have failed to narrow or close the achievement gap. It may be appropriate for some students to receive the supports of intensive instruction without necessarily being referred for evaluation. Examples may include students who missed important early reading or math instruction due to high levels of mobility between schools or pervasive attendance problems, English language learners (EL), or those who were not previously provided opportunities for multi-tiered instruction during their education.

Students showing insufficient progress despite intensive instruction tailored to their individual needs should undergo a multidisciplinary evaluation after addressing all other potential barriers to learning. Before initiating the evaluation referral for eligibility, the SAT must ensure that the instruction was implemented as intended for an appropriate duration and with adequate intensity. Strategies for monitoring the delivery of instruction include, but are not limited to:

- › Reviewing written documentation of targeted and intensive instruction (e.g., progress monitoring data, instructional plans, adequate school and intervention attendance)
- › Collaborating with the student’s teachers and intervention specialists
- › Observing the delivery of the instruction (e.g., Principal Walk-Through data, Classroom-Level Practice Profile completed by principal and teacher)

After providing multi-tiered instruction, if the SAT suspects an SLD, a referral for a multidisciplinary evaluation should be initiated.

## Multidisciplinary Evaluation Components

The examination of existing data collected over the course of multi-tiered instruction, including information gathered through the problem-solving process regarding possible exclusion factors, is the starting point for selecting the additional information sources needed to determine whether the student has an SLD. The purpose of evaluation is not solely to determine eligibility for special education, but to also inform the provision of individualized instruction, regardless of whether the student is found eligible. Parents and all school personnel with knowledge of a student are asked to contribute to the process of planning an evaluation that will provide specific direction for instruction. [\(Principle 4 of the Eligibility for Special Education Under an SLD Classification: Joint Principles, 2019\)](#)

WVBE Policy 2419 requires that for an initial evaluation, the student is evaluated in all areas related to the suspected exceptionality. Each student referred is entitled to a full and individual evaluation that is collaboratively planned and sufficiently comprehensive to identify all the student's special education and related service needs. While the evaluation of a student relies heavily on existing data collected through the WVTSS process (i.e., screening and assessment results, multiple data points over time, student's response to targeted and intensive instruction, teacher and parent input, diagnostic assessments, and state summative assessments), formal standardized assessments are also necessary in making the initial SLD determination.

The Multidisciplinary Evaluation Team (MDET) begins its evaluation planning process by analyzing the existing data provided by the SAT. The MDET members select evaluation components that will provide additional data sources for determining the nature and extent of the student's learning difficulties and ultimately inform classroom instruction. In conducting an evaluation, schools are encouraged to select assessment procedures to link eligibility determination to instruction. As specified in W. Va. Code §18-20-10, at least one member of the MDET should be knowledgeable about dyslexia (i.e., Specific Learning Disability in Basic Reading Skills, with or without a low level of learning in ) and be able to recognize when a dyslexia diagnostic component should be requested in the evaluation process.

A complementary relationship between the WVTSS process and psychoeducational testing can exist in evaluating for SLD. For example, regarding reading difficulties, the individual evaluation process should explicitly target areas relevant to reading skill acquisition (e.g., phonological awareness, phonics, fluency, vocabulary, comprehension) and provide direction for meaningful instruction. Formative classroom assessments and progress monitoring data might indicate pervasive difficulties in phonemic awareness and phonics. Therefore, formal achievement testing might include specific measures that address phonological processing, phonological memory, and rapid automatic naming. Likewise, for a student struggling with acquisition of math computation and reasoning skills, diagnostic assessments matched to specific skill areas would be appropriate (e.g., basic concepts, operations, applications). Assessments that focus on specific features of a student's academic difficulty are more useful than measures that address global academic areas.

Finally, since learning disabilities are language-based, a comprehensive assessment of a student's language should be considered in the evaluation process. Many aspects of speech and language assessment can inform the eligibility decision and provide critical information for classroom instruction.

## SLD Eligibility Standards

Once the evaluation process is completed, the Eligibility Committee (EC) convenes to determine whether a student meets the state criteria to receive special education services as a student with an SLD.

WVBE Policy 2419 frames the SLD eligibility standards as follows:

- › **Level of Learning**
- › **Rate of Learning -or- Pattern of Strengths and Weaknesses**
- › **Exclusion Factors**

The EC must use these standards in determining eligibility. Each standard is discussed at the meeting, and corresponding documentation is reviewed and validated. When considering data pertaining to the student's response to high-quality instruction, the SAT or MDET (as per individual LEA procedures) must ensure that, prior to the referral for evaluation for special education, high-quality instruction was selected and implemented, and this instruction was implemented as intended (i.e., with fidelity) with appropriate research-recommended frequency and duration.

### Standard 1: Level of Learning

The first element in identifying a student with an SLD relates to whether the student achieves adequately compared to same-age peers or relative to State-approved grade level standards in one or more of the following areas:

- › **Listening Comprehension**
- › **Oral Expression**
- › **Basic Reading Skills**
- › **Reading Fluency Skills**
- › **Reading Comprehension**
- › **Written Expression**
- › **Mathematics Calculation**
- › **Mathematics Problem-Solving**

When making an eligibility decision, the EC considers whether the student demonstrates significant and persistent low academic achievement relative to age- or grade-level expectations even after receiving research-based universal classroom instruction, as well as targeted *and* intensive instruction. Multiple sources of data should be used when making this determination.

## Guidelines for Determining “Low Academic Performance” (Standard 1)

In verifying *Standard 1: Level of Learning*, the following guidelines are used to assist ECs in determining what constitutes “low academic performance” regarding SLD identification. This information is considered a decision-making strategy and does not represent fixed rules used to grant or deny an eligibility decision. Instead, it should be used to triangulate all available data and help the EC make a logical conclusion regarding the student’s level of learning based on valid and reliable measures. The determination of “low academic performance” is complex and requires the use of multiple data sources and sound professional judgment. ([Principles 5 and 6 of the Eligibility for Special Education Under an SLD Classification: Joint Principles, 2019](#))

Data Source	Guidance
Universal Screening / Benchmark Assessments	Performance at or below approximately the 8 <sup>th</sup> percentile OR Performance is at least 2.0x deficient compared to norm group
Progress Monitoring Data (best practice is a minimum of 3 data points during Targeted, and minimum of 6 data points during Intensive)	Last three data points at or below approximately the 8 <sup>th</sup> percentile OR Average of last three data points is at least 2.0x deficient compared to nearest benchmark expectation (e.g., Fall, Winter, or Spring)
WVGSAs Performance (if applicable)	Achievement level descriptor of “Does Not Meet Standard”
Individually administered norm-referenced achievement test	Composite(s) or cluster score(s) at or below approximately the 8 <sup>th</sup> percentile compared to national sample

In addition to the data sources in the table above, student work samples, classroom assessments including criterion-referenced measures (i.e., student performance compared to predetermined criteria or standards), and teacher records may all be used to substantiate low academic performance.

### Gap Analysis for Level of Learning

The gap between a student’s academic skill level and the expected level of performance can be calculated using a simple formula. Performing a gap analysis provides an empirical value to assess the magnitude of the difference. This value is known as the *ratio of deficiency* and is obtained by dividing the current benchmark expectation by the student’s current performance.

$$\frac{\text{Benchmark Expectation}}{\text{Student's Performance}} = \text{Ratio of Deficiency}$$

*When performing a gap analysis for either level of learning or rate of learning, a ratio of deficiency of  $\geq 2.0$  is typically considered significant.*

## Norm-Referenced Achievement Testing

The administration of technically adequate norm-referenced achievement tests by qualified professionals can provide improved diagnostic clarity, as well as enhanced consistency across schools, LEAs, and states when used as part of a comprehensive evaluation for SLD. Cluster or composite scores measuring related aspects of a single construct (e.g., a basic reading skill cluster consisting of subtests measuring both decoding and word recognition skill, or a phonological awareness composite comprised of three subtests measuring phoneme segmentation, blending, and deletion) tend to produce scales that are more reliable and often lead to more coherent and defensible decisions than would be achieved using individual subtest scores alone. (Moreau & Wiebels, 2021; McKown et al., 2013; Evans, 1996). Scores used to substantiate low academic performance should reflect the area(s) of suspected disability, and the area(s) targeted by tiered instruction. ([Principle 5 of the Eligibility for Special Education Under an SLD Classification: Joint Principles, 2019](#))

### Guidelines for Interpreting Grade- and Age-Based Norms

Grade-Based Norms	Age-Based Norms
<ul style="list-style-type: none"> <li>› Is testing near the beginning or end of a semester (norm group)?</li> <li>› Is the examinee being compared to same-grade peers who are mostly younger or older?</li> <li>› Does the examinee have an atypical educational history such as retention, skipping a grade, a gap or disruption in education, etc.?</li> </ul>	<ul style="list-style-type: none"> <li>› Is the examinee near the beginning or end of their normative age group (the examinee just had a birthday or is about to have a birthday)?</li> <li>› Consider the time of testing in relation to the examinee's birthdate. Is the examinee being compared to same-age peers who have been exposed to more or less of the curriculum?</li> <li>› Is the examinee's performance in math a focus of the evaluation? Math is heavily dependent on grade, rather than age.</li> </ul>

(NCS Pearson, 2020)

### Guidelines for Using Grade- and Age-Based Norms

Grade-Based Norms	Both Grade- and Age-Based Norms	Age-Based Norms
<ul style="list-style-type: none"> <li>› To obtain certain achievement composite scores when an examinee's age is out of level (age-based norms are not provided)</li> <li>› For an evaluation that focuses on curriculum-based skills</li> </ul>	<ul style="list-style-type: none"> <li>› For examinees in Grades K-1 in a state with relatively early (July-August) or late (October-January) cut offs for kindergarten entry</li> <li>› For examinees who are young or old for grade (e.g., held back one or more grades or received advanced grade placement)</li> <li>› For examinees who experienced a significant educational disruption</li> </ul>	<ul style="list-style-type: none"> <li>› For examinees of any age when comparing achievement results with age-based (e.g., cognitive ability, language) test results</li> <li>› For adolescents who have graduated from high school and adults ages 18-50 (grade-based norms are not provided)</li> </ul>

(NCS Pearson, 2020)

For more information on interpreting and using grade- and age-based norms, visit:

- › <https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/telepractice/special-considerations-for-score-interpretation.pdf>

## Standard 2: Rate of Learning -or- Pattern of Strengths and Weaknesses

### Guidelines for Determining Insufficient Rate of Learning

The second element in identifying a student with an SLD may be met by determining insufficient rate of learning. A student's academic progress is a critical aspect of determining the need for special education services and is fundamental to the decision-making process. This method is emphasized as Section 300.307 of the regulations for Part B of IDEA requires states to "...permit the use of a process based on the child's response to scientific, research-based intervention..."

Rate of learning, also known as "rate of improvement," indicates the change over time regarding student learning of specific academic skills. Examining a student's rate of improvement helps determine the pace of student progress and can aid in evaluating the effectiveness of intervention(s). Schools often use curriculum-based measures (CBM) and/or computer-adaptive testing (CAT) to monitor progress. Use [this site](#) to discover technically adequate progress monitoring tools. (**Principles 5, 6, and 8 of the Eligibility for Special Education Under an SLD Classification: Joint Principles, 2019**)

The following key terms are relevant for understanding rate of improvement (ROI):

#### **Typical Rate of Improvement**

- › *The expected rate of student progress from benchmark to benchmark (i.e., Fall, Winter, and Spring).*

#### **Targeted Rate of Improvement**

- › *The rate of progress that a target student would need to make to reach an established goal (e.g., an individualized goal set by the SAT, or the typical benchmark goal for that progress monitoring measure).*
- › *The target student will typically need to progress at a faster rate.*

#### **Attained Rate of Improvement**

- › *The actual rate of improvement attained by the target student.*

The student's attained ROI is compared to the typical ROI. It is through regular assessment of instruction and its effect on the student's achievement that student response is determined. Progress monitoring data provide measurable evidence of changes in the student's achievement that are attributable to a particular instructional approach.

**Standard 2: Rate of Learning** may be met when the student's attained ROI is substantially below grade-level peers' typical ROI or, based on progress monitoring data and gap analysis, acceptable levels of achievement cannot be projected even when the student is provided supplemental instruction of reasonable intensity and duration.

Rate of learning is determined by comparing the ROI (slope) of the student's data points with the ROI (slope) of the typical student or the expected learning rate. Benchmark ROI and progress monitoring ROI can both be calculated for a student.

- › Benchmark ROI is a student's ROI across benchmark assessments (fall, winter to spring).
- › Progress monitoring ROI is a systematic way of calculating whether a student is indeed making the progress that they appear to be making rather than making an educated guess.



Three ways to determine attained ROI for progress monitoring, along with some of their advantages and disadvantages, are listed below:

Method	Calculation/Description	Advantages	Disadvantages
<b>Two-Point ROI</b>	Subtract the first score from the last score and divide by the number of weeks that progress monitoring data were collected.	<ul style="list-style-type: none"> <li>› Simple</li> <li>› Quick</li> </ul>	<ul style="list-style-type: none"> <li>› Only considers two data points from the series</li> <li>› Outliers at the beginning or end can misrepresent the true trend of the data</li> <li>› Does not consider variability in performance across time</li> </ul>
<b>Modified Two-Point ROI</b>	Subtract the median score of the first three data points from the median score of the last three data points and divide by the number of weeks that progress monitoring data were collected.	<ul style="list-style-type: none"> <li>› Simple</li> <li>› Quick</li> <li>› Can potentially address outliers at the beginning and/or end of the data series</li> </ul>	<ul style="list-style-type: none"> <li>› Only considers six data points from the series</li> <li>› Does not adequately consider variability in performance across time</li> </ul>
<b>OLS Regression</b>	This method uses ordinary least-squares regression to determine the line of best fit through a series of data points.	<ul style="list-style-type: none"> <li>› The most precise method of determining ROI</li> <li>› Takes all data points in the series into account</li> </ul>	<ul style="list-style-type: none"> <li>› Calculation is more complex than others</li> <li>› Likely requires the use of spreadsheet software, or a commercial progress monitoring data management system with this feature</li> </ul>

### **Appropriate Use for Various Methods**

The “two-point” methods for assessing ROI, along with gap analysis calculations, may be most effectively applied in the problem-solving process of WVTSS and the SAT. These methods help evaluate a student's response to instruction and intervention, establish goals, and if needed, support the decision for a multidisciplinary evaluation referral. However, the OLS regression method may be the most useful for making high-stakes diagnostic decisions, as it is the most precise technique. It is important to recognize that different methodologies produce different results; therefore, choosing the appropriate methodology for each student in each context can make a significant difference when interpreting outcomes.

### **Gap Analysis for Rate of Learning**

Gap analysis can also be used to determine the ratio of deficiency regarding a student's ROI. The value is obtained by dividing the typical ROI by the student's attained ROI. Just as with conducting a gap analysis for a student's *level of learning*, a ratio of deficiency of  $\geq 2.0$  is typically considered significant.

$$\frac{\text{Typical ROI}}{\text{Student's Attained ROI}} = \text{Ratio of Deficiency}$$

### **Example:**

The typical ROI for oral reading fluency from fall to spring is a gain of 1.3 wpm per week, while a target student is progressing at a rate of 0.8 wpm per week.

$$1.3 \text{ wpm} / 0.8 \text{ wpm} = 1.625$$

The student's ratio of deficiency is greater than 1.0, but less than 2.0. This suggests the student's ROI is lower than the typical ROI, but the difference is not considered "significant."

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Appendix B includes ROI and gap analysis worksheets and models to provide guidance. This will help determine how low and how far from the expected score a student's score falls at the point of referral, and how slow the student's progress is compared to peers.

### **Evaluating Response to Intervention**

Decision rules used to ascertain a student's response to intervention based on regular progress monitoring at appropriate intervals must be flexible enough to accommodate the individual circumstances of each referred student (e.g., age, grade level, retention history, English proficiency, school attendance during the intervention and evaluation process, type and complexity of academic skill(s) being measured). However, the decision rules must also be clear enough to ensure relative consistency across schools and LEAs.

The guidelines below for evaluating responsiveness provide specificity while also allowing flexibility:

#### **Positive Response**

- › The student is making adequate progress toward the benchmark as evidenced by a change in the slope of the progress line.
- › Evidence supports that the achievement gap is narrowing at a reasonable rate.

#### **Questionable Response**

- › Improvement is demonstrated by a positive change in the slope of the progress line; however, the rate at which progress is being made is viewed as too slow.

OR

- › The improvement indicates that the student's rate of progress is equal to that of peers but that the achievement gap is not narrowing.

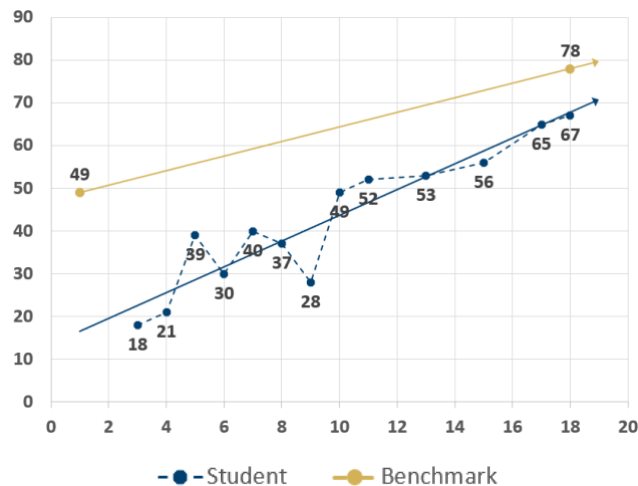
#### **Poor Response**

- › This condition occurs when the achievement gap continues to widen.

## Examples of Positive, Questionable, and Poor Response to Intervention

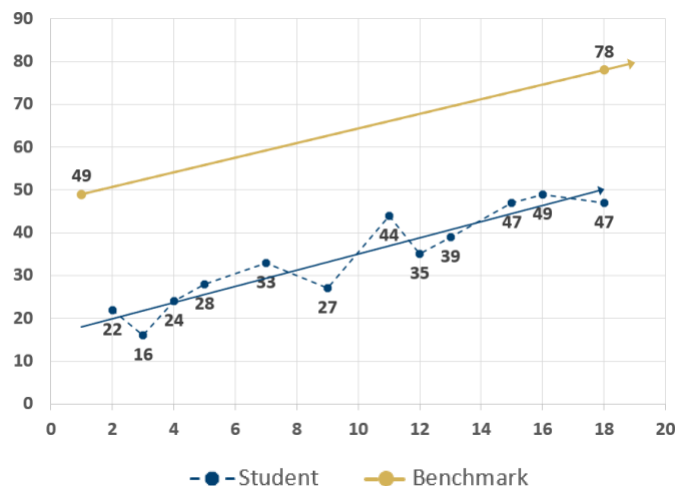
### Positive Response

This second-grade student was provided 18 weeks of small group intervention from the beginning to the middle of the school year for 30 mins/day, 5 days/week. Oral reading fluency progress monitoring data suggest an ROI of 3.01 words read correctly (WRC) per week using OLS regression. To reach the Spring ORF benchmark of 94 WRC from the student's current level of performance, an ROI of 1.5 WRC is needed (i.e.,  $[94 - 67] / 18$  weeks). Based on the student's current ROI, benchmark performance will likely be obtained by the Spring with the current supports in place.



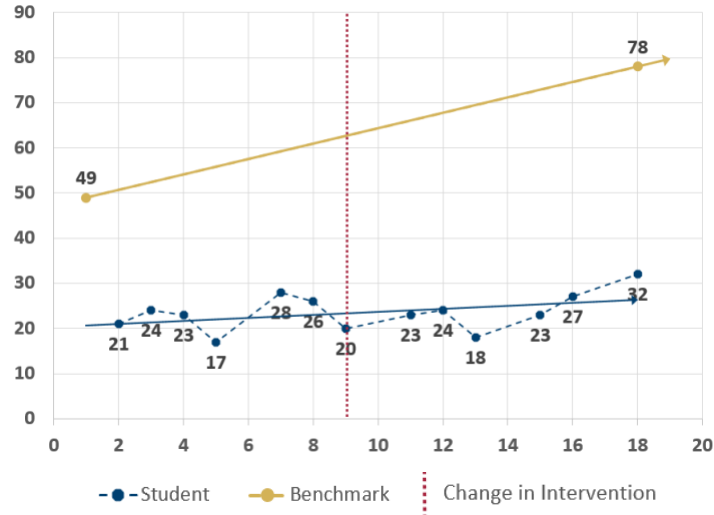
### Questionable Response

This second-grade student was provided 18 weeks of small group intervention from the beginning to the middle of the school year for 30 mins/day, 5 days/week. Oral reading fluency progress monitoring data suggests an ROI of 1.90 words read correctly (WRC) per week using OLS regression. To reach the Spring ORF benchmark of 94 WRC from the student's current level of performance, an ROI of 2.61 WRC is needed (i.e.,  $[94 - 47] / 18$  weeks). Based on the student's current ROI, benchmark performance will likely not be obtained by the Spring with the current intervention frequency, intensity, and duration in place.



## Poor Response

This second-grade student was provided 9 weeks of targeted intervention, and 9 weeks of intensive intervention from the beginning to the middle of the school year. Oral reading fluency progress monitoring data suggests an ROI of 0.33 words read correctly (WRC) per week using OLS regression. To reach the Spring ORF benchmark of 94 WRC from the student's current level of performance, an ROI of 3.44 WRC is needed (i.e.,  $[94 - 32] / 18$  weeks). Based on the student's current ROI, benchmark performance will likely not be obtained by the Spring.



## Considerations for Poor and Questionable Responders

Potential barriers to learning for struggling students should be investigated and addressed to the extent possible by the SAT on a continual basis as part of the problem-solving process. Although this list is not exhaustive, the following factors could be considered in the context of investigating why a student may not be responding adequately to intervention:

- › Excessive absences
- › Frequent tardiness, and whether intervention is missed as a result
- › Intervention selection, fidelity, and/or pacing
- › Intervention group dynamics
- › Frequency, intensity, and duration of intervention implementation
- › Performance of student compared to other children in the same intervention group
- › Whether progress monitoring data is valid and reliable (e.g., adequate focus, effort, motivation)
- › Whether progress monitoring measures are being administered with fidelity
- › Other Exclusion Factors essential to the determination of whether a student has an SLD

(see *Standard 3: Exclusion Factors*)

## Guidelines for Determining a Pattern of Strengths and Weaknesses (PSW)

If the evaluation team determines that obtaining information on a student's intra-individual pattern of strengths and weaknesses (PSW) across cognitive and academic domains would provide useful information to teachers and parents, evaluators may conduct such assessments. In most cases, using a PSW method may supplement, but not replace, the analysis of a student's response to progressively intense academic intervention provided through the WVTSS process when making an eligibility determination for a student suspected of SLD. ([Principle 7 of the Eligibility for Special Education Under an SLD Classification: Joint Principles, 2019](#))

This "third method" of determination is described within IDEA as "the use of other alternative research-based procedures for determining whether a child has a specific learning disability." The PSW approach typically includes assessment of a range of broad and narrow cognitive abilities that identify processing strengths and weaknesses. More than one test battery may need to be used to assess all constructs of interest. Interpretation of the assessment typically occurs at the cluster or composite level rather than subtest level. Confidence intervals are used for all clusters, thereby reducing measurement error effects.

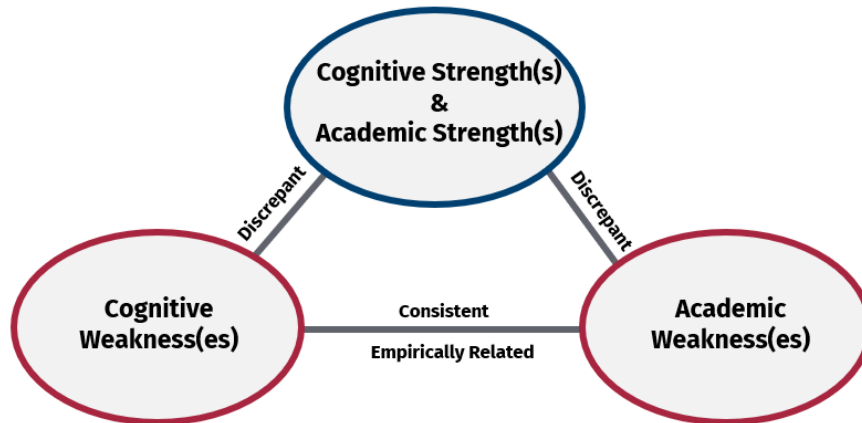
Several models of PSW have been developed in an attempt to operationalize SLD according to the respective developer's interpretation of the federal definition of SLD. The most popular PSW models include:

- › *Dual Discrepancy/Consistency Model* (Flanagan, Ortiz, & Alfonso, 2013)  
(DD/C)
- › *Discrepancy/Consistency Method* (Naglieri & Feifer, 2018)  
(DCM)
- › *Concordance-Discordance Model* (Hale & Fiorello, 2004)  
(C-DM)
- › *Dehn's Processing Strengths and Weaknesses Model* (Dehn, 2014)  
(DPSWM)
- › *Core-Selective Evaluation Process* (Stephens-Pisecco et al., 2019)  
(C-SEP)

Notable distinctions exist among the different models of PSW, but they share a set of common assumptions regarding how SLD manifests:

- › the individual must possess some cognitive and/or academic strengths,
- › one or more significant academic weaknesses must exist,
- › one or more significant cognitive weaknesses must exist, and
- › the cognitive and academic weakness(es) are empirically or theoretically related.

## Visual Depiction of Common PSW Assumptions



Because each method differs in important ways (e.g., the cognitive theory or theories essential to the model, the type and number of tests or subtests required for analysis, whether the analysis requires the use of computer software, the score thresholds for what is considered a weakness, whether overall cognitive ability must be average or better), specific guidance regarding the determination of a PSW will depend on the specific model used. While a specific PSW model is not explicitly endorsed here, practitioners who choose to incorporate PSW methods in their evaluations are encouraged to consider all possible implications for the student when selecting a model. See Appendix E for a general decision-making process to consider when integrating WVTSS and PSW regarding SLD identification.

There are several theoretical models from which to choose when determining the existence of a PSW, and certain models require the use of special tools or software for calculating a PSW. Of school psychologists who report having used PSW methods of SLD identification, between 66%–74% use the DD/C, followed by 8%–14% who use the DCM, and 4%–7% who use the C-DM (Benson et al., 2019; Kranzler, 2019). Practitioners are strongly encouraged to familiarize themselves with a given PSW method prior to incorporating its use within an SLD determination.

**It is important to note that the requirement of average or better overall cognitive ability when determining eligibility for special education as a student with an SLD is not specified in IDEA regulations, DSM-5-TR, or WVBE Policy 2419. If a student's performance suggests low cognitive ability, the presence of an intellectual disability should be ruled out through a comprehensive evaluation that includes assessment of adaptive functioning across multiple environments.**

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*“Withholding assistance from children with poor academic skills simply because their IQ is low has no justification. If they benefit from extra assistance (which they do), they should get it. Early proponents of this change in policy ... deserve accolades for rectifying this injustice.”*

*(Schneider & Kaufman, 2017, p. 10)\**

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\*W. Joel Schneider, PhD is one of the foremost researchers of the Cattell-Horn-Carroll (CHC) model of intelligence. Alan S. Kaufman, PhD is the co-author of several psychological and educational tests including the Kaufman Assessment Battery for Children (K-ABC) and the Kaufman Test of Educational Achievement (K-TEA).

## Standard 3: Exclusion Factors

The third standard by which the EC determines the presence of an SLD is the assurance that the student's underachievement is not primarily the result of any of the following:

- › **A visual, hearing, or motor disability**
- › **Intellectual disability**
- › **Emotional disturbance**
- › **Cultural factors**
- › **Environmental or economic disadvantage**
- › **Limited English proficiency**

Exclusion factors may be assessed in several ways including, but not limited to, parent and teacher reports or interviews, attendance history, vision/hearing screenings or examinations, relevant medical records, previous evaluations, behavior rating scales, family history, developmental history, and observations. Ideally, exclusion factors should be ruled out or addressed during the problem-solving process, rather than at the conclusion of the multidisciplinary evaluation. *Additional information and an exclusion factor worksheet may be found in Appendix I*



**Many students with and without disabilities can be affected by one or more of these factors to different degrees. The role of the evaluation team, however, is to determine whether any of these factors is most likely to be the *primary* cause of the student's underachievement.**

The following sections provide some considerations related to these exclusion factors.

### **Visual, Hearing, or Motor Disability**

Health records may be reviewed to determine whether any recent (e.g., within the past 6-12 months) screenings or tests suggest problems with vision, hearing, or motor skills. Some of these screenings may be completed by a school nurse or a school-based speech-language pathologist. If visual, hearing, or motor difficulties are determined by the EC to be the primary cause of a student's underachievement, the team may wish to consider evaluating for eligibility under another disability category, if applicable, such as Blindness and Low Vision, Deafblindness, Deafness, Hard of Hearing, or Orthopedic Impairment.

### **Intellectual Disability**

If there is concern that the student may have subaverage general intellectual functioning and/or difficulties with everyday living skills, formal assessment of cognitive ability and adaptive skills is recommended to determine the most appropriate primary eligibility category. However, if, for example, the student demonstrates significant deficits in reading skill, but performs at or above age or grade-level expectations in mathematics and no adaptive behavior concerns are reported, the evaluation team may decide to rule out intellectual disability without administering intelligence tests or adaptive behavior ratings scales. It is important to note that the presence of an intellectual disability requires significant limitations in both intellectual ability and adaptive skills. Therefore, if a student's cognitive functioning is low, but multiple data sources suggest adaptive functioning is generally within normal limits, then a classification or diagnosis of intellectual disability may be inappropriate.

## **Emotional Disturbance**

Research suggests that between 24% and 52% of children with learning disabilities may also display varying degrees of problem behavior (Diakakis et al., 2008). Students with learning problems might display disruptive or inappropriate behavior in the classroom due to frustration, or to avoid performing difficult academic tasks. However, these behaviors may not always occur to such a degree that would warrant serious consideration of an emotional disturbance. That said, it is possible for students with learning disabilities to have a co-occurring emotional or behavioral disorder. In such cases, the evaluation team must ultimately determine whether the student's learning difficulties are precipitating the challenging behavior, or if underlying emotional problems are impacting the student's ability to acquire or demonstrate academic skills and decide on the disability that has the greater impact on the student's educational performance. In either case, conducting an ecologically valid functional behavior assessment (FBA) to determine variables that maintain or influence a student's persistent or significant challenging behavior would be best practice.

## **Cultural Factors / Limited English Proficiency**

English Language Learners (ELLs) present a two-fold issue within special education. On one-hand, historically, there have been issues with ELs being overrepresented in special education which still persist (Klingner et al., 2016). On the other hand, EL students who are at potential risk for learning disabilities are often overlooked and not provided with the appropriate intervention (Swanson et al., 2020). The typical process of second-language learning may at times resemble struggles associated with learning disabilities, which can complicate identification (Ortiz, 2019). Further, it can take up to two years for students to develop basic conversational skills in a second language, and five to seven years to develop proficiency with academic language (Schon et al., 2008). Therefore, it is necessary to consider multiple factors when evaluating a child whose second language is English. It must also be noted that students who are considered less than proficient in English or who have recently moved from another country, may struggle to progress academically at the same rate as their peers due to lack of exposure to key information and cultural concepts referred to in school, much of which is acquired incidentally outside of the school environment (Zumeta et al., 2014).

Specifically, SLD is more difficult to assess in ELs due to several factors including:

- › Cultural bias in standardized assessments
- › The lack of qualified personnel administering bilingual assessments
- › Education staff confusing behaviors common with language acquisition for learning disabilities
- › A lack of consideration for students' linguistic and sociocultural differences

To appropriately assess SLD in EL students, a comprehensive assessment should include:

- › Information regarding the student's cultural background and familiarity with the predominant culture
- › Length of time in the United States, if applicable
- › Student's developmental history
- › Educational history, including any gaps in learning
- › Proficiency with their primary language compared to English (using standardized and nondiscriminatory assessment)
- › Possible communication barriers between the home and school



It is also imperative that MDETs consult with EL teachers even if a student has been exited from those services. To rule out limited English proficiency as the primary cause of learning difficulties, relevant school-based teams must document and examine multiple sources of data to conclude whether the difficulties are a result of a learning disability. This data should also include WVTSS data documenting the student's progress with intervention.

Ultimately, the question is whether a student's limited English proficiency is the determinant factor for underachievement and insufficient academic progress. A student cannot be excluded from consideration from special education services under any eligibility criteria based solely on the existence of limited English proficiency. A student can both have SLD and be an EL. The MDET must determine the level of impact that the factor of LEP has on a student's academic underachievement. ***For more information, see Appendix K.***

### **Environmental or Economic Disadvantage**

Unfortunately, many children in the United States are affected to some degree by environmental or economic disadvantage. To illustrate, 16.1% of children under 18 in the U.S. were living in poverty in 2020 (Shrider, Kollar, Chen and Semega, 2021), and an estimated 618,000 children were victims of abuse or neglect (U.S. Department of Health & Human Services, 2022). In addition to poverty, abuse, and neglect, environmental or economic disadvantage can take many other forms including, for example, homelessness, home responsibilities affecting school performance, family disruptions, bereavement, lack of access to medical care, poor nutrition, trauma or crisis situations, medical conditions affecting sleep or school attendance, lack of instructional support at home, and frequent school changes. These factors should ideally be detected and addressed to the extent possible through the WVTSS problem-solving process and in collaboration with other school-based professionals and outside agencies as appropriate prior to a referral for evaluation.

## **Validating Underachievement**

In making the determination regarding eligibility under the SLD category, the Eligibility Committee must ensure that the student's documented underachievement is not due to lack of appropriate instruction in English language arts, written expression, or mathematics. IDEA 2004 is clear on this criterion, specifically referring to the academic content areas of reading, including the essential components of reading instruction (i.e., phonemic awareness, phonics, vocabulary development, reading fluency, including oral reading skills, and reading comprehension strategies), and mathematics. In determining whether a student was provided appropriate instruction, schools must consider:

- › **The student's primary language**
- › **Limited English proficiency**
- › **Environmental and cultural factors**
- › **Excessive absences**
- › **Interruptions in schooling that might affect progress in the curriculum**

Students who demonstrate reasonable progress in targeted and intensive instruction should not be determined eligible under the SLD category even though they may currently have academic weaknesses. Documentation is required to demonstrate that prior to referral and evaluation the student was provided appropriate instruction in the general education classroom, including documentation of repeated assessment of achievement at reasonable intervals, which is shared with parents.

## Lack of Appropriate Instruction in English Language Arts, Written Expression, or Mathematics

*Appropriate instruction* has largely been left up to states to define and evaluate when making special education eligibility determinations (Department of Education, 2006). Although attendance is not specifically mentioned in the regulations, excessive absences can preclude the provision of instruction in reading, writing, and math, and should therefore be considered by the SAT, MDET, and EC when making high-stakes decisions regarding a student's education.

### **Absenteeism**

Missing school, whether excused or unexcused, can have a compounding negative effect on student outcomes. Chronic absenteeism, defined as missing more than 10% of a school year, is linked to academic difficulties and an increased risk of dropping out of school, which, in turn, is associated with negative consequences such as poor health, illicit drug use, poverty, and legal and occupational challenges (U.S. Department of Education, 2019; Lansford et al., 2016).

Students who are frequently absent during elementary school tend to exhibit not only lower academic outcomes, but poorer executive function, and social-emotional outcomes as well (Ansari & Gottfried, 2021). Moreover, school absenteeism varies significantly among subgroups of students. For example, students with disabilities are 1.5 times more likely to be chronically absent than their non-disabled peers (U. S. Department of Education, 2019), and poor students (i.e., free lunch eligible) are more than twice as likely to miss >10 days of school than nonpoor peers (García & Weiss, 2018).

Chronic absenteeism during early years (pre-k to second grade) significantly impacts academic outcomes, especially literacy and future attendance, with more pronounced effects on children from low-income families. Fortunately, improved attendance can help narrow achievement gaps (Attendance Works, 2014). However, by third grade, when reading skill trajectories are likely established, the influence of school attendance on reading performance appears to diminish (Canto & Proctor, 2013; Schmitt, Balles, & Venesky, 2013). Nonetheless, attendance remains crucial for ensuring the effectiveness of intervention programs.

Approximately 75% of school psychologists across the nation consider attendance to be a key factor to consider when making an SLD eligibility determination, and that poor attendance could prevent an evaluation referral for SLD. Further, almost 82% of school psychologists may consider finding a student ineligible due to attendance factors once a referral is already initiated (Sprick et al., 2020). Therefore, school-based teams will need to determine on a case-by-case basis whether attendance is the **primary** cause of a student's academic problems, taking into consideration the following variables and how they may interact:

- › the age and grade of the student
- › any medical conditions contributing to extended or frequent absences
- › retention history
- › socioeconomic status
- › cumulative attendance, as well as attendance rate proximal to the referral (i.e., attendance before and during the intervention process)
- › the type and complexity of the academic skill deficits
- › the student's response to intervention when attendance is consistent compared to when attendance is variable or poor (gap analysis can be helpful in determining this).

The designation of "chronic absenteeism" is not automatically considered an exclusion factor for special education eligibility. However, if excessive absences are believed to significantly contribute to the observed learning difficulties, addressing attendance barriers, alongside academic intervention, could be a suitable approach.

### ***Appropriate Instruction***

To establish whether the student received appropriate instruction, school-based teams such as the SAT, MDET, and EC, may review the following sources of information:

- › Evidence indicating that universal instruction was sufficiently rigorous to assist most students, including a comparison to the student's demographic subgroup(s), if applicable
- › Evidence that universal instruction was delivered according to its design and methodology (i.e., with fidelity)
- › Evidence that explicit, systematic, universal instruction with differentiation was provided regularly in general education in the area(s) of concern for the referred student
- › Evidence that multi-tiered instruction was provided within the WVTSS framework (i.e., the student received universal, targeted, and intensive instruction)
- › Evidence that targeted and intensive instruction was delivered according to its design and methodology (i.e., with fidelity)
- › Evidence of sufficient progress monitoring data collection
- › Evidence that instruction was provided by qualified personnel at all instructional tiers
- › Evidence that the student attended school and intervention sessions regularly for instruction
  - If the student was frequently absent or out of the classroom (without access to general education curriculum), the team may consider how the student learns when attendance is regular, and if the learning difficulties persist when the student is present in the classroom.
- › Number of nonstructural school changes (i.e., school changes that are not a result of a planned transition, such as from elementary school to middle school), particularly if the student is economically disadvantaged, or documentation shows the student was already academically at-risk prior to the school changes (Villarreal & Texas Education Research Center, 2020; Goldhaber et al., 2021)

The team needs to consider the instruction the student has been receiving, the skills and knowledge of the person delivering the instruction, how the student's progress compares to their classroom peers (i.e., if the majority of the classroom is struggling, there may be an issue with core instruction), and the student's access to the instruction. High-quality instruction must be ensured, and the team must also consider variables that might affect the student's access to instruction such as poor attendance and high levels of mobility that interrupt schooling.

Schools must validate and document the student's underachievement after the provision of appropriate multi-tiered instruction. Moreover, LEAs are encouraged to develop other formats and procedures to assist in validating and documenting the "lack of appropriate instruction" component of the SLD eligibility determination.

## Observation Requirement

According to WVBE Policy 2419, “[t]he student suspected of having a specific learning disability must be observed in the learning environment, including the general classroom setting, to document the student’s academic performance and behavior in the areas of difficulty.” Classroom observations can assist the evaluator or observer in gathering multiple types of data, including:

- › current academic strengths and needs;
- › information on behavior, student engagement and motivation, communication, motor skills, and/or everyday living skills;
- › potential identification of student-specific needs to support inclusion and success in the general education environment;
- › the impact of the potential disability on observed performance and behavior; and
- › documentation of whether appropriate classroom instruction is occurring.

Additionally, the EC must decide to:

- › use information from an observation in routine classroom instruction and monitoring of the student’s performance that was done before the student was referred for evaluation; or
- › have at least one member of the evaluation team conduct an observation of the student’s academic performance in the general classroom after the student has been referred for an evaluation and parental consent is obtained.

In the case of a student in an out-of-school placement, a member of the evaluation team must observe the student in an environment appropriate for a student of that age. The purpose of the observation is to document how the academic concern impacts the student’s academic performance. The observation must also document the name and title of the observer and the site, date, and duration of the observation.

## SLD Eligibility Documentation Requirements

The following information is adapted from WVBE Policy 2419:

A thorough review of the following types of documentation will assist the EC in its eligibility determination. Most of this information is gathered and recorded throughout the natural course of a student’s instruction, and intervention and does not necessarily constitute additional paperwork requirements.

- › A chronology of the student’s educational history (i.e., preschool participation, grade retention, special education services, cumulative attendance)
- › Formative/classroom and progress monitoring data
- › Specific documentation of the nature and intensity of general classroom instruction that evidences high quality instruction in reading/English language arts and mathematics (e.g., lesson plans)
- › Comprehensive documentation of the nature (i.e., group size), frequency and duration of customized instruction results (e.g., instruction plans)
- › Additional achievement/performance data (e.g., results of informal classroom assessments, teacher observations, grades, behavior data)
- › Formal evaluation reports (e.g., standardized psychological and academic assessments)

## Data Analysis and Conclusions

The eligibility determination for SLD relies on the use of multiple data sources that have been collected over time. The EC organizes and discusses the results of each evaluation procedure, parent and teacher information, and any other relevant documentation. As specified in W. Va. Code §18-20-10, if data from the comprehensive evaluation indicate a diagnosis of dyslexia is appropriate, that diagnosis should be rendered by an appropriately qualified member of the evaluation team.

## Reevaluation and Determining Continued Eligibility

WVBE Policy 2419 requires the LEA to conduct, as appropriate, an individual multidisciplinary reevaluation to determine an eligible student's continuing educational needs and continued eligibility for special education and related services ***within three years of the last eligibility determination***. As part of the reevaluation, the IEP Team and other qualified professionals, as appropriate, must review existing evaluation data on the student, including:

- › The current IEP and the student's progress toward meeting the annual goals
- › Evaluations and information provided by the parent/guardian of the student
- › Current classroom-based, local, or state assessments and classroom-based observations
- › Observations by teachers and related service providers

ECs should consider a student's assessment data and classroom performance, progress monitoring data, performance relevant to grade-level standards, information obtained from formal evaluations (if conducted), the degree to which special education services are meeting the student's needs, continued need for special education services, and any required changes to instruction or services.

### **Exiting Special Education**

In some cases, reevaluation data may not clearly substantiate the need for continued eligibility for special education. WVBE Policy 2419 states the following about exiting students from special education:

*LEAs must carefully consider the reevaluation of students initially found eligible for special education. LEAs must consider the effect of exiting a student from special education who has received special education for many years and how the removal of such supports will affect the student's educational progress, particularly for a student who is in the final year(s) of high school.*

### **Chronic Absenteeism in Already-Identified Students**

In some instances, a student previously identified as having a specific learning disability (SLD) may experience chronic absenteeism, particularly at the secondary level. However, chronic absenteeism alone should not be grounds for removing the student from special education services, especially if they still face academic challenges. When the multidisciplinary team initially deemed the student eligible for special education, they determined that the presence of a disability was the primary cause of the student's academic difficulties. They also concluded that factors like lack of instruction, including absenteeism, were not reasons to exclude the student from special education services. Therefore, even if chronic absenteeism emerges later, it does not negate the fact that the student's disability remains the primary factor contributing to their academic struggles.

## Private Schools, Child Find, and WVTSS

WVBE Policy 2419, Chapter 8 requires LEAs to establish and implement ongoing Child Find systems to locate, identify, and evaluate students with disabilities ages three through 21 who reside within the LEA's geographic boundaries. This includes students who have been placed by a parent in a private school (including religious schools) located within the LEA's geographic boundaries regardless of the student's residency. An LEA's Child Find process must ensure the equitable participation of parentally-placed private school students with disabilities, including comparable timelines for the evaluation process. The use of the WVTSS process as a component of the evaluation of a student suspected of having a SLD is relevant to parentally-placed private school students. In making an SLD eligibility determination for these students, the same evaluation components and eligibility procedures apply.

Specific to validating underachievement, WVBE Policy 2419 states that the EC must consider the following factors:

1. Data demonstrating that prior to or as part of the referral process, the student was provided appropriate instruction in general education settings; and
2. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction (i.e., formative and progress monitoring data), which was provided to the student's parents.

While a private school is not required to implement the WVTSS framework, the requirements for an SLD determination must still be met. There is, however, an option to collect the necessary documentation of repeated assessments of achievement at reasonable intervals as part of the referral process. In such cases, the evaluation team, which includes the parent, private school representatives, and LEA personnel, develop a data collection plan as part of the multidisciplinary evaluation. Every effort should be made to inform the parent and private school personnel of the need to address the student's academic difficulties through the provision of supplemental instruction and use of frequent progress monitoring. If this data and information cannot be made available, the MDET can determine to conduct a comprehensive evaluation to determine if there is a pattern of strengths and weaknesses relevant to the identification of an SLD, and the EC may use this alternate method for determining SLD eligibility. The EC should review all data and pertinent information when making an eligibility decision.

## Conclusion

Identifying an SLD is a complex task and requires personalized, student-centered problem-solving. It is predicated on the assumption that scaffolded, differentiated, high-quality general education instruction can be effective for most children, and that only a small number of students demonstrate the severe and persistent underachievement associated with an SLD. The WVTSS framework provides important instructional support systems for all students and offers a logical alternative to the traditional IQ-achievement discrepancy model for identifying SLD. An alternate method for identifying students as SLD, known as the PSW approach, was adopted in the revisions to Policy 2419 effective July 2012. Revisions to WVBE Policy 2419 effective September 2014 allowed for two options to consider for SLD eligibility under Standard 2 requirements. Insufficient rate of learning or a pattern of strengths and weaknesses in cognitive and academic abilities may be used to identify a student with SLD.

## Frequently Asked Questions (FAQ)

### ***Does a student with a diagnosis (e.g., dyslexia, ) from an outside agency automatically qualify for special education services?***

No. If information is supplied by the parent/guardian, such as an outside evaluation or diagnosis, these data should be considered within the context of the student's education. However, the school will likely need to conduct a comprehensive evaluation to determine the need for special education services according to WVBE Policy 2419. In addition to ruling out lack of adequate instruction and limited English proficiency as primary causes of underachievement, other exclusion factors must also be ruled out when evaluating a student for SLD. Because SLDs are heterogeneous (i.e., diverse, not uniform), multiple sources of data as well as professional judgment should inform a team's conclusions regarding eligibility.

If a student has a documented diagnosis (e.g., dyslexia, dyscalculia) but is not found eligible for special education services, the student may still be eligible for a Section 504 Plan if the necessary criteria are met (W. Va. Code §18-20-10 (c) (3) (D)). Contact the Section 504 Coordinator of your school or LEA for more information.

### ***What WVTSS documentation is needed for students referred for suspected SLD?***

The following WVTSS documentation is recommended for students referred for suspected SLD:

- › **Universal:** Benchmark assessment results, examples of differentiated instruction
- › **Targeted:** Academic intervention plans, progress monitoring data collected every 2-3 weeks, intervention attendance logs, documentation showing frequency (times per week) and duration (minutes per day) of intervention
- › **Intensive:** Academic intervention plans, progress monitoring data collected every 1-2 weeks, intervention attendance logs, documentation showing frequency (times per week) and duration (minutes per day) of intervention

Graphs and charts indicating the level and rate of a student's progress when provided interventions are essential. These data must evidence appropriate frequency and duration of leveled instruction. Schools should have a data collection system that includes repeated assessment data collected over a period of time, intervention strategies used, and specific student outcomes.

### ***Should a student receive targeted and intensive instruction before a special education referral is initiated by the Student Assistance Team (SAT)?***

Yes. While a special education evaluation may be initiated at any time during the WVTSS process, appropriate general education instruction includes supporting the student at each of the three tiers. It is only after a student who is suspected of having an SLD has been provided this opportunity to learn that a special education referral should be initiated. It should be noted that while appropriate general education instruction must be determined, the recommendation of a student receiving targeted and intensive instruction prior to a special education referral is specific to suspicions of SLD. There are other disabilities that if suspected during WVTSS should be referred quickly (i.e., suspicions of Autism, Speech Language Impairment, a vision or hearing disability, etc.).

***Must a student receive targeted and intensive instruction before a special education evaluation is initiated at the written request of the parent/guardian?***

No. A parent may request an evaluation at any time (34 C.F.R. §300.301(b)).

- ▶ If the SAT determines that an evaluation is not needed at the time of the request, Prior Written Notice (PWN) must be provided to the parent/guardian explaining why an evaluation is not needed.
- ▶ If the SAT decides to proceed with evaluation, documentation of intervention and instructional response data can be collected during the evaluation timeline. Although very little intervention and progress monitoring data may be available, the MDET should consider a comprehensive evaluation including standardized achievement testing, intelligence tests (if needed), parent and teacher interview(s)/report(s), classroom observations, state assessment records, as well as documentation of the parent/guardian rationale for suspecting a disability. If an eligibility determination cannot be made based on the information available at the eligibility committee (EC) meeting, or all exclusion factors cannot be ruled out, the EC may elect to request additional evaluation in accordance with WVBE Policy 2419 Chapter 3, Section 2.C, or refer the student back to the SAT for additional instruction and progress monitoring.

***How are parents involved in the WVTSS process?***

Parent involvement is critical and should be facilitated throughout the process. Parents should be informed of the WVTSS framework, advised when their child’s screening results indicate academic difficulty, and receive progress monitoring data each time it is analyzed. They are part of the problem-solving process when a child requires targeted or intensive instruction. For more information, see the section of this guidance document titled “**WVTSS and Engaging Families: Parents as Partners in the Process.**”

***What if all components of the WVTSS process are not completed or implemented inappropriately prior to a referral for special education?***

Because level of learning, rate of learning, exclusion factors, and validation of appropriate instruction must be supported by data, a referral should not be initiated until sufficient time and resources are applied to determine the student’s response to multi-tiered instruction. However, if the MDET feels a comprehensive evaluation is warranted, referrals may be expedited on a case-by-case basis. The SAT is charged with thoroughly reviewing the student’s case and making the appropriate recommendations. Actions might include 1) requesting more progress monitoring data, 2) requiring the provision of more intense or different instruction, 3) proceeding with a request for a multidisciplinary evaluation or 4) any other reasonable request of teachers and providers of customized instruction that will result in sufficient evidence that the WVTSS process was properly implemented.



***What if a parent requests a multidisciplinary evaluation before general education interventions have been fully implemented?***

The WVTSS process must be explained to parents. WVBE Policy 2419 states a parent has the right to request an evaluation at any time throughout the WVTSS process. Each case should be reviewed carefully before an evaluation request is considered. In the event the school or LEA feels an evaluation is not appropriate, the parent must be provided prior written notice (PWN) of that decision. See WVBE Policy 2419 Chapter 2, Section 3; Chapter 3, Section 3; and Chapter 10, Section 3 for further information.

***If a student does not meet grade-level standards, must the student be provided targeted instruction if the teacher knows the skills have been mastered?***

The decision of whether to provide targeted instruction should be discussed thoroughly by the I/C Team. Grade-level data is one data source to be analyzed. Teacher observation, classroom performance, and student performance on a variety of assessments should be used to determine the effectiveness of instruction. Should the I/C Team decide the student is not in need of additional support in reading, mathematics, or written language, it would be prudent to occasionally progress monitor to confirm that the student is progressing as expected.

***If a student shows progress after 4-6 weeks, does the student have to remain in targeted for the full 9 weeks?***

Criteria for exiting a student from supplemental instruction must be considered carefully and the decision should be made on a case-by-case basis by the instructional team. The team must thoroughly analyze the student's rapid response to instruction. Generally, it would be advantageous to continue to support the student to ensure against regression and maintain the child's progress through the end of the instructional round.

Teachers should keep in mind that as the school year progresses, skill difficulty increases as does the expected goal. Ultimately, students must be able to maintain and advance their skills in the core program over time, so be sure that the skills are firmly in place before exiting the student from targeted instruction.

***Does the SAT need to convene on all students who go to and/or exit targeted instruction?***

No. WVBE Policy 2419, Chapter 2, Section 3.C outlines the responsibilities of the Student Assistance Team (SAT) which provides a formalized process for the review of student needs and complements the work of instructional/collaborative teams. ***The SAT reviews individual student needs that have persisted despite being addressed by academic interventions.***

***What is the difference between the Instructional/Collaborative (I/C) Team and the Student Assistance Team (SAT)?***

An I/C Team uses a problem-solving model to make instructional adjustments based on student performance data. This team is comprised primarily of same-grade level teachers and providers of customized instruction, collaborates to determine the most effective strategies, grouping patterns, instructional materials, and other components of differentiated instruction.

The SAT reviews documentation collected by the IC Team and considers diagnostic assessments and additional screeners. The SAT should involve additional team members with expertise that can provide insight as to why a student may not be responding to instruction. The SAT may determine that a student needs a comprehensive evaluation and refer the student to the Multidisciplinary Evaluation Team (MDET). The MDET may consist of the same team members as the SAT, provided it has the required membership for MDET. They review all available data and determine additional evaluations needed to determine if a student has an SLD.

For more information, see the table titled “**Examples of School Collaborative Problem-Solving Teams, Suggested Membership, and Responsibilities**” within the “**Prerequisites to SLD Identification: Problem-Solving and Teaming**” section of this guidance document.

***If considering a pattern of strengths and weaknesses (PSW) in determining eligibility for SLD, do we have to discuss or review the WVTSS data and instruction?***

Yes. While **Standard 2** allows Eligibility Committees (EC) to decide whether to use **rate of learning** or a **pattern of strengths and weaknesses** to determine eligibility, WVBE Policy 2419 states the following regarding WVTSS data and instruction as they relate to SLD identification:

Under **Eligibility Determination: Multi-Tiered System of Support:**

- › “*The determination of eligibility for SLD services should be made using an MTSS framework.*”

Under **Eligibility Standards:**

- › “*Using an MTSS process and comprehensive assessment, the EC determines eligibility for specific learning disability...*”

Under **Standard 1 – Level of Learning:**

- › “*The student’s response to customized instruction must be documented.*”

**Standard 1 – Level of Learning** also specifies that ECs should determine “...whether the student does not achieve adequately for the student’s age or does not meet State-approved grade level standards ... when provided with learning experiences and instruction appropriate for the student’s age or State-approved grade-level standards.” Instruction at all three tiers of WVTSS is considered appropriate instruction.

***Can WVTSS documentation alone be used to make a student eligible under SLD?***

No. WVTSS documentation does not take the place of a comprehensive evaluation. WVTSS documentation is one component of a comprehensive evaluation that can satisfy Standards 1 and 2 for eligibility. However, comprehensive evaluations may look different depending on individual student needs, and must also include, at minimum, one or more classroom observations, evidence that the underachievement is not caused primarily by any listed exclusion factors, and data that support the child experiences an adverse effect on educational performance and requires special education. As stated in WVBE Policy 2419, “The evaluation must be sufficiently comprehensive to identify all of the student’s special education and related services needs, whether or not commonly linked to the suspected exceptionality.” For more information, see WVBE Policy 2419, Chapter 3, Section 4.

***When should diagnostic assessments be used?***

Diagnostic assessments can be used anytime during the WVTSS process. A diagnostic assessment will help determine specific skills deficits and will give valuable information in determining how to program for an individual student. Parent permission must be obtained prior to giving any assessments that are not conducted as part of a regular program of instruction.

## Glossary

**Accommodation.** An effort to alter the representation, presentation, or the student's engagement with the curriculum to enhance access and progress. Accommodations are changes in assessment or curriculum that do not alter the validity, reliability, or security of a test or curriculum. It does not alter what the student is expected to know, does not change the content, and is not considered an intervention.

**Aim-line.** The straight line connecting a student's baseline level of performance with the long-range goal. The slope of the aim-line shows the expected rate of improvement if the student is to meet the long-range goal.

**Baseline data.** Data that is collected before an intervention or program change begins, and are used as a reference point to determine the effect of an intervention or program.

**Data-Based Individualization.** A research-based process for individualizing and intensifying interventions through the systematic use of assessment data, validated interventions, and research-based adaptation strategies.

**Diagnostic and Statistical Manual of Mental Disorders (DSM).** The guidebook widely used by health and mental health professionals in the United States to diagnose psychiatric illnesses. The DSM covers all categories of mental health disorders for both adults and children, and is published by the American Psychiatric Association. The most recent version is the DSM-5-TR (text revision).

**Diagnostic assessment.** The process of determining specific skill deficits or strengths. For example, standardized tools available through publishers, error analysis of frequent progress monitoring data, or review of class assessments and work samples could be considered diagnostic assessment.

**Differentiated instruction.** Differentiated instruction is a teacher's response to learners' needs including respectful tasks, flexible grouping and ongoing assessment. Teachers can differentiate content, process or product based on students' readiness, interests and learning profiles. A process of designing lesson plans that meets the needs of the range of learners; such planning includes learning objectives, grouping practices, teaching methods, varied assignments and varied materials selected based on student skill levels and learning preferences. Differentiated instruction focuses on instructional strategies and instructional groupings and uses of a range of materials.

**DSM-5-TR.** See *Diagnostic and Statistical Manual of Mental Disorders (DSM)*

**Duration.** Refers to the length (number of minutes) of a session multiplied by the number of sessions per school year. "Sufficient duration" is dependent on a number of factors including the program or strategy being used, the age of the student, and the complexity and severity of needs.

**Dyscalculia.** A term used to refer to a pattern of learning difficulties characterized by problems processing numerical information, learning arithmetic facts, and performing accurate or fluent calculations.

**Dysgraphia.** A term used to refer to significant difficulties primarily with graphomotor skills (i.e., visual-motor skills that are specific to handwriting) that can substantially impact areas such as legibility, writing fluency, letter formation, and spelling, which may cause secondary problems with written expression.

**Dyslexia.** A term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities.

**Evidence-based instruction.** An evidenced-based instructional practice or an evidence-based program/intervention is established as being effective through scientific research that conforms to some set of explicit criteria and has been replicated by different research teams.

**Exclusion factors.** Any one or a combination of conditions that exclude a student from being determined eligible as a student with a specific learning disability (i.e., a visual, hearing, or motor disability; intellectual disability; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency).

**Explicit instruction.** A systematic method of teaching with emphasis on proceeding in small steps, checking for understanding, and achieving active and successful participation by all students. A way to teach skills or concepts to students using direct, structured instruction. It helps make lessons clear by modeling for students how to start and succeed on a task and giving them ample time to practice.

**Formative assessment.** The formative assessment process is used by teachers and students during instruction; it provides feedback to adjust ongoing teaching and learning to improve students' achievement of intended instructional outcomes.

**Four-Point Method.** A decision-making strategy characterized by determining that when the last four of six or more data points (scores) fall below the goal line, a teaching change is required. When the four data points are above the goal line, the intervention should continue and/or the goal should be raised.

**Frequency.** Refers to how often a behavior or intervention occurs.

**Gap analysis.** Gap analysis is a method for measuring the difference between the student's current level of performance and benchmark expectations.

**The Individuals with Disabilities Education Act (IDEA).** A federal law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities.

**Intensity.** Refers to the adjustment of duration, length, and teacher-to-student ratio to address a child's academic or behavioral needs.

**Intensive instruction/services/supports.** Intensive instruction, services, or supports are academic, behavioral, and/or mental health supports characterized by increased length, frequency, and duration of implementation for students who struggle significantly. This support relates directly to an area of need, is supplemental to and is different from universal and targeted instruction/services/supports, is usually implemented individually or in very small group settings, and may be individualized.

**Intervention.** The systematic and explicit instruction or service provided to accelerate growth in an area of identified need. Interventions are provided by special educators, general educators, professional student support personnel, or community providers and are based on training, not titles. This intervention is designed to improve performance relative to specific, measurable goals. Interventions are based on valid information about current performance, realistic implementation and include ongoing student progress monitoring.

**Level of learning.** A student's level of achievement when provided with appropriate learning experiences and instruction for the student's age or grade.

**Low academic performance.** Within the context of specific learning disability identification, "low academic performance" is achievement that is significantly below grade-level expectations, and persists despite the provision of evidence- or research-based intervention.

**Measurable outcomes.** The statement of a single, specific desired result from an intervention. To be measurable, the outcome should be expressed in observable and quantifiable terms (i.e., Susie will demonstrate mastery of grade-level basic math calculation skills as measured by a score of 85% or better on the end-of-unit test about numerical operations).

**Modification.** Involves altering the curriculum or educational content to suit a student's individual needs, usually due to significant learning challenges or disabilities. Examples might include simplifying reading materials, reducing the number of questions on an assignment, lowering the complexity of tasks, or altering grading criteria to accommodate a student's learning pace.

**Multiple sources of data.** No single procedure or data source may be used as the sole criterion for determining eligibility. Information from a variety of sources such as intervention results, observations, formal assessments, interviews, and other collection methods must be considered.

**Problem-solving process.** The problem-solving process assumes that no type of instruction will be effective for all students; generally, has five stages (problem identification, problem analysis, plan development, plan implementation, and plan evaluation); is sensitive to individual student differences; and depends on the integrity of implementing levels of intensive instruction.

**Progress monitoring.** Progress monitoring is an ongoing process that involves collecting and analyzing data to determine student progress towards specific skills or general outcomes. Progress monitoring generates useful data for making instructional decisions or needed interventions based on the review and analysis of student data. Monitoring student progress through collection and analysis of data is an effective way to determine if the instruction and/or interventions are delivered and meeting the needs of the student.

**Rate of learning.** A student’s progress toward grade-level achievement goals. Rate of learning is determined by reviewing assessment data as plotted on graphs, and mathematically calculating a student’s rate of improvement. *See also Slope (rate of improvement).*

**Research-based instructional practice.** A research-based instructional practice is one found to be reliable, trustworthy, and valid based on evidence to suggest that when the practice is used with a particular group of students, the students can be expected to make adequate gains in achievement. Ongoing documentation and analysis of student outcomes helps to define effective practice. In the absence of evidence, the instruction must be considered “best practice” based on available research and professional literature.

**Scaffolding.** An instructional technique in which the teacher breaks a complex task into smaller tasks, models the desired learning strategy or task, provides support as students learn to do the task, and then gradually shifts responsibility to the students. In this manner, a teacher enables students to accomplish as much of a task as possible without adult assistance.

**Screening.** The first level of assessment. In academics, schoolwide screening and classroom-based screening can assist teachers in getting an initial sense of student performance relative to critical skills and behaviors and can be used to inform instructional decisions.

**Section 504 of the Rehabilitation Act of 1973.** The first disability civil rights law to be enacted in the United States. It prohibits discrimination against people with disabilities in programs that receive federal financial assistance, and set the stage for enactment of the Americans with Disabilities Act. Section 504 works together with the ADA and IDEA to protect children and adults with disabilities from exclusion and unequal treatment in schools, jobs, and the community.

**Sensitivity.** Accuracy of a screener or test for identifying a person with a particular condition.

**Slope (Rate of improvement).** Term used to describe the steepness, incline, gradient, or grade of a straight line between two points. Analyzing the slope of a student’s data points assists in determining rate of learning. *See also Rate of learning.*

**Social-emotional learning (SEL).** The process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. A systemic approach to SEL intentionally cultivates a caring, participatory, and equitable learning environment and evidence-based practices that actively involve all students in their social, emotional, and academic growth. This approach infuses social and emotional learning into every part of students’ daily life—across all their classrooms, during all times of the school day, and when they are in their homes and communities.

**Specificity.** Accuracy of a screener or test for identifying a person without a particular condition

**Specific learning disability (SLD).** As defined in IDEA 2004, SLD is "...a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculation, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage."

**Standard deviation.** A statistical measure that quantifies the amount of variation or dispersion in a set of data points. It indicates how much individual data points deviate from the mean (average) of the dataset. A higher standard deviation suggests greater variability, while a lower standard deviation indicates data points are closer to the mean.

**Standard error of measurement (SEM).** A statistical measure that estimates the average amount of error or uncertainty associated with an individual's test score, providing a range within which the true score is likely to fall.

**Student Assistance Team (SAT).** The Student Assistance Team, or SAT, is defined in WVBE: Policy 2419 as "a school-based team consisting of at least three persons, including a school administrator or designee to serve as the chairperson, a current teacher(s), and other appropriate staff, who have specialized training in procedures for multidisciplinary evaluations, multi-tiered systems of supports (MTSS), alternate education placements, disciplinary procedures, and other school processes. This team meets regularly to conduct the problem-solving process for any individual student whose academic, mental health, or behavior struggles are impeding their success in the school environment."

**Summative assessment.** Summative assessments are designed to provide information regarding the level of student, school, or program success at a point in time.

**Targeted instruction/services/supports.** Targeted instruction, services, and supports relate directly to an area of need. This type of support is supplementary to universal instruction services and is often implemented in small group settings.

**Trend line (Line of best fit).** Put simply, a trend line is a straight line drawn between two or more data points on a graph. In statistical terms, the line of best fit refers to a line through a scatter plot of data points that best expresses the relationship between those points.

**Universal Design for Learning (UDL).** UDL guides the design of learning experiences to proactively meet the needs of all learners. When UDL is utilized, it is assumed that barriers to learning are in the design of the environment, not in the student. UDL is based on brain science and evidence-based educational practices that guide the development of flexible learning environments that can accommodate individual learning differences.

**Universal instruction/services/supports.** Universal instruction, services, and supports are provided to all students in the classroom and school. This type of support is preventive and proactive and is implemented schoolwide or by whole classrooms. Universal supports may be research-based but are not necessarily prescriptive. Differentiated instruction is provided within universal instruction.



# Online Resources

## Accommodations/Modifications

- › International Dyslexia Association (IDA)
  - <https://dyslexiaida.org/accommodations-for-students-with-dyslexia/>
- › Reading Rockets
  - <https://www.readingrockets.org/helping-all-readers/inclusive-classrooms/accommodations-and-modifications>
  - <https://www.readingrockets.org/topics/dyslexia/articles/accommodating-students-dyslexia-all-classroom-settings>
- › The Yale Center for Dyslexia & Creativity
  - <http://dyslexia.yale.edu/resources/accommodations/>
- › Understood
  - <https://www.understood.org/en/articles/common-classroom-accommodations-and-modifications>
  - <https://www.understood.org/en/articles/at-a-glance-classroom-accommodations-for-dyslexia>
  - <https://www.understood.org/en/articles/at-a-glance-classroom-accommodations-for-dyscalculia>
  - <https://www.understood.org/en/articles/at-a-glance-classroom-accommodations-for-dysgraphia>

## Assessment

- › WVDE: Assessment
  - <https://wvde.us/assessment/>
- › Acadience Learning
  - <https://acadiencelarning.org/>
- › easyCBM
  - <https://www.easycbm.com/>
- › DIBELS Homepage
  - <https://dibels.uoregon.edu/>
- › Intervention Central
  - <https://www.interventioncentral.org/>
- › National Center on Intensive Intervention (NCII): Academic Screening Tools Chart
  - <https://charts.intensiveintervention.org/ascreening>
- › National Center on Intensive Intervention (NCII): Academic Progress Monitoring Tools Chart
  - <https://charts.intensiveintervention.org/aprogressmonitoring>

## Instruction and Intervention

- › Attendance Works
  - <https://www.attendanceworks.org/>
- › Bookshare
  - <https://www.bookshare.org/cms/>
- › Evidence for ESSA
  - <https://www.evidenceforessa.org/>
- › Intervention Central
  - <https://www.interventioncentral.org/>
- › IRIS Center
  - <https://iris.peabody.vanderbilt.edu/>
- › National Center on Intensive Intervention (NCII)
  - <https://intensiveintervention.org/>
- › National Instructional Materials Access Center (NIMAC)
  - <https://www.nimac.us/>
- › National Center on Accessible Educational Materials (AEM)
  - <https://aem.cast.org/>
- › What Works Clearinghouse (WWC)
  - <https://ies.ed.gov/ncee/wwc>
- › National Center on Intensive Intervention (NCII): Data-Based Individualization
  - <https://intensiveintervention.org/data-based-individualization>

## Mathematics and Numeracy

- › National Research and Development Center on Cognition and Mathematics Instruction
  - <https://iesmathcenter.org/>
- › National Council of Teachers of Mathematics
  - <https://www.nctm.org/>
- › Understood: Math Anxiety
  - <https://www.understood.org/en/articles/what-is-math-anxiety>

## Multi-Tiered System of Supports / Response to Intervention

- › Center on Multi-Tiered System of Supports
  - <https://mtss4success.org/>
- › RTI Action Network
  - <http://www.rtinetwork.org/home>
  - <http://www.rtinetwork.org/images/TOOLKIT/rti-based-sld-determination-worksheet-11-16.pdf>

## Parent Involvement

- › Center for Parent Information and Resources
  - <https://www.parentcenterhub.org/>
  - <http://www.wvpti-inc.org/>
- › Pacer Center
  - <http://www.pacer.org/>
- › The Parent Institute
  - <https://parent-institute.com/>
- › WVDE: Family and Community Engagement
  - <https://wvde.us/special-education/family-and-public-partnership/family-and-community-engagement/>

## Policy and Law

- › Individuals with Disabilities Education Act (IDEA)
  - <https://sites.ed.gov/idea/>
- › West Virginia Code: Education of Exceptional Children
  - <https://code.wvlegislature.gov/18-20/>
  - <https://code.wvlegislature.gov/18-20-10/>
- › WVBE Policy 2419: Regulations for the Education of Students with Exceptionalities
  - <https://wvde.us/special-education/policies-and-compliance/policy-2419/>
- › Section 504, Rehabilitation Act of 1973
  - <https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973>
  - <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-I>
- › The Americans with Disabilities Act Amendments Act of 2008
  - <https://www.eeoc.gov/statutes/americans-disabilities-act-amendments-act-2008>
- › Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools
  - <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>

## Learning Disabilities

- › Council for Learning Disabilities
  - <https://council-for-learning-disabilities.org/>
- › International Dyslexia Association (IDA)
  - <https://dyslexiaida.org/>
  - <https://dyslexialibrary.org/>
- › Learning Disabilities Association of America (LDA)
  - <https://ldaamerica.org/>
- › National Center for Learning Disabilities (NCLD)
  - <https://www.nclid.org>

- › National Center on Improving Literacy (NCIL)
  - <https://improvingliteracy.org/>
- › ADDitude
  - <https://www.additudemag.com/>
- › Understood
  - <https://www.understood.org/>
- › Teaching LD
  - <https://www.teachingld.org/>

### Motor Skills (Occupational/Physical Therapy)

- › American Occupational Therapy Association (AOTA)
  - <https://www.aota.org/>
- › American Physical Therapy Association (APTA)
  - <https://www.apta.org/>

### Reading, Writing, and Literacy

- › Florida Center for Reading Research
  - <https://fcr.org/>
- › Free Reading
  - <https://www.freereading.net/>
- › International Literacy Association
  - <https://www.literacyworldwide.org/get-resources>
- › Reading Rockets
  - <https://www.readingrockets.org/>
- › National Council of Teachers of English
  - <https://ncte.org/>
- › Understood: Messy handwriting
  - <https://www.understood.org/en/articles/why-is-my-childs-handwriting-so-bad>
- › Vaughn Gross Center for Reading & Language Arts
  - <https://www.meadowscenter.org/vgc/>
- › West Virginia Department of Education: Ready, Read, Write
  - <https://wvde.us/ready-read-write/>

## School Psychology

- › National Association of School Psychologists (NASP)
  - <https://www.nasponline.org/>
- › WVDE: School Psychologists
  - <https://wvde.us/student-support-well-being/wv-school-psychologists/>
- › West Virginia School Psychologists Association (WVSPA)
  - <http://wvspa.org/>
- › American Psychological Association: School Psychology (Division 16)
  - <https://www.apa.org/about/division/div16>

## Special Education

- › WVDE: Special Education
  - <https://wvde.us/special-education/>
- › Council for Exceptional Children
  - <https://exceptionalchildren.org/>
- › National Association of State Directors of Special Education
  - <https://www.nasdse.org/>
- › National Center for Special Education Research (NCSER)
  - <https://ies.ed.gov/ncser/>

## Speech and Language

- › American Speech-Language-Hearing Association
  - <https://www.asha.org/>

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## Appendix A – SLD Assessment List

The tables below list common norm-referenced tests of achievement, graphomotor skill, and cognition in alphabetical order. **The lists are not intended to be exhaustive.** Practitioners and LEAs should select assessments based on technical adequacy and specific populations with which the tests will be used.

- › The **Achievement and Language Tests** table provides the test name, age/grade range, and the SLD domain(s) assessed.
- › The **Graphomotor Tests** table provides the test name, and the age/grade range.
- › The **Abbreviated/Brief Cognitive Tests** table provides the test name, age range, and how many subtests are required to obtain a brief/abbreviated cognitive estimate.
- › The **Cognitive Tests** table provides the test name, age range, whether a brief measure of cognitive ability is included, and whether the test includes a Rapid Automatic Naming (RAN) component. *For information on which cognitive tests and subtests to use for a PSW method of identification, consult with any user manuals or resources associated with the particular PSW model.*

### SLD Domain Legend:

OE = Oral Expression  
BR = Basic Reading Skills  
MC = Math Calculation

LC = Listening Comprehension  
RF = Reading Fluency Skills  
MPS = Math Problem Solving

WE = Written Expression  
RC = Reading Comprehension  
RAN \* = Rapid Automatic Naming

\*Not an area of SLD, but a predictor for certain academic skills



### Achievement and Language Tests

Test Name	Age/Grade Range	SLD Domain(s) Assessed
Academic Achievement Battery-Comprehensive (AAB)	Ages 4-85	OE, LC, WE, BR, RF, RC, MC, MPS
Auditory Processing Abilities Test (APAT)	Ages 5-12	BR, LC
Batería IV Woodcock-Munoz: Pruebas de aprovechamiento (Batería IV)	Ages 2-90+	BR, RF, RC, WE, MC, MPS
Clinical Evaluation of Language Fundamentals, 5 <sup>th</sup> Ed. (CELF-5)	Ages 5-21	OE, LC
Comprehensive Assessment of Spoken Language, 2 <sup>nd</sup> Ed. (CASL-2)	Ages 3-21	OE, LC
Comprehensive Mathematical Abilities Test (CMAT)	Ages 7:0-18:11	MC, MPS
Comprehensive Test of Phonological Processing, 2 <sup>nd</sup> Ed. (CTOPP-2)	Ages 4:0-24:11	BR, *RAN
Diagnostic Achievement Battery, 4 <sup>th</sup> Ed. (DAB-4)	Ages 6-14	LC, BR, RC, WE, MC
Expressive One-Word Picture Vocabulary Test, 4 <sup>th</sup> Ed. (EOWPVT-4)	Ages 2:0-95	OE
Expressive Vocabulary Test, 3 <sup>rd</sup> Ed. (EVT-3)	Ages 2:6-90+	OE

Feifer Assessment of Math (FAM)	Grades PreK-College	MC, MPS, *RAN
Feifer Assessment of Reading (FAR)	Grades PreK-College	BR, RF, RC, *RAN
Feifer Assessment of Writing (FAW)	Grades PreK-College	WE
Gray Diagnostic Reading Tests, 2 <sup>nd</sup> Ed. (GDRT-2)	Ages 6:0-13:11	LC, BR, RC, *RAN
Gray Oral Reading Tests, 5 <sup>th</sup> Ed. (GORT-5)	Ages 6:0-23:11	BR, RF, RC
Gray Silent Reading Test (GSRT)	Ages 7-25	RC
Kaufman Test of Educational Achievement, 3 <sup>rd</sup> Ed. (KTEA-3)	Ages 4-25:11	OE, LC, WE, BR, RF, RC, MC, MPS, *RAN
Key Math, 3 <sup>rd</sup> Ed. (KM3)	Ages 4:6-21:11 Grades K-12	MC, MPS
Listening Comprehension Test, 2 <sup>nd</sup> Ed. (LCT-2)	Ages 6-11:11	LC
Oral and Written Language Scale, 2 <sup>nd</sup> Ed. (OWLS-II)	Ages 3:0-21:11 (LC/OE) 5:0-21:11 (RC/WE)	LC, OE, RC, WE
Peabody Picture Vocabulary Test, 5 <sup>th</sup> Ed. (PPVT-5)	Ages 2-90	OE
Phonological Awareness Test, 2 <sup>nd</sup> Ed.: Normative Update (PAT-2: NU)	Ages 5-10	BR
Preschool Language Scale, 5 <sup>th</sup> Ed. (PLS-5)	Ages Birth-7:11	OE, LC
Process Assessment of the Learner, 2 <sup>nd</sup> Ed. – Reading & Writing (PAL-II Reading & Writing)	Grades K-6	BR, RF, RC, WE *RAN
Process Assessment of the Learner, 2 <sup>nd</sup> Ed. – Math (PAL-II Math)	Grades K-6	MC, MPS
Rapid Automatic Naming and Rapid Alternating Stimulus Test (RAN/RAS)	Ages 5-18:11	*RAN
Receptive One-Word Picture Vocabulary Test, 4 <sup>th</sup> Ed. (ROWPVT-4)	Ages 2:0-95	LC
Test of Auditory Processing Skills, 4 <sup>th</sup> Ed. (TAPS-4)	Ages 5:0-21	LC, BR
Test of Early Language Development, 4 <sup>th</sup> Ed. (TELD-4)	Ages 3-7:11	OE, LC
Test of Early Mathematics Ability, 3 <sup>rd</sup> Ed. (TEMA-3)	Ages 3:0-8:11	MC, MPS
Test of Early Reading Ability, 4 <sup>th</sup> Ed. (TERA-4)	Ages 4-8:11	BR, RC, WE
Test of Early Written Language, 3 <sup>rd</sup> Ed. (TEWL-3)	Ages 4-11	WE
Test of Language Development-Intermediate, 5 <sup>th</sup> Ed. (TOLD-I:5)	Ages 8:0-17:11	OE
Test of Language Development-Primary, 5 <sup>th</sup> Ed. (TOLD-P:5)	Ages 4-8:11	OE, BR
Test of Mathematical Abilities, 3 <sup>rd</sup> Ed. (TOMA-3)	Ages 8:0-18:11	MC, MPS

Test of Orthographic Competence (TOC)	Ages 6:0-17:11	WE
Test of Phonological Awareness, 2 <sup>nd</sup> Ed. Plus (TOPA-2+)	Ages 5-8	BR
Test of Reading Comprehension, 4 <sup>th</sup> Ed. (TORC-4)	Ages 7:0-17:11	RF, RC
Test of Word Reading Efficiency, 2 <sup>nd</sup> Edition (TOWRE-2)	Ages 6-24:11	BRS
Test of Written Expression (TOWE)	Ages 6:6-14:11	WE
Test of Written Language, 4 <sup>th</sup> Ed. (TOWL-4)	Ages 9-17 Grades 4-12	WE
Wechsler Individual Achievement Test, 4 <sup>th</sup> Ed. (WIAT-4)	Ages 4-50:11	OE, LC, WE, BR, RF, RC, MC, MPS
Wide Range Achievement Test, 5 <sup>th</sup> Ed. (WRAT5)	Ages 5-85+	BR, RC, WE, MC
Woodcock-Johnson IV Tests of Achievement (WJ IV ACH)	Ages 2-90+	WE, BR, RF, RC, MC, MPS
Woodcock-Johnson Tests of Oral Language (WJ IV OL) <i>Contains three parallel Spanish tests: "Picture Vocabulary," "Oral Comprehension," and "Understanding Directions"</i>	Ages 2-90+	OE, LC, BR, *RAN
Woodcock Reading Mastery Tests, 3 <sup>rd</sup> Ed. (WRMT-3)	Ages 4:6-79:11 Grades K-12	BR, RF, RC, *RAN

### **Graphomotor Tests**

<b>Test Name</b>	<b>Age/Grade Range</b>
Beery-Buktenica Developmental Test of Visual-Motor Integration, 6 <sup>th</sup> Ed. (Beery VMI)	2:0-99:11
Bender Visual-Motor Gestalt Test, 2 <sup>nd</sup> Ed. (Bender-Gestalt II)	3-85+
Development Test of Visual Perception, 3 <sup>rd</sup> Ed. (DTVP-3)	4-12:11
Feifer Assessment of Writing (FAW) - <i>Graphomotor Index (GI)</i>	PreK-College

### **Abbreviated/Brief Cognitive Tests**

<b>Test Name</b>	<b>Age Range</b>	<b>Number of Subtests</b>
Cognitive Assessment System, 2 <sup>nd</sup> Ed. – Brief (CAS-2: Brief)	4-18	4
Kaufman Brief Intelligence Test, 2 <sup>nd</sup> Ed. – Revised (KBIT-2 Revised)	4:0–90:0	3
Reynolds Intellectual Screening Test, 2 <sup>nd</sup> Ed. (RIST-2)	3-94	2
Wechsler Abbreviated Scale of Intelligence, 2 <sup>nd</sup> Ed. (WASI-II)	6:0–90:11	2 or 4


**Cognitive Tests**

<b>Test Name</b>	<b>Age Range</b>	<b>Integrated Brief IQ</b>	<b>RAN Component</b>
Batería IV Woodcock-Munoz: Pruebas de habilidades cognitivas (Batería IV)	2-90+	Yes	No
Cognitive Assessment System, 2 <sup>nd</sup> Ed. (CAS-2)	4-18	No	No
Comprehensive Test of Nonverbal Intelligence, 2 <sup>nd</sup> Ed. (CTONI-2)	6:0-89:11	No	No
Differential Ability Scales, 2 <sup>nd</sup> Ed., Normative Update (DAS-2 NU)	2:6-17:11	No	Yes
Kaufman Assessment Battery for Children, 2 <sup>nd</sup> Ed. Normative Update (KABC-II NU) <i>*Correct responses in other languages are given credit</i>	3-18	No	No
Reynolds Intellectual Assessment Scales, 2 <sup>nd</sup> Ed. (RIAS-2)	3-94	Yes	Yes
Test of Nonverbal Intelligence, 4 <sup>th</sup> Ed. (TONI-4)	6-89	No	No
Universal Nonverbal Intelligence Test, 2 <sup>nd</sup> Ed. (UNIT-2)	5-21:11	Yes	No
Wechsler Adult Intelligence Scale, 4 <sup>th</sup> Ed. (WAIS-IV)	16:0-90:11	No	No
Wechsler Intelligence Scale for Children, 5 <sup>th</sup> Ed. (WISC-V)	6:0-16:11	No	Yes
Wechsler Nonverbal Scale of Ability (WNV)	4:0-21:11	Yes	No
Wechsler Preschool and Primary Scale of Intelligence, 4 <sup>th</sup> Ed. (WPPSI-IV)	2:6-7:7	No	No
Woodcock-Johnson IV Tests of Cognitive Abilities (WJ IV COG)	2-90+	Yes	No
Woodcock-Johnson IV Tests of Early Cognitive and Academic Development (WJ IV ECAD)	2:6-7:11	No	Yes

## Appendix B — Two-Point Rate of Improvement (ROI) and Gap Analysis Worksheet

### Directions

#### **Two-Point ROI:**

Subtract the first score from the last score and divide by the number of weeks that progress monitoring data were collected.

#### **Modified Two-Point ROI:**

Use the *median* of the first three scores obtained in the progress monitoring series for “Score on First Probe.” Then utilize the *median* of the last three scores obtained in the progress monitoring series for “Score on Last Probe.” After that, follow the directions for computing Two-Point ROI.

When deciding between the Two-Point Rate of Improvement (ROI) and the Modified Two-Point Rate of Improvement, it is important to consider any outliers present in the progress monitoring data. If the score on the initial or final probe, which is utilized in the Two-Point ROI approach, seems significantly different from the rest of the student's progress monitoring scores **or** if the score on the last probe is lower than the score on the first probe, then opting for the Modified Two-Point ROI method may be more appropriate.

#### **Benchmark Expectation Scores:**

Some programs, such as i-Ready, divide Fall, Winter, and Spring benchmark expectations into percentile bands. When choosing which score to use, it is recommended to use the score closest to the 25<sup>th</sup> percentile. Since the average range in a normal distribution can be interpreted as any score between the 25<sup>th</sup> to 75<sup>th</sup> percentile, using the 25<sup>th</sup> percentile allows a struggling student the opportunity to achieve a more realistic, appropriately ambitious goal during targeted and intensive intervention.



## Two-Point Rate of Improvement (ROI) and Gap Analysis Worksheet

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_ Date: \_\_\_\_\_

<b>WTSS Tier:</b> <i>(Universal/Targeted/Intensive)</i> _____ <b>Assessment/Probe Used:</b> _____ <b>Score on First Probe:</b> _____ <b>Score on Last Probe:</b> _____ <b>Fall Benchmark Expectation:</b> _____ <b>Spring Benchmark Expectation:</b> _____	<b>Current Assessment Expectation</b> <i>(Nearest benchmark)</i> _____ <b>End of Year Expectation:</b> <i>(Benchmark or Student Goal)</i> _____ <b>Number of Weeks in School:</b> _____ <b>Weeks of School Remaining:</b> _____ <b>Two-Point or Modified:</b> _____
--	--

### Step 1: Determine Typical ROI

$$\boxed{\phantom{000}} \quad (-) \quad \boxed{\phantom{000}} \quad \div \quad \boxed{36} \quad = \quad \boxed{\phantom{000}}$$

Spring Benchmark
Fall Benchmark
# of Weeks
Typical ROI (slope)

### Step 2: Determine Student ROI

$$\boxed{\phantom{000}} \quad (-) \quad \boxed{\phantom{000}} \quad \div \quad \boxed{\phantom{000}} \quad = \quad \boxed{\phantom{000}}$$

Score on Last Probe
Score on First Probe
# of Weeks in School
Student ROI (slope)

### Step 3: Compare Student ROI to Typical ROI → Is the Student's ROI < Ambitious or Reasonable ROI?

$$\boxed{\phantom{000}} \quad \times \quad \boxed{2} \quad = \quad \boxed{\phantom{000}}$$

Typical ROI
Ambitious ROI

$$\boxed{\phantom{000}} \quad \times \quad \boxed{1.5} \quad = \quad \boxed{\phantom{000}}$$

Typical ROI
Reasonable ROI

### Step 4: Determine Gap

$$\boxed{\phantom{000}} \quad \div \quad \boxed{\phantom{000}} \quad = \quad \boxed{\phantom{000}}$$

Current Assessment Expectation
Current Assessment Performance
Current Gap (≥ 2 is significant)

### Step 5: Gap Analysis

$$\boxed{\phantom{000}} \quad - \quad \boxed{\phantom{000}} \quad = \quad \boxed{\phantom{000}}$$

End of Year Expectation
Current Assessment Performance
Difference

### Step 6: Is this Reasonable? ( Y / N )

**Option A**

$$\boxed{\phantom{000}} \quad \div \quad \boxed{\phantom{000}} \quad = \quad \boxed{\phantom{000}} \quad \text{vs} \quad \boxed{\phantom{000}}$$

Difference
# of Weeks Remaining in School
Needed ROI
Student ROI

**Option B**

$$\boxed{\phantom{000}} \quad \div \quad \boxed{\phantom{000}} \quad = \quad \boxed{\phantom{000}}$$

Difference
Student ROI
# of Weeks Needed

### Recommendations:

## EXAMPLE #1

<b>WTSS Tier:</b> (Universal/Targeted/Intensive)	Targeted	<b>Current Assessment Expectation:</b> (Nearest benchmark)	78 (Winter)
<b>Assessment/Probe Used:</b>	DIBELS ORF	<b>End of Year Expectation:</b> (Benchmark or Student Goal)	94 (Spring BM)
<b>Score on First Probe:</b>	18	<b>Number of Weeks in School:</b>	24
<b>Score on Last Probe:</b>	67	<b>Weeks of School Remaining:</b>	12
<b>Fall Benchmark Expectation:</b>	49	<b>Two-Point or Modified:</b>	Two-Point
<b>Spring Benchmark Expectation:</b>	94		

### Step 1: Determine Typical ROI

$$\boxed{94} \text{ (Spring Benchmark)} - \boxed{49} \text{ (Fall Benchmark)} \div \boxed{36} \text{ (\# of Weeks)} = \boxed{1.25} \text{ (Typical ROI (slope))}$$

### Step 2: Determine Student ROI

$$\boxed{67} \text{ (Score on Last Probe)} - \boxed{18} \text{ (Score on First Probe)} \div \boxed{24} \text{ (\# of Weeks in School)} = \boxed{2.04} \text{ (Student ROI (slope))}$$

### Step 3: Compare Student ROI to Typical ROI → Is the Student's ROI < Ambitious or Reasonable ROI?

$$\boxed{1.25} \text{ (Typical ROI)} \times \boxed{2} = \boxed{2.50} \text{ (Ambitious ROI)}$$

$$\boxed{1.35} \text{ (Typical ROI)} \times \boxed{1.5} = \boxed{1.88} \text{ (Reasonable ROI)}$$

### Step 4: Determine Gap

$$\boxed{78} \text{ (Current Assessment Expectation)} \div \boxed{67} \text{ (Score on Last Probe)} = \boxed{1.16} \text{ (Current Gap (\ge 2 is significant))}$$

### Step 5: Gap Analysis

$$\boxed{94} \text{ (End of Year Expectation)} - \boxed{67} \text{ (Score on Last Probe)} = \boxed{27} \text{ (Difference)}$$

### Step 6: Is this Reasonable? (Y/N)

**Option A**  $\boxed{27} \text{ (Difference)} \div \boxed{12} \text{ (\# of Weeks Remaining in School)} = \boxed{2.25} \text{ (Needed ROI)} \text{ vs } \boxed{2.04} \text{ (Student ROI)}$

**Option B**  $\boxed{27} \text{ (Difference)} \div \boxed{2.04} \text{ (Student ROI)} = \boxed{13.2} \text{ (\# of Weeks Needed)}$

**Recommendations:** The student's current ROI is greater than the Reasonable ROI calculated. If we move this student to intensive intervention in a smaller group and provide additional time, feedback, and practice, the student may reach the Spring benchmark within the next 12 weeks of school.

## EXAMPLE #2

<b>WVTSS Tier:</b> (Universal/Targeted/Intensive)	Intensive	<b>Current Assessment Expectation:</b> (Nearest benchmark)	525 (Winter)
<b>Assessment/Probe Used:</b>	STAR Math	<b>End of Year Expectation:</b> (Benchmark or Student Goal)	571 (Spring BM)
<b>Score on First Probe:</b>	211	<b>Number of Weeks in School:</b>	14
<b>Score on Last Probe:</b>	255	<b>Weeks of School Remaining:</b>	22
<b>Fall Benchmark Expectation:</b>	479	<b>Two-Point or Modified:</b>	Mod. Two-point
<b>Spring Benchmark Expectation:</b>	571		

### Step 1: Determine Typical ROI

$$\begin{array}{ccccccc}
 \boxed{571} & - & \boxed{479} & \div & \boxed{36} & = & \boxed{2.56} \\
 \text{Spring} & & \text{Fall} & & \text{\# of Weeks} & & \text{Typical ROI} \\
 \text{Benchmark} & & \text{Benchmark} & & & & \text{(slope)}
 \end{array}$$

### Step 2: Determine Student ROI

$$\begin{array}{ccccccc}
 \boxed{255} & - & \boxed{211} & \div & \boxed{14} & = & \boxed{3.14} \\
 \text{Score on} & & \text{Score on} & & \text{\# of Weeks} & & \text{Student ROI} \\
 \text{Last Probe} & & \text{First Probe} & & \text{in School} & & \text{(slope)}
 \end{array}$$

### Step 3: Compare Student ROI to Typical ROI → Is the Student's ROI < Ambitious or Reasonable ROI?

$$\begin{array}{ccccccc}
 \boxed{2.56} & \times & \boxed{2} & = & \boxed{5.11} \\
 \text{Typical ROI} & & & & \text{Ambitious ROI}
 \end{array}$$

$$\begin{array}{ccccccc}
 \boxed{2.56} & \times & \boxed{1.5} & = & \boxed{3.83} \\
 \text{Typical ROI} & & & & \text{Reasonable ROI}
 \end{array}$$

### Step 4: Determine Gap

$$\begin{array}{ccccccc}
 \boxed{525} & \div & \boxed{255} & = & \boxed{2.06} \\
 \text{Current Assessment} & & \text{Score on} & & \text{Current Gap} \\
 \text{Expectation} & & \text{Last Probe} & & \text{(\ge 2 is significant)}
 \end{array}$$

### Step 5: Gap Analysis

$$\begin{array}{ccccccc}
 \boxed{571} & - & \boxed{255} & = & \boxed{316} \\
 \text{End of Year} & & \text{Score on} & & \text{Difference} \\
 \text{Expectation} & & \text{Last Probe} & & 
 \end{array}$$

### Step 6: Is this Reasonable? (Y/N)

**Option A**

$$\begin{array}{ccccccc}
 \boxed{316} & \div & \boxed{22} & = & \boxed{14.36} & \text{vs} & \boxed{3.14} \\
 \text{Difference} & & \text{\# of Weeks} & & \text{Needed} & & \text{Student} \\
 & & \text{Remaining in School} & & \text{ROI} & & \text{ROI}
 \end{array}$$

**Option B**

$$\begin{array}{ccccccc}
 \boxed{316} & \div & \boxed{3.14} & = & \boxed{100.5} \\
 \text{Difference} & & \text{Student ROI} & & \text{\# of Weeks} \\
 & & & & \text{Needed}
 \end{array}$$

**Recommendations:** Continue universal support, small group targeted instruction with the classroom teacher, and intensive intervention with the math interventionist. Because the student will likely not reach the goal by Spring even with all available general education supports, a referral for evaluation is warranted.

## Appendix C – Oral Reading Fluency Norms Chart (2017)

Grade	Percentile	Fall WCPM	Winter WCPM	Spring WCPM
1	90 <sup>th</sup>		97	116
	75 <sup>th</sup>		59	91
	<b>50<sup>th</sup></b>		<b>29</b>	<b>60</b>
	25 <sup>th</sup>		16	34
	10 <sup>th</sup>		9	18
2	90 <sup>th</sup>	111	131	148
	75 <sup>th</sup>	84	109	124
	<b>50<sup>th</sup></b>	<b>50</b>	<b>84</b>	<b>100</b>
	25 <sup>th</sup>	36	59	72
	10 <sup>th</sup>	23	35	43
3	90 <sup>th</sup>	134	161	166
	75 <sup>th</sup>	104	137	139
	<b>50<sup>th</sup></b>	<b>83</b>	<b>97</b>	<b>112</b>
	25 <sup>th</sup>	59	79	91
	10 <sup>th</sup>	40	62	63
4	90 <sup>th</sup>	153	168	184
	75 <sup>th</sup>	125	143	160
	<b>50<sup>th</sup></b>	<b>94</b>	<b>120</b>	<b>133</b>
	25 <sup>th</sup>	75	95	105
	10 <sup>th</sup>	60	71	83
5	90 <sup>th</sup>	179	183	195
	75 <sup>th</sup>	153	160	169
	<b>50<sup>th</sup></b>	<b>121</b>	<b>133</b>	<b>146</b>
	25 <sup>th</sup>	87	109	119
	10 <sup>th</sup>	64	84	102
6	90 <sup>th</sup>	185	195	204
	75 <sup>th</sup>	159	166	173
	<b>50<sup>th</sup></b>	<b>132</b>	<b>145</b>	<b>146</b>
	25 <sup>th</sup>	112	116	122
	10 <sup>th</sup>	89	91	91

From Hasbrouck, J. & Tindal, G. (2017). An update to compiled ORF norms (Technical Report No. 1702). Eugene, OR. Behavioral Research and Teaching, University of Oregon.

## Appendix D — Goal Setting in Oral Reading Fluency Worksheet

### Weekly Improvement Rates for Oral Reading Fluency

Grade	Modest Growth	Reasonable Growth	Ambitious Growth
1 <sup>st</sup> – 2 <sup>nd</sup>	1.0	1.5	2.0
3 <sup>rd</sup> – 6 <sup>th</sup>	0.5	1.0	1.5

#### Calculating Goals Steps:

1. **Multiply** the number of weeks available for instruction by the improvement rate chosen (modest, reasonable, or ambitious number of words correct/week).
2. **Add** the total number of words to be gained for the year and the current baseline number of words correct per minute.

#### Example:

- › Mary is a 2nd grader who read 18 words correct/minute on November 1.
- › There are 26 weeks left in the school year.

26 weeks x 2 words/week gain = 52 total words gained by end of year

52 words gained + 18 words correct now = 70 words read correct/minute goal

#### Practice:

- › Joel is a 1st grader who read 22 words per minute on January 10.
- › There are 19 weeks left in the school year.
- › Use the formula to calculate modest, reasonable, and ambitious goals for Joel.

#### Joel's Goals

Modest	Reasonable	Ambitious

## Appendix E — Process for Substantiating an SLD using WWTSS & PSW

To identify a student as exhibiting a pattern of strengths and weaknesses relevant to the identification of a specific learning disability, the team must answer yes to each of the following questions:

<p>Does the student demonstrate significant and persistent low academic achievement and a substantially below grade-level rate of improvement?</p> <p>Data Sources: _____ _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No															
<p>Does the student have a weakness in one or more cognitive processes (verified by more than one data source)?</p> <p>Cognitive Weakness(es): _____ _____</p> <p>Data Sources: _____ _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No															
<p>Is the identified cognitive weakness empirically and/or theoretically related to the area of academic weakness?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Cognitive Weakness(es):</td> <td style="width: 10%; border: none; text-align: center;">→</td> <td style="width: 40%; border: none;">Academic Weakness(es):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: center;">→</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: center;">→</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: center;">→</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: center;">→</td> <td style="border: none;">_____</td> </tr> </table>	Cognitive Weakness(es):	→	Academic Weakness(es):	_____	→	_____	_____	→	_____	_____	→	_____	_____	→	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cognitive Weakness(es):	→	Academic Weakness(es):														
_____	→	_____														
_____	→	_____														
_____	→	_____														
_____	→	_____														
<p>Does the student also demonstrate strengths in some areas of cognitive processing and/or achievement?</p> <p>Cognitive Strength(s): _____ _____</p> <p>Achievement Strength(s): _____ _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No															
<p>The student likely demonstrates a pattern of strengths and weaknesses relevant to the identification of a specific learning disability.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No															

**PSW Model Used:**

- |  |   |
|--|---|
| <input type="checkbox"/> Dual Discrepancy/Consistency Model (DD/C) | <input type="checkbox"/> Dehn's Processing Str And Wkns Model (DPSWM) |
| <input type="checkbox"/> Discrepancy/Consistency Method (DCM)      | <input type="checkbox"/> Core-Selective Evaluation Process (C-SEP)    |
| <input type="checkbox"/> Concordance/Discordance Model (C-DM)      | <input type="checkbox"/> Other: _____                                 |

# Appendix F — Dyslexia/SLD-Reading: Possible Components of Comprehensive Evaluation

## **Background Information**

- › Birth history, family history, developmental history including speech and language, early educational history, risk factors associated with dyslexia, early screening and benchmark assessments of literacy, hearing/vision screenings

## **Documentation and Analysis of Response to Intervention Data (Rate of Learning)**

- › Instructional response data using reliable and valid progress monitoring measures demonstrating response to increasingly intense interventions and supports provided with fidelity
- › Student work samples

## **Phonological Processing (Precursor Skills)**

- › Phonological Awareness (e.g., rhyming, segmenting, blending, manipulation)
- › Phonological Working Memory (e.g., nonword repetition, auditory working memory)
- › Phonological Retrieval (e.g., rapid automatic naming)

## **Oral Language**

- › Listening comprehension, oral expression, and vocabulary

## **Word Reading**

- › Decoding (nonsense words)
- › Word Recognition (reading both phonetically regular and irregular words, usually in list form)

## **Oral Reading Fluency**

- › Accurate and fluent oral reading at the single word, sentence, and paragraph level

## **Spelling / Encoding**

- › Mentally segmenting a word and using phoneme-grapheme knowledge to reproduce the word in writing; can include spelling both real (phonetically regular and irregular) and nonsense words

## **Reading Comprehension\***

- › Ability to derive meaning from text; can include accurate recall of text, answering literal/inferential questions about passages read, and single-word reading vocabulary

## **Written Expression\***

- › Can include writing at the sentence and paragraph levels, as well as writing fluency

## **Speech-Language Evaluation\*\***

- › An evaluation relevant to the assessment of dyslexia conducted by a speech-language pathologist

## **Mathematics\*\***

- › Math calculation, math problem solving, and math fluency
- › Examine strengths and weaknesses to determine any language- or reading-related supports needed

## **Other Areas as Appropriate**

- › Each student referred is entitled to a full and individual evaluation that is sufficiently comprehensive to identify all the student's special education and related service needs. If other disabilities are suspected or already confirmed, additional evaluation tools may be necessary (e.g., cognitive assessment, other academic areas, behavior rating scales, occupational or physical therapy evaluation).

\* Denotes a secondary academic area often negatively affected by dyslexia

\*\*Denotes a supplemental evaluation area to aid in developing a comprehensive treatment plan for a student with dyslexia

## Appendix G — Dyscalculia/SLD-Math: Possible Components of Comprehensive Evaluation

### **Background Information**

- › Birth history, family history, developmental history including speech and language, early educational history, risk factors associated with dyscalculia, early screening and benchmark assessments of numeracy

### **Documentation of Response to Intervention (Rate of Learning)**

- › Instructional response data using reliable and valid progress monitoring measures demonstrating response to increasingly intense interventions and supports provided with fidelity

### **Number Skills (Precursor Skills)**

- › Nonsymbolic magnitude judgment
- › Symbolic magnitude judgment
- › Subitizing
- › Counting (forward, backward, skip counting)
- › Rapid digit naming

### **Math Calculation**

- › Untimed calculation of math problems that gradually increase in difficulty

### **Math Fact Fluency**

- › Accuracy and speed with grade-appropriate math facts (i.e., addition, subtraction, multiplication, division)

### **Math Problem Solving / Quantitative Reasoning**

- › Using reading or listening comprehension and reasoning to set up computations to solve applied problems

### **Mental Computation**

- › The use of working memory and math skill to mentally solve orally presented math problems

### **Math Motivation / Math Anxiety\***

- › Student interview including questions about attitude toward and perceived competency in mathematics
- › Student interview including questions about feelings of anxiety when thinking about having to do math, when studying math, when working calculation or word problems, when taking a math test, when doing math homework, when waiting to receive a math grade, etc.
- › Self-report rating scale that includes attitudes toward school and/or test anxiety (e.g., BASC)

### **Other Areas as Appropriate**

- › Each student referred is entitled to a full and individual evaluation that is sufficiently comprehensive to identify all the student's special education and related service needs. If other disabilities are suspected or already confirmed, additional evaluation tools may be necessary (e.g., cognitive assessment, other academic areas, behavior rating scales, occupational or physical therapy evaluation).



# Appendix H — Dysgraphia/SLD-Writing: Possible Components of Comprehensive Evaluation

## **Background Information**

- › Birth history, family history, developmental history including speech and language, early educational history, risk factors associated with dysgraphia, early screening and benchmark assessments of handwriting

## **Documentation of Response to Intervention (Rate of Learning)**

- › Instructional response data using reliable and valid progress monitoring measures demonstrating response to increasingly intense interventions and supports provided with fidelity
- › Student work samples

## **Oral Language**

- › Listening comprehension, oral expression, and vocabulary

## **Visual-Motor Integration / Graphomotor Skill / Occupational Therapy Evaluation**

- › Assessment of visual and motor skills necessary for handwriting

## **Basic Writing Skills**

- › Spelling real (phonetically regular and irregular) and nonsense words
- › Phonology, orthography, morphology
- › Grammar, punctuation, capitalization, copy editing

## **Writing Fluency**

- › Accurate and fluent production of letters, words, or sentences
- › Accurate and fluent copying of letters, words, or sentences

## **Written Expression**

- › Can include writing at the sentence and paragraph levels

## **Executive Functioning**

- › Attention, initiation, shifting, organization, planning, self-monitoring, working memory

## **Mathematics (Legibility, Spacing, Alignment)\***

- › Math calculation, math problem solving, and math fluency
- › Examine strengths and weaknesses to determine any language- or written language-related supports needed

## **Speech-Language Evaluation\*\***

- › An evaluation relevant to the assessment of dysgraphia/SLD-Writing conducted by a speech-language pathologist

## **Assistive Technology\*\***

- › An evaluation to determine whether devices or services are required to increase, maintain, or improve functional writing capabilities

## **Other Areas as Appropriate**

- › Each student referred is entitled to a full and individual evaluation that is sufficiently comprehensive to identify all the student's special education and related service needs. If other disabilities are suspected or already confirmed, additional evaluation tools may be necessary (e.g., cognitive assessment, other academic areas, behavior rating scales, occupational or physical therapy evaluation).

*\* Denotes a secondary academic area potentially affected by dysgraphia*

*\*\*Denotes a supplemental evaluation area to aid in developing a comprehensive treatment plan for a student with dysgraphia*

## Appendix I – SLD Exclusion Factors Guidance

Many students with and without disabilities can be affected by one or more of these factors to different degrees. The role of the evaluation team, however, is to determine whether any of these factors is most likely to be the *primary* cause of the student’s underachievement.

The purpose of this worksheet is to guide school-based teams in discussing these potential barriers to learning.

### Vision problems

Records should be reviewed to determine the presence of a possible visual problem. If screening results indicate a possible problem, a referral to an optometrist or ophthalmologist may be appropriate.

**Does the student wear glasses or other corrective lenses?** Y / N

**If yes, does the student regularly wear them during instruction?** Y / N

**Vision difficulties suspected or observed:** \_\_\_\_\_

(e.g., difficulties with copying, squinting/rubbing eyes during visual tasks)

**Vision screening within past 12 months** Y / N **Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Vision evaluation by optometrist/ophthalmologist** Y / N **Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Student complaints of difficulty with vision:** \_\_\_\_\_

**Documented history of vision difficulties (Describe):** \_\_\_\_\_

**Other:** \_\_\_\_\_

Is a **vision problem** likely the **primary** cause of the student’s academic deficits? **Yes / No**

### Hearing problems

Records should be reviewed to determine the presence of a possible hearing problem. If screening results indicate a possible problem, a referral to an audiologist may be appropriate.

**Does the student wear hearing aids?** Y / N

**If yes, does the student regularly wear them during instruction?** Y / N

**Hearing difficulties suspected or observed:** \_\_\_\_\_

(e.g., frequent requests for repetition, moves closer to sound sources, obvious speech reading)

**Hearing screening within past 12 months** **Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Formal hearing evaluation by audiologist** **Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Student complaints of difficulty with hearing:** \_\_\_\_\_

**Documented history of hearing difficulties (including chronic ear infections)**

**(Describe):** \_\_\_\_\_

**Other:** \_\_\_\_\_

Is **reduced hearing/hearing loss** likely the **primary** cause of the student’s academic deficits? **Yes / No**

## Motor problems

Records should be reviewed to determine the presence of possible motor or orthopedic problems. If records or observations indicate a possible problem, a referral to a physical or occupational therapist, or other medical professional may be appropriate.

**Does the student use assistive devices (e.g., weighted pens, pencil grips, slant board)?** Y / N

**If yes, does the student regularly use them during instruction?**

Y / N

**Motor difficulties suspected or observed:** \_\_\_\_\_

(e.g., graphomotor problems; difficulty with fine-motor tasks such as using scissors, folding paper)

**History of significant fine-motor delays / problems:** \_\_\_\_\_

**History of significant gross-motor delays / problems:** \_\_\_\_\_

**Documented history of motor difficulties impacting general education access (e.g., medical Dx)**

**(Describe):** \_\_\_\_\_

**Other (e.g., developmental/medical history, parent report, observations):** \_\_\_\_\_

Is a **motor problem** likely the **primary** cause of the student's academic deficits? **Yes / No**

## Intellectual disability

Records should be reviewed to determine the presence of possible intellectual disability. For example, if deficits in reading are present, but math performance is grade-appropriate, or if general academic skills are below average, but communication, social skills, and other adaptive behaviors are at least average, the evaluation team may choose to rule out intellectual disability without administering intelligence tests or adaptive behavior measures. However, if there are concerns about significant cognitive and adaptive behavior difficulties, it is recommended the student's cognitive functioning and/or adaptive functioning be evaluated, or screened at minimum.

**Is there reason to suspect that the student's intellectual ability is significantly below average?** Y / N

**If yes, describe:** \_\_\_\_\_

**Is there reason to suspect that the student's adaptive skills are significantly below average?** Y / N

**If yes, describe:** \_\_\_\_\_

**Previous psychological or psychoeducational evaluation(s)** **Date(s):** \_\_\_\_\_

**Results: Intellectual Functioning:** \_\_\_\_\_

**Adaptive Functioning:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Is an **intellectual disability** likely the **primary** cause of the student's academic deficits? **Yes / No**

## Emotional disturbance

Students with academic problems sometimes display inappropriate and disruptive classroom behavior, while other students may have emotional problems that manifest as internalizing behaviors. School-based teams should determine if a student's academic difficulties are *primarily* caused by an emotional disturbance. Emotional or behavioral performance can be screened using checklists, teacher reports, or norm-referenced behavior rating scales. For students who display emotional or behavior problems, the team must determine whether the student's learning problems give rise to the behavior problems, or if underlying emotional problems are affecting the student's ability to learn.

**Does the student have a documented history of emotional or behavioral difficulties?** Y / N

If yes, describe: \_\_\_\_\_

**Are the student's learning problems significantly impacted by the student's behavior?** Y / N

If yes, has a functional behavior assessment (FBA) been completed to determine probable factors

maintaining the challenging behavior? Y / N

Results: \_\_\_\_\_

**Has a Behavior Intervention Plan(s) been implemented, monitored, and adjusted as needed?** Y / N

Outcome(s): \_\_\_\_\_

**Relevant psychological / psychiatric diagnosis:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trauma concerns (if known):** \_\_\_\_\_

**Other** (behavior rating scales, discipline history, emotional/behavioral screenings): \_\_\_\_\_

Is an **emotional disturbance** likely the *primary* cause of the student's academic deficits? **Yes / No**

## Cultural factors

Academic delays due to cultural differences does not indicate a learning disability. Students may also display academic delays related to the level of acculturation in the United States. School-based teams need to assess the relative impact of these issues while they consider possible special education eligibility. Teams will also need to consider individual student factors.

**Is the student's cultural background different from the culture of the school, community, or society?** Y / N

If yes, describe: \_\_\_\_\_

**Is the student new to the United States?** Y / N **If yes, number of years in the U.S.?** \_\_\_\_\_

**Are there conflicting educational/behavioral expectations for the student between school & family?** Y / N

If yes, describe: \_\_\_\_\_

**Has there been miscommunication between parents and school due to cultural and/or ethnic differences?**

Y / N **If yes, describe:** \_\_\_\_\_

**Has the student had limited involvement in organizations and activities of any culture?** Y / N

If yes, describe: \_\_\_\_\_

**Other** (e.g., student performance compared to others in respective cultural group): \_\_\_\_\_

Are **cultural factors** likely the *primary* cause of the student's academic deficits? **Yes / No**

## Environmental or economic disadvantage

Environmental disadvantage impacting school performance may include poverty, abuse, and neglect, homelessness, home responsibilities affecting school performance, family disruptions, bereavement, lack of access to medical care, poor nutrition, trauma, crisis situations, medical conditions affecting sleep or school attendance, lack of instructional support at home, and frequent school changes. Although many students may be impacted by economic and environmental disadvantage, school-based teams must determine if it is the primary cause of academic difficulties.

Is there evidence of educational neglect (i.e., the failure of a parent/guardian to provide for their child's basic educational needs)? Y / N (If yes, describe): \_\_\_\_\_

Does available data indicate the student has changed schools so often, or has attended school so irregularly, that normal achievement gains were not possible? Y / N

(If yes, describe): \_\_\_\_\_

Is there a history of trauma? Y / N (If yes, describe): \_\_\_\_\_

Do economic considerations prevent addressing barriers to learning (e.g., filling a prescription, replacing broken glasses, tutoring)? Y / N (If yes, describe): \_\_\_\_\_

Are there environmental space issues (e.g., no space for studying, sleep disruptions due to shared sleeping space)? Y / N (If yes, describe): \_\_\_\_\_

Is there a temporary crisis situation? Y / N (If yes, describe): \_\_\_\_\_

Is environmental or economic disadvantage likely the **primary** cause of the student's academic deficits? Yes / No

## Limited English proficiency

Students should not be identified as eligible for special education when academic problems are caused by limited English proficiency. Federal and state policy indicate that all students must be screened to determine if their primary home language is one other than English. If so, the student's proficiency in English (listening, speaking, reading, and writing) must be assessed. Students who are English Learners (ELs) take approximately two years to acquire basic interpersonal communication skills (BICS) and between five and seven years to acquire cognitive academic language proficiency (CALP) required to function effectively in content subjects. (See WVBE Policy 2417 and Appendix K of this document for more information).

Primary language spoken in the home: \_\_\_\_\_

Has a language proficiency assessment been administered? Y / N If yes: Date: \_\_\_\_\_

Results: Listening: \_\_\_\_\_ Speaking: \_\_\_\_\_

Reading: \_\_\_\_\_ Writing: \_\_\_\_\_

Is the student being provided a Language Instruction Education Program (LIEP)? Y / N

If yes: Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Number of years exposed to English instruction: \_\_\_\_\_ years, \_\_\_\_\_ months

Current English Language Proficiency Levels: Listening: \_\_\_\_ Speaking: \_\_\_\_ Reading: \_\_\_\_ Writing: \_\_\_\_

Is limited English proficiency the **primary** cause of the student's academic deficits? Yes / No

## Lack of appropriate instruction in English language arts or mathematics

This exclusion factor may include the absence of adequate instruction, or instruction lacking in quality. Lack of adequate instruction may occur due to one or more of the following:

- › one or more medical conditions preventing sufficient exposure to instruction
- › one or more moves after which a student is not promptly re-enrolled in school
- › high mobility between schools, districts, or states
- › home schooling that does not provide sufficient learning opportunities
- › excessive tardiness preventing the student from receiving appropriate instruction and intervention in targeted areas
- › excessive absences preventing the student from receiving appropriate general instruction and intervention
- › lack of appropriate multi-tiered instruction targeting academic difficulties
- › any other barrier to learning preventing adequate educational access (See *Specific Learning Disabilities: Evaluation and Eligibility Guidance for West Virginia Schools* for more information)

Instruction lacking in quality may occur when essential concepts and skills are not adequately addressed in relation to a student's learning progress.

**Does data indicate that the student attended school regularly to receive instruction?** Y / N

Cumulative # of absences: \_\_\_\_\_ Current SY # of absences: \_\_\_\_\_  
Cumulative attendance rate: \_\_\_\_\_ % Current SY attendance rate: \_\_\_\_\_ %

**Do universal screening data suggest a class-, grade-, or schoolwide problem in universal instruction?**

Y / N **If yes, describe:** \_\_\_\_\_

**Have essential intervention components been delivered in a comprehensive and consistent manner by an interventionist trained to deliver the intervention?** Y / N

**Were interventions implemented with sufficient frequency and duration** (i.e., according to current WVTSS guidelines for academic support)? Y / N

**If applicable, was there a difference in progress monitoring data during a time with frequent absences compared to when the student attended regularly** (i.e., significant growth during regular attendance)?

Y / N / NA

**Other:** \_\_\_\_\_

Is **lack of appropriate instruction in English language arts or mathematics** likely the **primary** cause of the student's academic deficits? **Yes / No**

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## Conclusion

**Based on the available data, it is reasonable to conclude that one or more factors is likely the primary cause(s) of the student's observed learning difficulties.**

**Specify:** \_\_\_\_\_

**Based on the available data, it is reasonable to conclude that one or more factors contributes to the student's observed learning difficulties.**

**Specify:** \_\_\_\_\_

**None of the factors listed here is likely to be the primary cause of the student's academic deficits or learning difficulties.**

**Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Resources

### Exclusion Factors

- › RTI Network (Exclusion Factors)  
<http://www.rtinetwork.org/getstarted/sld-identification-toolkit/ld-identification-toolkit-criterion-3>
- › National Center for Learning Disabilities  
<https://www.nclد.org/wp-content/uploads/2019/11/What-a-Specific-Learning-Disability-Is-Not-Examining-Exclusionary-Factors.12192019.pdf>

### Vision, Hearing, Motor

- › American Academy of Ophthalmology  
<https://www.aao.org/>
- › American Optometric Association  
<https://www.aoa.org/?sso=y>
- › American Academy of Audiology  
<https://www.audiology.org/>
- › American Speech-Language-Hearing Association  
<https://www.asha.org/>
- › American Orthopaedic Association  
<https://www.aoassn.org/>
- › American Occupational Therapy Association  
<https://www.aota.org/>
- › American Physical Therapy Association  
<https://www.apta.org/>

### Intellectual Disabilities

- › American Association on Intellectual and Developmental Disabilities  
<https://www.aaidd.org/>

### Limited English Proficiency

- › RTI Network (ELL)  
<http://www.rtinetwork.org/getstarted/sld-identification-toolkit/ld-identification-toolkit-considerations-for-ell>

## Appendix J – SLD Eligibility Requirements Checklist

Criteria	Possible Sources of Documentation
<p><b>Level of Learning &amp; Validation of Underachievement</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Universal screenings/benchmark assessments</li> <li><input type="checkbox"/> WVGSA performance (if applicable)</li> <li><input type="checkbox"/> Norm-referenced measures of achievement</li> <li><input type="checkbox"/> Work samples</li> <li><input type="checkbox"/> Classroom performance/grades/transcripts</li> <li><input type="checkbox"/> Cumulative records</li> </ul>
<p><b>Rate of Learning</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Progress monitoring data collected before, during, and after the provision of at least nine weeks of targeted instruction, and nine weeks of intensive instruction</li> <li><input type="checkbox"/> Content, frequency, and duration of instruction for targeted and Intensive</li> <li><input type="checkbox"/> Rate of improvement (slope) calculation(s)</li> </ul>
<p><b>Pattern of Strengths and Weaknesses (PSW) (if applicable)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Norm-referenced measures of cognitive processes</li> <li><input type="checkbox"/> Norm-referenced measures of achievement</li> <li><input type="checkbox"/> Analysis of PSW data</li> </ul>
<p><b>Exclusion Factors</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Screenings (e.g., vision, hearing, motor, medical, behavior)</li> <li><input type="checkbox"/> Parent/teacher reports/interviews</li> <li><input type="checkbox"/> Developmental history</li> <li><input type="checkbox"/> Review of records (e.g., discipline, FBA(s)/BIP(s), EL status/English language proficiency, school/intervention attendance, school mobility)</li> <li><input type="checkbox"/> Completed “SLD Exclusion Factors Guidance” worksheet</li> </ul>



## Appendix K – SLD and English Learners (EL)

### Second Language Acquisition

It is known that learners progress through predictable stages of learning when acquiring a second language. The amount of time a learner spends in each stage depends on a variety of individual factors such as native language proficiency, previous exposure to content in the native language, quality of instruction, and motivation to learn a second language. Proficiency levels and progress toward proficiency will likely vary across domains (listening, speaking, reading, writing). While the charts and information below are useful for to help individuals become more familiar with the stages of second language acquisition, **it is also necessary** to review the grade-based standards outlined in [WVBE Policy 2417: Regulations and English Language Proficiency Standards for English Learners](#).

<b>Stage I: Pre-Production</b>	<ul style="list-style-type: none"> <li>› May have up to 500 words in receptive vocabulary, but are not yet speaking</li> <li>› Can understand and duplicate gestures to show comprehension</li> <li>› The focus in teaching is on listening comprehension activities and building receptive vocabulary</li> </ul>
<b>Stage II: Early Production</b>	<ul style="list-style-type: none"> <li>› Receptive and expressive vocabulary of about 1000 words</li> <li>› Speak in one- to two-word phrases</li> <li>› Can use short language chunks that have been memorized, but may use incorrectly</li> </ul>
<b>Stage III: Speech Emergence</b>	<ul style="list-style-type: none"> <li>› Vocabulary of about 3,000 words</li> <li>› Communicates with simple phrases and sentences that may not be grammatically correct</li> <li>› Will initiate short conversations with others</li> <li>› Understands stories with the support of visuals and pictures</li> <li>› Relies heavily on context clues and familiar topics</li> </ul>
<b>Stage IV: Intermediate Fluency</b>	<ul style="list-style-type: none"> <li>› Active vocabulary of about 6,000 words</li> <li>› Beginning to use more complex sentences when speaking and writing</li> <li>› Willing to express opinions and share thoughts</li> <li>› Asks questions to seek clarification during learning</li> <li>› Works on grade level math and science with teacher support</li> <li>› Will use strategies from native language to learn content in English</li> <li>› Writing may have many errors as ELs master the English grammar and sentence structure</li> <li>› Errors in writing may also occur because assignments are being translated from their native language to English.</li> </ul>
<b>Stage V: Advanced Fluency</b>	<ul style="list-style-type: none"> <li>› Takes 4-10 years to achieve this stage of fluency</li> <li>› Students will be near-native in their ability to learn in content areas.</li> <li>› At the beginning of this stage, ELs still need continued support from teachers especially in history/social studies and writing.</li> </ul>

## SLD and English Learners

Determining if a student qualifies as a student with an SLD is complex when the student is a native English speaker. It becomes even more complex when that student is also an EL. Students who are EL may display characteristics similar to an SLD (Collier, 2011). This is particularly true with reading as young EL students will show difficulties with phonemic awareness and vocabulary. Due to this, ELs have been historically over-represented in special education (Farnsworth, 2018). IDEA and WVBE 2419 have an exclusionary factor for SLD stating that underachievement must not *primarily* be the result of limited English proficiency in order to prevent the overidentification of ELs in special education. Research has found four potential factors that could contribute to the misidentification of a EL as a student with a disability eligible for special services:

1. the evaluating professional's lack of knowledge of second language development and disabilities
2. poor instructional practices
3. weak intervention strategies
4. inappropriate assessment practices (Sánchez, Parker, Akbayin, & McTigue, 2010)

Eligibility committees must not automatically deny a student special education services due to this exclusionary factor without data that examines proficiency. Similarly, they should avoid assuming that a struggling student who has exited ESL services must have an SLD without appropriate proficiency data. Additionally, teams must not wait to evaluate until a student reaches Stage V: Advanced Fluency in a second language if a disability is suspected (Hamayan et al., 2007). EL students who have a learning disability typically show similar issues in both their native and second language (Hamayan et al., 2007).

## WVTSS and ELs

WVTSS emphasizes a whole child model for all children and, as with all children, the benefits of WVTSS for ELs are two-fold. First, universal screening practices allow children to receive intervention earlier. Second, the data obtained from progress monitoring is incredibly useful in determining their academic growth relative to their peers (both age/grade level peers and EL/"true" peers) (Rinaldi et al., n.d.).

ELs are not excluded from any of the services under the WVTSS. An EL student should be receiving high-quality core instruction, evidence-based intervention at the targeted and/or intensive tier, and frequent progress monitoring as well as their ESL services (Rinaldi et al., n.d.). Data obtained from progress monitoring tools can be helpful not just in determining benchmark scores but also showing the rate of improvement of a student. This is especially helpful if the rate of improvement can be compared to other ELs with similar English proficiency and cultural backgrounds. Being able to determine if a student's growth and rate of improvement is similar to their peers can be helpful in determining whether a student's academic struggles are due to limited English proficiency or an SLD.

## Questions to Ask When Analyzing WVTSS Data

- › Was the instruction/intervention implemented in a culturally, linguistically, and developmentally appropriate manner?
- › Does the intervention include explicit academic intervention in the area(s) of learning difficulty?
- › Is there evidence that interventions were implemented with high fidelity as intended (i.e., by a qualified educator the specified number of times, for the time allotted, the number of weeks, and with regular progress monitoring)?
- › Do student progress-monitoring data reflect a comparison to age- and grade-level state norms that represent the school population and comparison to a "true peer5"?
- › Is there evidence that a student's achievement (e.g., basic skills in reading, writing, listening, and speaking) differs significantly on grade-level standards from that of a true peer?
- › Is there evidence that the rate of progress differs significantly from that of a true peer?
- › Has the student failed to develop expected native language and English skills reasonable for developmental experiences and background despite appropriate instruction for the numbers of years the target student has received ESL supports as part of the general education? (Ibreiseth, 2018)

## Language Assessment

Language assessment serves a dual purpose in the WVTSS framework. Firstly, it helps determine appropriate instructional strategies and interventions for students. Secondly, it plays a crucial role in the comprehensive evaluation process to determine eligibility for services as a student with an SLD. Various methods of language assessment, such as formal evaluations and informal interviews with the student's family, reviewing English language proficiency standards outlined in WVBE Policy 2417, and consulting with the ESL teacher (even if the student has been exited from services), all provide valuable information to accurately identify a student's need for special education services.

## Cognitive and Achievement Assessment

When evaluating a student for special education services, the evaluation must be provided in the student's native language or other mode of communication and in the form most likely to yield accurate information about what the student knows and can do, unless it is clearly not feasible to do so (United States Department of Education, 2016). For students who may not have fully developed language skills in their native language or when the LEA has not been able to attain an evaluator who can conduct the assessments in a student's native language, it may be appropriate to use a culturally appropriate, nonverbal assessment. Such assessments utilize pantomime for both directions and task completion and do not rely on background knowledge of United States culture. For students who may have immigrated from another country, it is important to note that most cognitive assessments, whether verbal, nonverbal, or adjusted to eliminate United States cultural bias, are still often normed on United States populations. The same is also typically true for standardized achievement tests even if they are in the student's native language. While this does not automatically invalidate assessment results, it is information that should be considered to determine if it may have caused discrepancies. It is further recommended that evaluators (school psychologists, diagnosticians, specialists, SLPs, etc.) ensure they have obtained professional development in assessing English learners/culturally and linguistically diverse students prior to conducting such a complex evaluation.

## Questions to Ask When Analyzing and Utilizing the Results of the Evaluation

- › Are evaluators trained to conduct the evaluation and interpret the results, including knowing how to differentiate between language needs and a disability?
- › Does the IEP team include participants who have knowledge of the student's language needs and training in special education and related services, and professionals with training in second language acquisition and EL services?
- › Do these participants have the knowledge to recommend an educational program or plan that provides the student with appropriate services and/or supports based on the student's disability and English language acquisition needs?
- › Do these participants also understand cultural differences that may exist?
- › Have the parents been invited to participate in the planning process and informed of their rights, in a language they understand?
- › Have a trained interpreter and translated documents been made available for parents with limited English proficiency when required (e.g., parent notices under IDEA), or when determined necessary to ensure effective communication?  
(United States Department of Education, 2016)

## Comparison of Language Differences and Disabilities

The United States Department of Education has created a comprehensive English Learner Toolkit. In Chapter Six of this toolkit, titled Tools and Resources for Addressing English Learners with Disabilities, there is a chart that compares indicators of language differences to indicators of a possible learning disability. This resource provides indicators in the areas of Oral Comprehension/Listening, Speaking/Oral Fluency, Phonemic Awareness/Reading, Reading Comprehension and Vocabulary, Writing, Spelling, Mathematics, Handwriting, and Behavior. This resource provides a plethora of information that could be helpful in determining if a student has an SLD.

This resource can be found at: <https://www2.ed.gov/about/offices/list/oela/english-learner-toolkit/index.html>

## Resources

- › English Learner Tool Kit  
<https://www2.ed.gov/about/offices/list/oela/english-learner-toolkit/index.html>
- › National Center for Learning Disabilities  
<https://www.nclld.org/wp-content/uploads/2019/11/What-a-Specific-Learning-Disability-Is-Not-Examining-Exclusionary-Factors.12192019.pdf>
- › WIDA  
<https://wida.wisc.edu/>
- › RTI Network (ELL)  
<http://www.rtinetwork.org/getstarted/sld-identification-toolkit/ld-identification-toolkit-considerations-for-ell>
- › Colorín Colorado  
<https://www.colorincolorado.org/about>
- › WVBE Policy 2417: Regulations and English Language Proficiency Standards for English Learners and Alternate English Language Proficiency Standards for English Learners with Significant cognitive Disabilities  
<https://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=55201&Format=PDF>

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## Appendix L — IDEA 2004 Regulations: Specific Learning Disabilities

### 34 CFR §300.307 Specific learning disabilities

(a) General. A State must adopt, consistent with §300.309, criteria for determining whether a child has a specific learning disability as defined in §300.8(c)(10). In addition, the criteria adopted by the State—

1. Must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability, as defined in §300.8(c)(10);
2. Must permit the use of a process based on the child's response to scientific, research-based intervention; and
3. May permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability, as defined in §300.8(c)(10).

(b) Consistency with State criteria A public agency must use the State criteria adopted pursuant to paragraph (a) of this section in determining whether a child has a specific learning disability.

### 34 CFR §300.308 Additional group members

The determination of whether a child suspected of having a specific learning disability is a child with a disability as defined in §300.8, must be made by the child's parents and a team of qualified professionals, which must include—

- (a)
1. The child's regular teacher; or
  2. If the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age; or
  3. For a child of less than school age, an individual qualified by the SEA to teach a child of his or her age; and

(b) At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher.

### 34 CFR §300.309 Determining the existence of a specific learning disability

(a) The group described in §300.306 may determine that a child has a specific learning disability, as defined in §300.8(c)(10), if—

1. The child does not achieve adequately for the child's age or to 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:

- i. Oral expression
- ii. Listening comprehension
- iii. Written expression
- iv. Basic reading skill
- v. Reading fluency skills
- vi. Reading comprehension
- vii. Mathematics calculation
- viii. Mathematics problem solving

2.

- i. The child does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in paragraph (a)(1) of this section when using a process based on the child's response to scientific, research-based intervention; or
- ii. The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with §§300.304 and 300.305; and

3. The group determines that its findings under paragraphs (a)(1) and (2) of this section are not primarily the result of—

- i. A visual, hearing, or motor disability;
- ii. An intellectual disability;
- iii. Emotional disturbance;
- iv. Cultural factors;
- v. Environmental or economic disadvantage; or
- vi. Limited English proficiency.

(b) To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in §§300.304 through 300.306—

1. Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
2. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

(c) The public agency must promptly request parental consent to evaluate the child to determine if the child needs special education and related services, and must adhere to the timeframes described in §§300.301 and 300.303, unless extended by mutual written agreement of the child's parents and a group of qualified professionals, as described in §300.306(a)(1)—

1. If, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in paragraphs (b)(1) and (b)(2) of this section; and
2. Whenever a child is referred for an evaluation.

### **34 CFR §300.310 Observation**

(a) The public agency must ensure that the child is observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.

(b) The group described in §300.306(a)(1), in determining whether a child has a specific learning disability, must decide to—

1. 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
2. Have at least one member of the group described in §300.306(a)(1) conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with §300.300(a), is obtained.

(c) In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

### 34 CFR §300.311 Specific documentation for the eligibility determination

(a) For a child suspected of having a specific learning disability, the documentation of the determination of eligibility, as required in §300.306(a)(2), must contain a statement of—

1. Whether the child has a specific learning disability;
2. The basis for making the determination, including an assurance that the determination has been made in accordance with §300.306(c)(1);
3. The relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning;
4. The educationally relevant medical findings, if any;
5. Whether—
  - i. The child does not achieve adequately for the child's age or to meet State-approved grade-level standards consistent with §300.309(a)(1); and
  - ii.
    - A. The child does not make sufficient progress to meet age or State-approved grade-level standards consistent with §300.309(a)(2)(i); or
    - B. The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards or intellectual development consistent with §300.309(a)(2)(ii);
6. The determination of the group concerning the effects of a visual, hearing, motor disability, or an intellectual disability; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level; and
7. If the child has participated in a process that assesses the child's response to scientific, research-based intervention—
  - i. The instructional strategies used and the student-centered data collected; and
  - ii. The documentation that the child's parents were notified about—
    - A. The State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;
    - B. Strategies for increasing the child's rate of learning; and
    - C. The parents' right to request an evaluation.

(b) Each group member must certify in writing whether the report reflects the member's conclusion. If it does not reflect the member's conclusion, the group member must submit a separate statement presenting the member's conclusions.



## Appendix M — U.S. Dept. of Education Documents Related to SLD

Listed below are several policy documents published since 2003 by the Office of Special Education and Rehabilitation Services (OSERS) that may be related to Specific Learning Disability.

Additional policy letters and policy support documents may be found by accessing the following website:

<https://sites.ed.gov/idea/policy-letters-policy-support-documents/>

**OSEP LETTER: May 10, 2018, to Perry A. Zirkel**

**Topic(s):** Eligibility; Learning Disabilities

<https://sites.ed.gov/idea/idea-files/osep-letter-may-10-2018-to-perry-a-zirkel/>

**POLICY LETTER: August 22, 2016, to Perry Zirkel**

**Topic(s):** Due Process; RTI; General Supervision

<https://sites.ed.gov/idea/idea-files/policy-letter-august-22-2016-to-perry-zirkel/>

**POLICY LETTER: April 25, 2016, to Kelli Unnerstall**

**Topic(s):** Evaluation, Specific Learning Disability

<https://sites.ed.gov/idea/idea-files/policy-letter-april-25-2016-to-kelli-unnerstall/>

**OSEP DEAR COLLEAGUE LETTER on IDEA/IEP Terms (October 23, 2015)**

**Topic(s):** IDEA, dyslexia, dyscalculia, dysgraphia, evaluation, eligibility determination, IEP

<https://sites.ed.gov/idea/idea-files/osep-dear-colleague-letter-on-ideaiep-terms/>

**POLICY LETTER: December 20, 2013, to Dr. Jim Delisle**

**Topic(s):** Twice Exceptional

<https://sites.ed.gov/idea/idea-files/policy-letter-december-20-2013-to-dr-jim-delisle/>

**POLICY LETTER: November 5, 2013, to Buckley Hugo**

**Topic(s):** LD Criteria

<https://sites.ed.gov/idea/idea-files/policy-letter-november-5-2013-to-buckley-hugo/>

**MEMO: OSEP Memo 11-07 Response to Intervention (RTI) (January 21, 2011)**

**Topic(s):** Evaluation/Reevaluation, Response to Intervention

<https://sites.ed.gov/idea/idea-files/osep-memo-11-07-response-to-intervention-rti-memo/>

**POLICY LETTER: January 6, 2011, to Lehigh University Professor of Education and Law Perry A. Zirkel**

**Topic(s):** Evaluations, Parental Consent and Reevaluations

<https://sites.ed.gov/idea/idea-files/policy-letter-january-6-2011-to-lehigh-university-professor-of-education-and-law-perry-a-zirkel/>

**POLICY LETTER: December 11, 2008, to Lehigh University Professor Perry A. Zirkel**

**Topic(s):** Independent Educational Evaluations

<https://sites.ed.gov/idea/idea-files/policy-letter-december-11-2008-to-lehigh-university-professor-perry-a-zirkel/>

**POLICY LETTER: May 28, 2008, to American Speech-Language-Hearing Association Director of Education and Regulatory Advocacy Catherine Clarke**

**Topic(s):** Personnel Qualifications

<https://sites.ed.gov/idea/idea-files/policy-letter-may-28-2008-to-american-speech-language-hearing-association-director-of-education-and-regulatory-advocacy-catherine-clarke/>

**POLICY LETTER: April 8, 2008, to Lehigh University Professor Perry A. Zirkel**

**Topic(s):** Evaluations, Parental Consent, and Reevaluations

<https://sites.ed.gov/idea/idea-files/policy-letter-april-8-2008-to-lehigh-university-professor-perry-a-zirkel/>

**POLICY LETTER: July 27, 2007, to individual (personally identifiable information redacted)**

**Topic(s):** Evaluations and Reevaluations

<https://sites.ed.gov/idea/idea-files/policy-letter-july-27-2007-to-individual-personally-identifiable-information-redacted/>

**POLICY LETTER: July 19, 2007, to individual (personally identifiable information redacted)**

**Topic(s):** IEPs

<https://sites.ed.gov/idea/idea-files/policy-letter-july-19-2007-to-individual-personally-identifiable-information-redacted/>

**POLICY LETTER: March 1, 2007, to Harcourt Assessment Inc. Publisher Aurelio Prifitera**

**Topic(s):** Evaluations and Reevaluations

<https://sites.ed.gov/idea/idea-files/policy-letter-march-1-2007-to-harcourt-assessment-inc-publisher-aurelio-prifitera/>

**Questions and Answers on Response to Intervention (RTI) and Early Intervening Services (EIS) – January 2007**

[https://sites.ed.gov/idea/files/07-0021.RTI\\_-1.pdf](https://sites.ed.gov/idea/files/07-0021.RTI_-1.pdf)

**Federal Register, Part II: Department of Education – Final Regulations (August 14, 2006)**

**Topic(s):** 34 CFR Parts 300 and 301 – Assistance to States for the Education of Children With Disabilities and Preschool Grants for Children With Disabilities

<https://sites.ed.gov/idea/idea-files/aug-14-2006-71-fr-46540/>

**POLICY LETTER: June 26, 2003, to Maryland Department of Education Assistant State Superintendent Carol Ann Baglin**

**Topic(s):** Evaluations and Reevaluations

<https://sites.ed.gov/idea/idea-files/policy-letter-june-26-2003-to-maryland-department-of-education-assistant-state-superintendent-carol-ann-baglin/>

## Appendix N – SLD Guidance Work Groups

### **Guidelines Work Group and Review Panel (2022-2023)**

Jonathan Shank, Ed.S., NCSP – Coordinator (IDEA Part B Data Management), Special Education, WVDE  
Lisha Tignor, Ed.S., NCSP – School Psychology Coordinator, Student Support & Well-Being, WVDE

D.J. Bernat, Ph.D. - Clinical Assistant Professor and Pediatric Neuropsychologist, WVU Rockefeller Neuroscience Institute  
Holly Yoke, Ed.S., NCSP - School Psychologist, Wood County Schools  
Lee Ann Brammer - Coordinator (SLP/Asst. Tech/OT/PT/AEM), Special Education, WVDE  
Nicole Hiles - Director of Special Education, Morgan County Schools  
Sandra Stroebel, Ph.D., NCSP - Associate Dean, Professor of School Psychology, Marshall University  
Neely Snead Harvey, Ed.S., NCSP - Lead School Psychologist, Raleigh County Schools  
Michael Currey, Ed.S., NCSP - School Psychologist, Marshall County Schools  
Susan Miller, Ed.S., NCSP - Supervisor of Pupil Services, Harrison County Schools  
Michele Tost - Special Education Director, Berkeley County Schools  
Preston Modlin, Ed.D. - School Psychologist, Greenbrier County Schools  
Aimee Morewood - Professor and Program Coordinator of Literacy Education, West Virginia University  
Beth Barr - Director of Student Support Services, Hardy County Schools  
Brenda Shumate - Administrator of Special Services and Special Education, Wyoming County Schools  
Jill M. Bachinski, M.S. - School Psychologist, Brooke County Schools  
Candice Moench - Coordinator and Professor for Reading Specialist Program, Fairmont State University  
Conrae Lucas-Adkins, Psy.D. - NASP State Delegate, Associate Professor of School Psychology, Marshall University  
Crystal Smithson, Ed.S., NCSP - Special Education/Pre-K Director, Lewis County Schools  
Karen Cummings, Ed.S., NCSP - School Psychologist, Putnam County Schools  
Kelly Thompson - Director of Special Education and Pre-K, Fayette County Schools  
Melissa Browning - Director of Special Education and Health Services, Jackson County Schools

### **Guidelines Work Group (2011-2012)**

Conrae Lucas-Adkins, Ed.S., Psy.D.- School Psychologist, Lincoln County Schools  
Lynn Allen - School Psychologist, Marshall County Schools  
Susan Beck - Coordinator, WVDE Office of Special Programs  
Sandra Boggs - Special Education Director, Kanawha County Schools  
Gia Deasy - Special Education Director, Marion County Schools  
Victor Fisher, Ed.D. - Special Education Director, Harrison County Schools  
Lisa Gainer - School Psychologist, Monongalia County Schools  
Cindy Corley-Hicks - Special Education Director, Raleigh County Schools  
Lesa Hines- Special Education Director, RESA 7  
Pat Homberg- Executive Director, WVDE Office of Special Programs  
Lois Ingles- Special Education Coordinator, Wood County Schools  
Rosemary Jenkins- AFT Representative  
Fred Krieg Ph.D.- Professor of School Psychology, Marshall University Graduate College  
Angela Madia- Special Education Coordinator, Harrison County Schools  
Anita Maxwell- WVEA Representative  
Jim Mullins Ed.D.- Lead School Psychologist, Kanawha County Schools  
Stephanie Oberly- School Psychologist, Monongalia County Schools  
Ellen Oderman - Coordinator, WVDE Office of Special Programs  
Allen Sexton - Coordinator, WVDE Office of Special Programs  
Crystal Smithson - School Psychologist, Upshur County Schools  
Sandra Stroebel Ph.D. - Professor of School Psychology, Marshall University Graduate College  
Susanne Vila - School Psychologist, Wetzell County Schools  
Beverly Winter - Lead School Psychologist, Raleigh County Schools

### **Guidelines Work Group (2009)**

Conrae Lucas-Adkins, Ed.S., Psy.D. - School Psychologist, Lincoln County Schools  
Marianne Annie - Principal, Kanawha County Schools  
Jim Brown - Superintendent, McDowell County Schools  
Brenda Clark - SPLWVTSS Specialist, RESA 5  
Vic Fisher, Ed.D. - Special Education Director, Harrison County Schools  
Angela Madia - Special Education Coordinator, Harrison County Schools  
Ed Morgret, Ed.D. - School Psychologist, Retired  
Linda Palenchar - Special Education Director, Fayette County Schools  
Hope Reagan - School Psychologist, Berkeley County Schools  
Kerynn Sovic - Principal, Jackson County Schools  
Bonnie Vickers - School Psychologist, Retired  
Susanne Vila - School Psychologist, Wetzell County Schools  
Beverly Winter - School Psychologist, Raleigh County Schools



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