

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

Exceptional Student Education
 40 E. Texar Drive, Pensacola, FL 32503
 Phone (850) 469-5518

**PRE-KINDERGARTEN
 LANGUAGE IMPAIRMENT
 MULTIDISCIPLINARY REPORT**

Student _____ Date of Birth _____ Grade _____
 School _____ County # _____ Meeting Date _____

Consideration of factors impacting learning: Determine whether level of performance and rate of progress are primarily the result of any of the following. Specify the documentation that supports the group's conclusion for each.

Yes	No		Yes	No		Yes	No	
<input type="radio"/>	<input type="radio"/>	Cultural factors	<input type="radio"/>	<input type="radio"/>	Chronological Age	<input type="radio"/>	<input type="radio"/>	Limited English proficiency
<input type="radio"/>	<input type="radio"/>	Gender	<input type="radio"/>	<input type="radio"/>	Environmental/economic factors	<input type="radio"/>	<input type="radio"/>	Ethnicity

Comments:

Summary of eligibility criteria for language impairment:

Yes No There is evidence of significant deficits in language manifested in one or more of the following areas:

(Check all that apply):

<input type="checkbox"/> Listening Comprehension	<input type="checkbox"/> Oral Expression	<input type="checkbox"/> Social Interaction
<input type="checkbox"/> Vocabulary Development	<input type="checkbox"/> Phonological Awareness	<input type="checkbox"/> Narrative Concepts

One or more documented and dated behavioral observations reveal significant language deficits that interfere with performance and/or functioning in the typical learning environment.

Results of standardized norm-referenced instruments reveal significant language deficits in one or more of the areas listed above.

Information gathered from the child's parent, legal guardian, teacher, service provider, or caregivers support the results of the standardized instruments and observations conducted.

The language impairment has an adverse effect on the student's ability to perform and/or function in the typical learning environment, thereby demonstrating the need for exceptional student educational services.

The student demonstrates evidence of eligibility for a language impairment.

Signatures of group determining eligibility. Each of the following certifies their agreement with the determination of eligibility and assurance. This determination was made in accordance with Rule 6A-6.030121.

 ESE Administrator/Designee

 Parent

 General Education Teacher

 Interpreter of Educational Evaluation

 Speech/Language Pathologist

 ESE Teacher

 Other: Name/Position

 Other: Name/Position

 Other: Name/Position

The following team members DISAGREE with the conclusion of the group. A separate statement of conclusion from each dissenting member is attached.

 Other: Name/Position

 Other: Name/Position

 Other: Name/Position