



Specific Learning Disability Guide

June 26, 2025

Ellen E. Weaver
State Superintendent of Education

Contents

Contents	2
SECTION ONE: What is a Specific Learning Disability.....	3
1.1 History	3
1.2 IDEA Definition of SLD	3
1.3 The Office of Special Education and Rehabilitation Services (OSERS) Letter	4
10/23/2015.....	4
1.4 Features of SLD	4
SECTION TWO: Multi-Tiered System of Supports (MTSS) and Special Education	5
2.1 Review of Data	7
2.2 Important Considerations	7
2.3 MTSS and Interventions	8
2.4 Progress-Monitoring and Rate of Improvement	9
SECTION THREE: The SLP Role in SLD Evaluations	10
3.1 The SLPs Role in the Comprehensive Evaluation Process	11
Section 4: Evaluation Procedures.....	12
4.1 Cognitive Assessments	12
4.2 Achievement Measures	12
4.3 Local Norms.....	12
4.4 Significant sub-average academic skills	13
4.5 Learning Experiences.....	13
4.6 Exclusionary Factors in SLD Identification	14
4.6.1 Visual, Hearing, or Motor Disability	14
4.6.2 Intellectual Disability	14
4.6.3 Emotional Disability	15
4.6.4 Cultural Factors/Limited English Proficiency.....	15
4.6.5 Environmental or Economic Disadvantage	16
4.6.6 Lack of Appropriate Instruction in English Language Arts, or Mathematics..	16
4.7 Absenteeism.....	17
4.8 Adverse Effect and Impact of the Disability.....	18
Conclusion.....	18
References	19
Appendix A	22

SECTION ONE: What is a Specific Learning Disability

1.1 History

The term "word blindness" was introduced by German neurologist Adolf Kussmaul in 1877 to describe a condition characterized by a complete inability to read, despite having intact vision, intellect, and speech capabilities. A decade later, in 1887, German physician Rudolf Berlin refined the definition of reading difficulties by coining the term "dyslexia," which refers to a significant challenge in interpreting written or printed symbols.

In 1905, the first report in the United States regarding childhood reading difficulties was published by Dr. W.E. Bruner, an ophthalmologist from Cleveland. It wasn't until 1963 that Samuel A. Kirk became the first individual to use the term 'learning disability' during a conference in Chicago.

In 1969, Congress enacted the Children with Specific Learning Disabilities Act, which was incorporated into the Education of the Handicapped Act of 1970 (PL 91-230). This marked the first instance of federal law requiring support services for students with learning disabilities. Subsequently, in 1975, the Education for All Handicapped Children Act (PL 94-142) was established, mandating a free and appropriate public education (FAPE) for all students. This law was later renamed the Individuals with Disabilities Education Act (IDEA) in 1990. The IDEA was reauthorized in 1997 and again in 2004, reflecting ongoing efforts to enhance educational opportunities for individuals with disabilities.

Historically, defining and identifying SLD has been difficult and complex. 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 of SLD in the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA 2004) is what guides state educational agencies (SEAs) and local educational agencies (LEAs) in the identification of students with SLD and the provision of special education services for those students.

1.2 IDEA Definition of SLD

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.

1.3 The Office of Special Education and Rehabilitation Services (OSERS) Letter 10/23/2015

In a letter dated October 23, 2015, the Office of Special Education and Rehabilitative Services (OSERS) emphasized that providing a high-quality education for children with specific learning disabilities is a vital responsibility shared by all stakeholders. The letter specifically highlighted the distinct educational needs of children with dyslexia, dyscalculia, and dysgraphia—conditions that may qualify a child as having a specific learning disability under the IDEA. Its purpose was to clarify that the IDEA does not prohibit the inclusion of the terms dyslexia, dyscalculia, and dysgraphia in evaluations, eligibility determinations, or Individualized Education Program (IEP) documents.

Dyslexia is a learning disability that affects the brain's ability to process written language. It is characterized by a distinct pattern of learning difficulties, including challenges with accurate and fluent word recognition, poor decoding skills, and inadequate spelling abilities. Under the IDEA, dyslexia is classified as a specific learning disability in basic reading skills.

Dyscalculia is a learning disability that impacts an individual's ability to perform mathematical tasks. 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. Dyscalculia is referred to as a specific learning disability in math calculations and/or math problem solving under IDEA.

Dysgraphia is an alternative term for someone with a neurological condition and learning difference that affects writing. It can range from issues with the physical act of writing to issues with translating thoughts into written words. Dysgraphia is referred to under IDEA as a specific learning disability in written expression.

1.4 Features of SLD

Over the years, a key aspect of SLD has been the notion of 'unexpected underachievement,' which in South Carolina is referred to as 'significantly subaverage academic skills.' Researchers have interpreted this concept to indicate a failure to achieve

at an adequate level, despite receiving high-quality instruction and intervention, and this failure cannot be attributed to other factors that might contribute to low achievement levels (Burns et al., 2018).

Scholars and practitioners generally agree on several common features of SLD. These include persistent academic challenges, performance that is significantly below grade-level expectations, learning difficulties that cannot be attributed to other factors, and academic issues that lead to considerable functional impairment.

Often the first indicators of learning issues for a child is the referral to a Multi-Tiered System of Supports (MTSS) for additional support and tiered interventions.

SECTION TWO: Multi-Tiered System of Supports (MTSS) and Special Education

MTSS is *not* a special education initiative, but rather a framework for providing high-quality instruction delivered by a highly effective educator who understands and is able to implement instruction to support academics and behavior. A well-implemented, research-based screening process ensures earlier, more relevant, help for students not meeting grade-level benchmarks and provides critical information about student instructional needs to provide effective interventions within the general education classroom. Additional and personalized interventions *based on data* are needed for some students.

When a student is brought to the problem-solving team, the problem-solving team must consider a variety of data if the student is suspected of having a disability according to the IDEA:

- Evidence that the student has received high-quality instruction in the area of reading. This includes systematic and explicit instruction in the essential components of reading instruction as defined by the Every Student Succeeds Act (ESSA, 2015) and include the areas of phonemic and phonological awareness, phonics, vocabulary, fluency, and comprehension.
- Evidence of appropriate evidence-based instruction in math including number sense, memorization of arithmetic facts, accurate or fluent calculation, and accurate math reasoning.
- Evidence of appropriate evidence-based instruction in writing including spelling accuracy, grammar and punctuation accuracy, and clarity or organization of written expression.
- Information regarding instructional accommodations and support, input from the multilingual teachers, in addition to parent input if the student is considered a multilingual learner.
 - Has the student been provided **additional time and explicit instruction** in the differences between their native language or dialect and General American English (phonemes, graphemes, morphology, syntax, figurative language, etc.)?
- Sensory related data (hearing and vision screening information)

- Academic data
 - Is the student meeting grade-level expectations?
 - Is the student progressing towards meeting grade-level expectations?
 - Has the student been retained?
 - What are the students' grades in curricular subjects?
 - MAP/STAR/i-Ready data
 - Universal Screening data - Has the student been identified as "at-risk"? If so, in what areas and what interventions have been provided?
 - SC Ready or other summative data: Is the student performing significantly below same age peers?
 - Indicator Aligned Inventory – Word Reading data: Is the student missing foundational skills based on instruction provided? (access in the instructional hub)
 - Has the student been provided systematic and explicit instruction in phonological awareness, phonics, vocabulary, fluency, and comprehension?
 - Is the student's performance significantly different from similar peers (e.g., peers who are culturally/linguistically similar, peers receiving the same evidence-based intervention and core instruction, peers in the same grade level)?
 - If the student has been participating in tiered intervention
 - What tools were used to identify specific areas of weakness?
 - What intervention program or goals were used to target the specifically identified areas of weakness?
 - What is the student's rate of improvement and is it sufficient to reduce the risk of failure?
 - What is the history of the changes made to the type, intensity, or duration of the intervention provided in order to make sufficient progress that exceeds what general education alone can sustain
 - Has the intervention been provided with fidelity? What is the evidence that the intervention was provided with fidelity?
- Attendance data
 - Are there significant medical events that have impacted the student's attendance?
 - How many schools has the student attended?
 - Were the absences sequential?
 - What efforts were made to catch the student up with the rest of the class following absence(s)?
 - Were there more absences in kindergarten, first, or second grade vs. third grade and up (relative to development of foundational skills)?
 - Were the absences more centered around the days before testing or holiday break?
 - Were the absences the same time every week?
- Behavioral data

- What do observations of the student reveal relative to differences in social interaction during educationally related **and** non-educationally related settings?
- Does the student appear to break behavioral rules and/or expectations they do not like, do not agree with, or that they do not know?
- Once the student learns a behavioral expectation, do they continue to break it? If so, why?
- Has the student had opportunities to be exposed to or learn appropriate behavioral expectations?
- What are the possible underlying reasons for the behavior (e.g., language acquisition, transition to new environment/country, academic challenges, mental health, previous diagnosis, etc.)?

2.1 Review of Data

- Additional information may be warranted in order to further clarify whether a disability according to the IDEA is suspected. This may include additional data gathering, screenings and/or intervention.
- If the student has received intervention and/or is recommended for intervention, a defined period of time must be agreed upon with a date for the problem-solving team to meet and review the data. This typically is a period of approximately 6-8 weeks but could be less depending on the individual student's needs.
 - “The use of RTI strategies *cannot be used to delay or deny* the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-300.311, to a child suspected of having a disability under 34 CFR §300.8.” (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2011, pp. 2-3, emphasis added)
- If the student is not suspected of having a disability according to the IDEA, addressing the initial referral concerns through a variety of supports (i.e., parent training, provision of supports or strategies through general education, etc.) may be warranted.
- If the student is suspected of having a disability according to the IDEA, the problem-solving team may determine that interventions may or may not be warranted as part of the problem-solving process.

2.2 Important Considerations

Parent referral

- The regulations of 34 CFR §300.301(b) allow a parent to request an initial evaluation at any time to determine if a student is a student with a disability.
- If a parent expresses concern regarding a potential area of suspected disability under the IDEA, the problem-solving team must be assembled to discuss the areas(s) of concerns.
- The result of the discussion may result in...

- a prior written notice provided to the parents explaining the team’s decision not to evaluate based on data that indicates that the team does not suspect a disability,
- a screening to provide the teacher with appropriate instructional strategies within the general education setting
 - Note: “The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services.” (34 CFR §300.302, p. 66)
- screening, observation, and/or intervention prior to (if more data is needed to clarify suspicion of a disability) or as part of the evaluation process, or
- proceeding with an evaluation if the concerns rise to the level of a suspected disability **and** there are suspected adverse educational impacts.

Students that are already identified as a student with a disability

- Students that have already been identified as a student with a disability may go through the problem-solving process to address concerns that may be unrelated to the identified category of disability. For example, if a student identified as a student with a Speech-Language Impairment begins to demonstrate concerns in reading, that student may go through the problem-solving process including the provision of tiered intervention. The result of the problem-solving process may result in suspicion of another category of disability. If so, a re-evaluation is warranted.

Preschool age students

- Students that are age 3-5 (not yet in kindergarten) may go through the problem-solving process which may include a variety of tiered interventions and/or supports.

2.3 MTSS and Interventions

What constitutes an intervention? By taking a problem-solving approach, an intervention aims to close the gap between where a student is and where they should be academically, behaviorally, or socially. An intervention can be provided by anyone with sufficient knowledge; for example, this could be a teaching assistant, teacher, school psychologist, or a tutor. An intervention can be evidence-based core curriculum which is provided again in a smaller group, at a slower pace, with more practice and repetition. The five core literacy programs approved by the SCDE have embedded interventions as well. An intervention does not have to be, although it can be, a standard protocol intervention.

“What are commonly referred to as standard protocol interventions are actually standardized small-group interventions that can be implemented with 15% to 20% of the student population. This grouping and standardization allows for more intensive interventions that are provided in typical classroom instruction through a relatively cost-efficient manner.” (Jimerson et al., 2007, p. 4)

Educators may find interventions on the following websites:

- What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/FWW>)
- Intervention Central (<https://www.interventioncentral.org/>)
- Evidence for ESSA (<https://www.evidenceforessa.org/>)
- National Center on Intensive Intervention (<https://intensiveintervention.org/>)
- Intervention Hero (<https://www.interventionhero.com/>)
- The Meadows Center for Preventing Educational Risk (<https://meadowscenter.org/>)
- Florida Center for Reading Research (<https://fcrr.org/>)
- Reading Rockets ([Looking at Reading Interventions | Reading Rockets](#))
- University of Florida Literacy Institute ([UFLI Foundations | U F Literacy Institute](#))
- SCDE Instruction Hub (<https://www.ed.sc.gov/instruction/instruction-hub/>)

2.4 Progress-Monitoring and Rate of Improvement

Students who are receiving intervention services should have their progress monitored. Academic interventions are typically progress-monitored using curriculum-based measures (CBMs). If a student is working on reading fluency, then their goal should be to increase correct words read per minute. Goals should be ambitious. If a typical student is reading 30 correct words per minute at the 25th percentile in the Fall and the struggling student is reading 10 correct words per minute at that time, the goal needs to be greater than 30 words. If the 25th percentile in the Spring is the goal at 90 words, then the rate of improvement needed should be calculated with that number in mind. For this example, 90 words minus 10 words equals 80 more words that the student has to read correctly. We can divide this number by the time frame. If there are 30 weeks until the Spring then you would do 80 divided by 30, which means the student needs to grow by reading 2.6 more correct words per minute each week in order to close the gap. Using this formula, a typical student only needs to grow by 2 words each week to maintain their progress ($90-30=60$, $60/30=2$).

If a student is working on identifying numbers, then their goal may be to increase correct numbers recognized per minute. If the student is to identify numbers 0-100 in the Spring, then the rate of improvement needs to be calculated with that goal in mind. Much like with reading, if a typical student is learning 4 numbers per week, the struggling student will have to grow at a faster rate to close the gap, thus needing an ambitious goal.

Making progress vs. closing the gap: A student who is growing by one or two words per week is certainly making progress, but at their current rate of improvement, they will never close the gap. In fact, if they are improving by one word per week then the gap will actually widen, and these students will only fall further behind. Minimal or insufficient progress indicates that an evaluation may be warranted to explore the possibility of a Specific Learning Disability.

SECTION THREE: The SLP Role in SLD Evaluations

The connections between spoken and written language have been well-established. In fact, children with a Developmental Language Disorder are six times more likely to have a reading disability and spelling problems, four times more likely to struggle with math, and twelve times more likely to face all three of these difficulties combined (Young et al., 2002). As it relates to speech sound disorders, the comorbidity of reading disability with a speech sound disorder is approximately 25-30% (Peterson et al., 2009). Moreover, most late-emerging poor readers showed oral language weaknesses in kindergarten through second grade (Catts et al., 2012), but if oral language weaknesses had been identified and addressed earlier, it is possible that negative impacts on reading development could be prevented or reduced (Truckenmiller, 2024) by up to 70% (Lyon et al., 2001). Speech-language pathologists (SLPs) play a critical role when there are concerns about potential learning disabilities in reading and writing.

If there is a suspicion of a learning disability in reading, universal screening tools are one piece of data to consider. It is important to note that few validated assessments exist for universal screening and progress monitoring of the broad oral language skills that support comprehension (vocabulary, morphology, syntax, and discourse; Gersten et al., 2009) and many popular screening assessments for reading are not sensitive to language comprehension (Truckenmiller, 2024). This is in spite of the fact that complex oral language (grammar, the ability to define words, and listening comprehension) as well as early phonological awareness play a predictive role in later literacy achievement when measured in first or second grade as opposed to kindergarten (Hogan, 2005; National Center for Family Literacy, 2009). Furthermore, interventions designed to enhance language skills also contribute to improved reading comprehension (West et al., 2021; Bowyer-Crane et al., 2008; Clarke et al., 2010; Fricke et al., 2013). Consequently, it is essential to screen for oral language weaknesses in the primary grades to ensure positive reading outcomes. However, given that the Every Student Succeeds Act (ESSA, 2015) mandates comprehensive literacy instruction that encompasses phonological awareness, vocabulary, language structures, and comprehension, the responsibility for screening and intervention in these reading areas should not rest solely with the SLP. Instead, it requires a collaborative effort with general education partners.

If a disability is suspected, the SLP should participate in the problem-solving process of asking questions and gathering data. The first question that should be asked as part of this process is “if the passage were read aloud to the student, could they accurately answer comprehension questions (that are also read aloud)?”. This question helps to tease apart whether the primary area of concern is word recognition and/or language comprehension. If the student is able to answer the comprehension questions, the next step is to collect data specifically related to phonological awareness, phonics, and automatic word recognition, in accordance with the South Carolina English Language Arts (ELA) Standards.

It is also essential to determine whether systematic and explicit instruction in these areas has been implemented. If the student could not answer the comprehension questions accurately, then the team needs to consider both the skills within word recognition as well as the components of language comprehension. This includes systematic and explicit instruction in vocabulary, language structures (morphology and syntax), fluency and comprehension according to the South Carolina ELA Standards. That said, once children become competent at decoding, it is language comprehension that determines overall reading ability and potential challenges for the reader (Oakhill et al., 2015).

If a disability is not suspected, the SLP can complete a speech-language screening. The purpose of screening under IDEA is to determine appropriate instructional and intervention strategies for curriculum implementation, but it is not considered an evaluation for eligibility for special education and related services (34 CFR § 300.302). Screening should provide valuable information to support interventions that can be implemented within the general education setting or within tier 2 or 3 of intervention.

3.1 The SLPs Role in the Comprehensive Evaluation Process

The role of the SLP in the evaluation process is to assess whether the six components of oral language are impaired, which may hinder written language acquisition. This includes assessment of phonological awareness (phonology), vocabulary, morphology, syntax, narratives, and pragmatics. This must be uncovered using a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child including technically sound standardized assessment tools as well as other appropriate assessment tools to determine the presence of a disability, the need for specially designed instruction, as well as adverse educational impact or for a preschool aged child, the ability to participate in appropriate activities (34 CFR § 300.304).

There may be overlaps in the assessment areas of the SLP and school psychologist such as vocabulary, phonological awareness, and comprehension. However, it is important to note that tools designed for school psychologists are not designed for the purpose of determining the presence of an underlying language disability and should not be interpreted as such. For example, when comparing vocabulary findings, the SLP assessment of vocabulary is designed to look at vocabulary across a variety of tiers and types of vocabulary tasks (i.e., relational vocabulary, semantic features, etc.) whereas other tools may only look at one aspect or tier of vocabulary knowledge. In another example, when comparing findings from phonological awareness assessment tools, the SLPs interpretation may include additional data such as connections to developmental milestones and to writing samples.

Once the collaborative evaluation is complete, it is ideal to combine the evaluation reports so that the information is presented in a comprehensive manner. This includes presenting the information from the perspective of the continuum of oral language to written language. Such an approach can be beneficial when formulating IEP goals and determining

the continuum of services, as well as identifying who should address those goals and in which settings they are most effectively addressed. In addition, if the student is eligible under the category of Speech-Language Impairment according to federal and state guidelines, it is imperative to craft IEP goals in such a way as to support the student in achieving grade-level ELA standards in reading and the foundational language skills necessary to do so.

Section 4: Evaluation Procedures

4.1 Cognitive Assessments

A cognitive assessment is not required to determine the presence of a SLD; however, it is not prohibited either. School psychologists, along with the team determining areas of assessment, are allowed to decide if a cognitive assessment is needed in each individual case. Cognitive assessments may consist of full or partial batteries, meaning a full-scale IQ score may or may not be derived, but certain index scores may be reported (e.g., the Working Memory Index from the WISC-V).

The [U.S.] Department [of Education] does not believe that an assessment of psychological or cognitive processing should be required in determining whether a child has an SLD. There is no current evidence that such assessments are necessary or sufficient for identifying SLD. Further, in many cases, these assessments have not been used to make appropriate intervention decisions. (U.S. Department of Education, 2006, Federal Register, Vol. 71, No. 156, p. 46651)

4.2 Achievement Measures

A norm-referenced achievement measure is required in the evaluation of an SLD. Standard scores between 85-115 are typically considered in the average range (low average, average, high average) on individual standardized achievement tests. Standard scores below 80 (10th percentile) may be considered a significant weakness. Determination of a SLD should never rely solely on one measure. Additional indicators of a possible disability can include scores in the does not meet expectations range on SC Ready, failing grades, performance on CBMs in the lowest bands or critical ranges (e.g., at or below the 10th percentile), and minimal growth with interventions. The confidence interval/standard error of measurement should be taken into consideration as well, for example, if a student achieves an oral reading fluency composite score of 82 but is well below the average on all other assessments. **It is the preponderance of evidence that should be used to determine the presence of a SLD, not a single test or score.**

4.3 Local Norms

It is critical to take local norms into account. If you are evaluating a student in a low-performing school, you want to take care not to label every student as disabled. For

example, if a majority of the student population is scoring at or below the 10th percentile on universal screening tools or district benchmarks, then you may want to adjust to look at those students who are at or below the 7th percentile as truly having a SLD.

It is important to recognize that any cut point applied to continuous and normally distributed test data is inherently arbitrary. There is no clear distinction between scores that indicate SLD and those that do not; students near the cut point will exhibit significant similarities. Therefore, diagnosticians should refrain from using methods that depend on rigid cut points. Additionally, districts should avoid employing formulas or strict thresholds as gatekeepers for identifying SLD (Fletcher & Miciak, 2019).

4.4 Significant sub-average academic skills

Significant sub-average academic skills mean that the student does not achieve adequately for the child's age or to meet State-approved grade-level standards in one or more of the 8 qualifying areas under SLD identification (oral expression, listening comprehension, written expression, basic reading skills, reading fluency, reading comprehension, mathematics calculation and mathematics problem-solving) when provided with appropriate learning experiences and evidence-based instruction delivered with fidelity for the students age or state-approved grade level standards. The student demonstrates significant and persistent low academic achievement over multiple sources of data. Those sources of data can include:

- Universal screening/benchmark assessments
- Progress monitoring data
- State and district assessments
- Individually administered norm-referenced achievement tests

In addition to the data sources above, student work samples, classroom assessments—including criterion-referenced measures that compare student performance against predetermined criteria or standards—and teacher records can all be utilized to further substantiate instances of low academic performance.

4.5 Learning Experiences

The student has been provided with learning experiences and instruction that are suitable for their age and align with state-approved grade-level standards in the relevant area(s) of concern. Additionally, the student has received effective, evidence-based core instruction and appropriate interventions, whether in the classroom or through a tiered intervention model. If there is evidence of widespread low achievement at the class, grade, or school level in the academic area(s) of concern, it may indicate that the quality, quantity, relevance, and alignment of instruction with standards could significantly contribute to the student's lack of achievement, potentially affecting their eligibility for classification as a student with a learning disability.

4.6 Exclusionary Factors in SLD Identification

Students may exhibit underachievement for a variety of reasons. It is important to note that not every student who demonstrates inadequate achievement has a SLD. In the process of identifying a student with a SLD, the team must assess whether specific factors (outlined below) are the primary causes of the student's learning challenges and academic performance issues. This process is most effectively conducted in the MTSS process before making a referral to special education.

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 students' underachievement.

4.6.1 *Visual, Hearing, or Motor Disability*

Health records can be reviewed to assess whether any recent screenings or tests (conducted within the past 6-12 months) indicate issues with vision, hearing, or motor skills. Some screenings may be performed by a school nurse or an occupational therapist/physical therapist (OT/PT). If the team identifies visual, hearing, or motor difficulties as the primary cause of a student's underachievement, they may consider evaluating the student for eligibility under another disability category, if applicable. This could include categories such as Visually Impaired, Deafblindness, Deaf, Hard of Hearing, or Orthopedic Impairment. The screening process is most effectively carried out within the MTSS framework before making a referral to special education.

4.6.2 *Intellectual Disability*

If there are concerns that a student may exhibit subaverage general intellectual functioning and difficulties with everyday living skills, it is advisable to conduct formal assessments of cognitive ability and adaptive skills to identify the most appropriate primary eligibility category. However, if, for instance, the student shows significant deficits in reading skills yet performs at or above age or grade level expectations in mathematics, and no concerns regarding adaptive behavior are reported, the evaluation team may choose to rule out intellectual disability without administering intelligence tests or adaptive behavior rating scales. It is crucial to understand that the classification of an intellectual disability necessitates significant limitations in both intellectual ability and adaptive skills. Consequently, if a student's cognitive functioning is low, but various data sources indicate that adaptive functioning is generally within normal limits, then classifying or diagnosing the student with an intellectual disability may be inappropriate.

4.6.3 Emotional Disability

Research indicates that about 30% of children with learning disabilities may also exhibit varying degrees of behavioral and emotional problems (Sahoo et al., 2015). Students facing learning challenges might engage in disruptive or inappropriate behavior in the classroom, often stemming from frustration or as a means to evade difficult academic tasks. However, these behaviors do not always reach a level that necessitates serious consideration of an emotional disability. It is important to note that students with learning disabilities can also experience co-occurring emotional or behavioral disorders. In such instances, the evaluation team must ultimately ascertain whether the student's learning difficulties are triggering the challenging behavior or if underlying emotional issues are hindering the student's ability to acquire or demonstrate academic skills. In either scenario, it may be best practice to conduct a functional behavior assessment (FBA) to identify the variables that sustain or influence a student's persistent or significant challenging behavior.

4.6.4 Cultural Factors/Limited English Proficiency

Cultural factors and limited English proficiency present complex challenges that complicate the examination of the primary causes of poor academic achievement. These conditions can significantly impact the development of cognitive and linguistic skills essential for academic success and may coexist with specific learning disabilities (Fletcher et al., 2007). To effectively rule out limited English proficiency as the primary cause of learning difficulties, IEP teams must document and analyze multiple measures and points of evidence. This process is crucial for determining whether a language difference constitutes a learning disability.

To ensure the accurate identification of multilingual learners with SLD, it is imperative to employ unbiased assessment procedures. Most importantly, we must take into account the students' English language proficiency when selecting appropriate assessments and evaluation materials. Referrals for special education evaluations should not be delayed due to a student's English language proficiency or their participation in a language instruction educational program. However, understanding the student's educational history, including any learning gaps and their proficiency in their primary language compared to English, is vital for informed decision-making.

Effective disability identification processes should focus on evaluating the student's educational needs related to their disabilities, rather than their English language skills. This approach will enable school personnel to accurately identify students who require special education services. Additionally, educators must ensure that special education evaluations are conducted in the student's native language or through other effective modes of communication, in a manner that is most likely to yield accurate insights into the student's knowledge and capabilities, unless it is impractical to do so. Assessing whether a student has a disability in their native language is essential for determining whether their

needs arise from a lack of English language proficiency or from a disability-related educational need.

Different cultures may have distinct expectations regarding the functioning and skills of children at various ages. Therefore, school teams must adopt a culturally responsive approach when identifying students with SLD. Unbiased assessment is not defined by a specific test or instrument; rather, it is a comprehensive process of gathering information about an individual through a problem-solving approach that considers cultural and linguistic influences. Evaluations of culturally and linguistically diverse students should be conducted in the student's dominant spoken language or through an alternative communication system. All student information must be interpreted within the context of school expectations, considering the student's socio-cultural background and the home and neighborhood environment in which they live. Using evaluations printed in the student's native language is preferred, as it enhances validity and reliability. When possible, it is more effective to engage an evaluator fluent in the student's dominant language rather than relying on an interpreter.

4.6.5 Environmental or Economic Disadvantage

Many children in the United States face various degrees of environmental and economic disadvantage. According to data from the U.S. Census Bureau, over 9 million children live below the federal poverty line, which means they are growing up in poverty without access to essential needs such as food, shelter, and healthcare. An estimated 546,159 children have been victims of abuse or neglect (U.S. Department of Health & Human Services, 2025). Beyond poverty, abuse, and neglect, environmental and economic disadvantages manifest in numerous ways, including homelessness, home responsibilities that hinder academic performance, family disruptions, bereavement, limited access to medical care, poor nutrition, trauma or crisis situations, medical conditions that affect sleep or school attendance, lack of instructional support at home, and frequent changes in schools. It is crucial to identify and address these factors through the MTSS problem-solving process, in collaboration with school-based professionals and external agencies if appropriate, before making a referral for evaluation.

4.6.6 Lack of Appropriate Instruction in English Language Arts, or Mathematics

To ensure the underachievement in a student suspected of having a SLD is not due to lack of appropriate instruction in reading including the essential components of reading (phonemic awareness, phonics, reading fluency, vocabulary and reading comprehension) or math, the team must consider, as part of the evaluation process the following information.

- Data demonstrating that prior to, or as a part of, the referral process, the student was provided with appropriate instruction in the regular education setting delivered by qualified personnel. and

- Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting the formal assessment of the student's progress during instruction, which was provided to the student's parent.

These repeated assessments may include universal screening data, diagnostic assessment (when appropriate), progress monitoring data, MAP, i-Ready, STAR, and other district level assessments given at appropriate intervals. Documentation should also include what data was reported to the students' parents and at what frequency. Similar to other factors, this can be achieved through the MTSS process.

To establish whether the student received appropriate instruction, the MTSS team may consider some of the following guiding questions:

- Is there evidence indicating that core instruction was sufficiently rigorous to benefit most students? (70-80% of students are benefiting from the core curriculum)
- Is there evidence that core instruction was delivered according to its design and methodology? (fidelity)
- To what degree was the core instruction differentiated to meet the individual needs of the student? (what did the general education teacher provide in the core classroom setting to help the student)
- Were interventions provided and if so, were they delivered with fidelity in accordance with the expectations of the intervention?
- If interventions were provided, were they aligned to the student's specific skill deficits and what were the progress monitoring results?
- Were the parents notified of their child's difficulties, any interventions provided, and their child's progress monitoring results?

4.7 Absenteeism

Missing school, whether excused or unexcused, can significantly impact student outcomes. Chronic absenteeism, defined as missing more than 10% of a school year, is associated with academic challenges and a heightened risk of dropping out, according to the U.S. Department of Education (2019). Through the MTSS process, these cases should be reviewed individually to determine if attendance is the primary factor contributing to a student's academic difficulties. This process should consider several variables and their interactions, including:

- The student's age and grade level
- Any medical conditions that may lead to frequent or prolonged absences
- History of retention
- Socioeconomic status
- Cumulative attendance and attendance rates leading up to the referral (i.e., attendance before and during the intervention process)
- The nature and complexity of the academic skill deficits

- The student's response to instruction and/or intervention when attendance is consistent compared to periods of inconsistent or poor attendance.

4.8 Adverse Effect and Impact of the Disability

Under IDEA, an adverse effect refers to a negative impact on a student's academic performance due to a disability. The adverse effect makes performance more difficult for the student due to their disability and the impact of that adverse effect requires specialized instruction and if necessary related services.

Conclusion

Identifying an SLD is a complex task that requires personalized, student-centered problem-solving. It requires a variety of assessment tools and strategies to gather relevant information about a student, including information provided by the parent(s)/guardian. The team should not use any single measure for making an eligibility determination and for determining educational programming. Parents should be actively involved as partners in the educational decision-making process from MTSS through the comprehensive evaluation process and all the way to finalizing the IEP. As George Evans eloquently stated, "Every student can learn, just not on the same day or in the same way".

References

- Bowyer-Crane, C., Snowling, M. J., Duff, F. J., Fieldsend, E., Carroll, J. M., Miles, J., Götz, K., & Hulme, C. (2008). Improving early language and literacy skills: Differential effects of an oral language versus a phonology with reading intervention. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 49(4), 422–432. <https://doi.org/10.1111/j.1469-7610.2007.01849.x>
- Burns, M. K., Maki, K. E., Warmbold-Brann, K., & Preast, J. L. (2018). Using student response to intervention to identify SLD: Requirements, recommendations, and future research. In D. P. Flanagan & V. C. Alfonso (Eds.), *Essentials of specific learning disability identification* (2nd ed., pp. 257-284). Wiley.
- Catts, H., Compton, D., Tomblin, J. & Bridges, M. (2012). Prevalence and nature of late-emerging poor readers. *Journal of Educational Psychology*, 104(1), 166-181. <https://doi.org/10.1037/a0025323>
- Clarke, P. J., Snowling, M. J., Truelove, E., & Hulme, C. (2010). Ameliorating children's reading-comprehension difficulties: A randomized controlled trial. *Psychological Science*, 21(8), 1106-1116.
- Every Student Succeeds Act, 20 U.S.C. § 6301 (2015). <https://www.congress.gov/bill/114th-congress/senate-bill/1177>
- Fletcher, J. M., & Miciak, J. (2019). *The identification of specific learning disabilities: A summary of research on best practices*. Meadows Center for Preventing Educational Risk.
- Fletcher, J. M., Lyon, G. R., Fuchs, L. S., & Barnes, M. A. (2007). *Learning disabilities: From identification to intervention*. Guilford Press.
- Fricke, S., Bowyer-Crane, C., Haley, A. J., Hulme, C., & Snowling, M. J. (2013). Efficacy of language intervention in the early years. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 54(3), 280–290. <https://doi.org/10.1111/jcpp.12010>
- Gersten, R., Compton, D., Connor, C. M., Dimino, J., Santoro, L., Linan-Thompson, S., & Tilly, W. D. (2009). *Assisting students struggling with reading: Response to intervention (RtI) and multi-tier intervention in the primary grades* (NCEE 2009-4045). National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education.
- Hogan, T. P., Catts, H. W., & Little, T. D. (2005). The relationship between phonological awareness and reading: Implications for the assessment of phonological

awareness. *Language, Speech, and Hearing Services in Schools*, 36(4), 285–293.
[https://doi.org/10.1044/0161-1461\(2005/029\)](https://doi.org/10.1044/0161-1461(2005/029))

Individuals with Disabilities Education Improvement Act (IDEIA). (2004). Pub. L. No. 108-446, 118 Stat. 2647.

Jimerson, S. R., Burns, M. K., & VanDerHeyden, A. M. (2007). Response to intervention at school: The science and practice of assessment and intervention. In S. R. Jimerson, M. K. Burns, & A. M. VanDerHeyden (Eds.), *Handbook of response to intervention: The science and practice of assessment and intervention* (pp. 3-9). Springer Science + Business Media. https://doi.org/10.1007/978-0-387-49053-3_1

Lyon, G. R., Fletcher, J. M., Shaywitz, S. E., Shaywitz, B. A., Torgesen, J. K., Wood, F. B., ... & Olson, R. (2001). Rethinking learning disabilities. In C. E. Finn Jr., A. J. Rotherham, & C. R. Hokanson Jr. (Eds.), *Rethinking special education for a new century* (pp. 259-287). Thomas B. Fordham Foundation.

National Center for Family Literacy. (2009). *Developing early literacy: Report of the National Early Literacy Panel*. National Institute for Literacy.

Oakhill, J. V., Cain, K., & Elbro, C. (2015). *Understanding and teaching reading comprehension*. Routledge.

Peterson, R. L., Pennington, B. F., Shriberg, L. D., & Boada, R. (2009). What influences literacy outcome in children with speech sound disorder? *Journal of Speech, Language, and Hearing Research : JSLHR*, 52(5), 1175–1188. [https://doi.org/10.1044/1092-4388\(2009/08-0024\)](https://doi.org/10.1044/1092-4388(2009/08-0024))

Sahoo, M. K., Biswas, H., & Padhy, S. K. (2015). Psychological co-morbidity in children with specific learning disorders. *Journal of Family Medicine and Primary Care*, 4(1), 21–25. <https://doi.org/10.4103/2249-4863.152243>

Truckenmiller, A. (2024). New and not-well-known research about reading disabilities: Teachers want to know. *Read Teach*, 77, 705-711. <https://doi.org/10.1002/trtr.2280>

U.S. Department of Education, Office of Special Education and Rehabilitative Services. (2011). *A Response to Intervention (RTI) process cannot be used to delay-deny an evaluation for eligibility under the Individuals with Disabilities Education Act (IDEA)* (Memorandum). U.S. Government Printing Office.
<https://sites.ed.gov/idea/files/osep11-07rtimemo.pdf>

U.S. Department of Education. (2006). *Federal Register: 34 CFR parts 300 and 301, Assistance to states for the education of children with disabilities and preschool grants for children with disabilities; Final rule*. Vol. 71, No. 156.

U.S. Department of Health and Human Services. (2025). *Child Maltreatment 2023*. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>

West, G., Snowling, M. J., Lervåg, A., Buchanan-Worster, E., Duta, M., Hall, A., McLachlan, H., & Hulme, C. (2021). Early language screening and intervention can be delivered successfully at scale: evidence from a cluster randomized controlled trial. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 62(12), 1425–1434. <https://doi.org/10.1111/jcpp.13415>

Young, A. R., Beitchman, J. H., Johnson, C., Douglas, L., Atkinson, L., Escobar, M., & Wilson, B. (2002). Young adult academic outcomes in a longitudinal sample of early identified language impaired and control children. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 43(5), 635–645. <https://doi.org/10.1111/1469-7610.00052>

Appendix A

Specific Learning Disability Initial Eligibility Worksheet

Student's Name:	School:
Date of Birth:	Grade:

Eligibility Criteria

Reminder - 300.304

In conducting an evaluation, the LEA must—not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child.

Significant Subaverage Academic Skills
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: (check all that apply)

☐ **Basic reading skills (word level reading disorder (WLRD) or dyslexia)**

As evidenced by: (check all that apply)

- ☐ Assessment(s) of basic reading skills (standardized assessment) that indicate below average phonological awareness (syllables, phonemes, etc.), decoding (letter sound knowledge, spelling-sound correspondence), sight recognition (familiar words)
- ☐ Assessment of phonological processing
- ☐ Assessment of rapid automatized naming (RAN)
- ☐ Assessment of working memory
- ☐ Parent or teacher report/family history
- ☐ Educational history
- ☐ Intervention data
- ☐ CBM data (e.g., DIBELS, AIMSWEB, Fastbridge)
- ☐ State or district assessments (SCReady, STAR, MAP, etc.)
- ☐ SLP assessment of oral language
- ☐ Observation during reading instruction
- ☐ Other:

☐ **Reading fluency (accuracy, rate, prosody)**

As evidenced by: (check all that apply)

- ☐ Assessment of sight word efficiency
- ☐ Assessment of phonetic decoding efficiency – nonsense words (ruling out a disability in basic reading skills)
- ☐ Assessment of oral reading fluency
- ☐ Educational history
- ☐ Parent or teacher report/family history
- ☐ Intervention data
- ☐ CBM data (e.g., DIBELS, AIMSWEB, Fastbridge)
- ☐ Standardized assessments
- ☐ State or district assessments (SCReady, STAR, MAP, etc.)
- ☐ Observation during reading instruction
- ☐ Other:

☐ **Reading comprehension**

As evidenced by: (check all that apply)

- ☐ Assessment of word-level reading skills, including fluency that indicate average skills in these areas (rule out basic reading skills and reading fluency issues that may cause the deficit in reading comprehension)
- ☐ Assessment of language comprehension (listening comprehension and vocabulary subtest estimate this)
- ☐ Assessment of background knowledge (e.g., WISC-V Information, WJ-IV Achievement's Academic Knowledge subtests)
- ☐ Assessment of working memory
- ☐ Assessment of Attention (via rating scale) (Is there a discrepancy with listening comprehension?)
- ☐ Parent or teacher report/family history
- ☐ Educational history
- ☐ Intervention data
- ☐ CBM data (e.g., DIBELS, AIMSWEB, Fastbridge)
- ☐ Standardized assessments
- ☐ State or district assessments (SCReady, STAR, MAP, etc.)
- ☐ Observation during reading instruction
- ☐ Other:

☐ **Math calculation (dyscalculia)**

As evidenced by: (check all that apply)

- ☐ Achievement test of math calculation skills (e.g., WIAT-4 numerical operations, K-TEA 3 math computation)

- ☐ Assessment of math fluency (e.g., K-TEA 3 math fluency, WIAT-4 math fluency, CBM for math automaticity)
- ☐ Parent or teacher report/family history
- ☐ Educational history
- ☐ Intervention data
- ☐ CBM data (e.g., DIBELS, AIMSWEB, Fastbridge)
- ☐ State or district assessments (SCReady, STAR, MAP, etc.)
- ☐ Observation during math instruction
- ☐ Other:

☐ **Math problem-solving (dyscalculia)**

As evidenced by: (check all that apply)

- ☐ Achievement test of math calculation skills (e.g., WIAT-4 numerical operations, K-TEA 3 math computation)
- ☐ Assessment of math fluency (e.g., K-TEA 3 math fluency, WIAT-4 math fluency, CBM for math automaticity)
- ☐ Assessment of math problem solving (e.g. WIAT-4 math problem solving, K-TEA 3 math concepts and applications)
- ☐ Parent or teacher report/family history
- ☐ Educational history
- ☐ Intervention data
- ☐ CBM data (e.g., DIBELS, AIMSWEB, Fastbridge)
- ☐ State or district assessments (SCReady, STAR, MAP, etc.)
- ☐ Observation during math instruction
- ☐ Other:

☐ **Written expression (dysgraphia)**

As evidenced by: (check all that apply)

- ☐ Assessment of word-level reading skills, including fluency that indicate average skills in these areas (rule out basic reading skill issues that may cause the deficit in written expression)
- ☐ Assessments of written expression/written language that may include (e.g., WIAT-4 spelling, punctuation and capitalization, sentence combining, WJ-4 writing samples, spelling, K-TEA written expression, spelling).
- ☐ Visual motor/visual spatial assessment
- ☐ Handwriting assessment (e.g., Minnesota Handwriting Assessment, Beery Developmental Test of Visuomotor Integration (VMI), Evaluation Tool of Children's Handwriting)
- ☐ CBM data for Writing (e.g., DIBELS, AIMSWEB, Fastbridge)
- ☐ State or district assessments (SCReady, STAR, MAP, etc.)

☐ **Oral Expression**

As evidenced by: (check all that apply)

- ☐ Achievement test of oral expression skills (e.g., WIAT-4 oral expression, KTEA-3 oral expression, WJ-IV Tests of Oral Language picture vocabulary, sentence repetition)
- ☐ SLP assessment of language
- ☐ Parent or teacher report/family history
- ☐ Educational history
- ☐ Observation during instruction across settings
- ☐ Other:
- ☐ Intervention data: (possible interventions)
 - Making predictions
 - Stating opinions
 - Stating main idea or themes from stories and texts
 - Telling or retell stories with clear narrative structure
 - Summarize, describe, compare/contrast, categorize, make inferences
 - Verbally problem solve: state the problem, generate a list of possible solutions and state the best solution to the problem
 - Using correct syntax
 - Ask and answer questions
 - Conversational skills: verbal exchanges, stay on topic, or initiate/maintain/end a conversation

☐ **Listening Comprehension**

As evidenced by: (check all that apply)

- ☐ Achievement test of oral expression skills (e.g., WIAT-4 listening comprehension, KTEA-3 listening comprehension, WJ-IV Tests of Oral Language: oral comprehension and understanding directions)
- ☐ SLP assessment of language
- ☐ Parent or teacher report/family history
- ☐ Educational history
- ☐ Observations during instruction across settings
- ☐ Other :
- ☐ Intervention data that targets one or more of the following areas:
 - Developing listening strategies
 - Using strategies such as repetition, identification of key words, summarizing
 - Following verbal directions (single or multistep)
 - Understanding complex directions
 - Understanding grade level vocabulary
 - Synthesizing/understanding comprehension questions related to academic content

Learning Experiences			
The child has been provided with learning experiences and instruction appropriate for the child's age or state-approved grade level standards in the area(s) of concern.			

Was the student provided with appropriate core instruction that was evidence based and included phonemic awareness, phonics, fluency, vocabulary and comprehension since kindergarten?	Yes		No
Was core instruction provided with fidelity? (direct, explicit and systematic instruction as the publisher intended)	Yes		No
Were evidence-based interventions provided that aligned to the student's skill deficits? (Tier 2, Tier 3, classroom based)	Yes		No
Was progress monitoring data from interventions used to show process or lack of progress with interventions?	Yes		No

Consideration of Exclusionary Factors
The underachievement is not the primary result of: (check all that apply)

- ☐ Limited English Proficiency
- ☐ Visual, hearing or motor disability
- ☐ Intellectual disabilities
- ☐ Emotional disabilities
- ☐ Cultural factors
- ☐ Environmental or economic disadvantage
- ☐ Atypical educational history such as irregular school attendance or attendance at multiple schools
- ☐ Lack of appropriate evidence-based instruction in writing; spelling accuracy, grammar and punctuation accuracy, clarity or organization of written expression
- ☐ Lack of appropriate evidence-based instruction in math; number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning
- ☐ Lack of appropriate evidence-based instruction in reading; explicit and systematic instruction in the essential components of reading instruction, phonemic awareness, phonics, reading fluency, vocabulary and reading comprehension

Adverse Educational Impact			
Is there documentation of an adverse effect on educational performance, due to the documented characteristics of a specific learning disability?	Yes		No

Need for Specially Designed Instruction			
If there is a specific learning disability, does the child require specially designed instruction because of that disability?		Yes	

Decision	
The team reviewed all the relevant evaluation and other existing data and determined that:	☐ The student meets all the criteria for a specific learning disability and requires specialized instruction. ☐ The student meets all the criteria for a specific learning disability but does not require specialized instruction. ☐ The student does not meet the required criteria for a specific learning disability.
Date of decision:	

Evidence of a possible disability can include scores:

- in the does not meet expectations range on SC Ready (taking into account local norms)
- on CBMs, at or below the 10th percentile (taking into account local norms)
- on standardized assessments at or below the 10th percentile (taking into account the standard error of measure)

Remember: **It is the preponderance of evidence that should be used to determine the presence of a specific learning disability, not a single test or score.**