

## SRR – Identification

Michigan Department of Education Office of Special Education  
May 2022

**Member District Name**

### Instructions

Please review the student record related to the initial evaluation or most recent Review of Existing Evaluation Data (REED). If noncompliance is found and correctable, then student-level correction is needed. Select No next to the noncompliant item. Insert a comment in the SLCAP Comments box when you want to require additional corrective action other than the prepopulated correction. Comments entered in the SLCAP Comments box will populate the final column of the SLCAP section of the SRR. Insert a comment in the Reviewer Comments box when the reviewer wants to leave a comment for internal use only.

**Student Name**

**Birthdate**

**Current Grade Level**

**Race/Ethnicity**

**IEP Date**

**Reviewed By**

**Date of Review**

## Section 1: Initial Evaluations

Complete this section if the initial evaluation was conducted in the last 36 months.

| Item # | Citation   | Probe   | Responses                |                          |                          |  | SLCAP Comments | Reviewer Comments |
|--------|--|---|--------------------------|--------------------------|--------------------------|--|----------------|-------------------|
|        |  |   | Yes                      | No                       | NA                       |  |                |                   |
| 1      | § 300.304(b)(1)  | A variety of assessment tools and strategies were used including information provided by the parent.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                |                   |
| 2      | § 300.304(c)(4), R 340.1721a(1), and 340.1705 through 340.1717 | A full and individual evaluation by a MET was completed that meets the requirements for each suspected area of disability with a written report.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                |                   |
| 3      | § 300.304(c)(7) and R 340.1721a(1)(b)(ii) and (iii)            | The MET report contained information needed to determine the student's present level of academic achievement and functional performance (PLAAFP) and educational needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                |                   |

## Section 2: Review of Existing Evaluation Data

Complete this section if section one was not completed.

| Item # | Citation                  | Probe   | Responses                |                          |                          | SLCAP Comments | Reviewer Comments |
|--------|---------------------------|---|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                           |   | Yes                      | No                       | NA                       |                |                   |
| 4      | § 300.303 (b)(2)          | A reevaluation and offer of FAPE occurred within 36 months of the previous offer of FAPE tied to a reevaluation <b>or</b> the parent and local agreed that no reevaluation was necessary. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 5      | §§ 300.305 and 300.321(a) | The required members participated in the REED or, in the case of the parent, there were repeated attempts to invite the parent.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 6      | § 300.305(a)(2)(i)        | The team identified what additional data were needed to determine if the child has a disability, or continues to have a disability, and their educational needs.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 7      | § 300.305(a)(2)(ii)       | The team identified what additional data were needed to determine the present level of academic achievement and related developmental needs.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 8      | § 300.305(a)(2)(iii)      | The team identified what additional data were needed to determine if the student needed, or continues to need, special education and/or related services.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 9      | § 300.305(a)(2)(iv)       | The team identified what additional data were needed to determine if any additions or modifications to the special education and related services were needed.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

| Item # | Citation             | Probe   | Responses                |                          |                          | SLCAP Comments | Reviewer Comments |
|--------|----------------------|---|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                      |   | Yes                      | No                       | NA                       |                |                   |
| 10     | § 300.305(d)(1)      | If no additional data were needed to determine whether the student had a disability and to determine the student's educational needs, the parents were given Notice about the determination, the reason(s) for the determination, and the parent's rights to request an assessment. | Yes                      | No                       | NA                       | SLCAP Comments | Reviewer Comments |
|        |                      |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 11     | § 300.305(a)(1)(i)   | Evaluations and information provided by the parents were reviewed.  | Yes                      | No                       | NA                       | SLCAP Comments | Reviewer Comments |
|        |                      |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 12     | § 300.305(a)(1)(ii)  | Current classroom-based, district, or state assessments and classroom-based observations were reviewed.   | Yes                      | No                       | NA                       | SLCAP Comments | Reviewer Comments |
|        |                      |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 13     | § 300.305(a)(1)(iii) | Observations by teachers and related service providers were reviewed.   | Yes                      | No                       | NA                       | SLCAP Comments | Reviewer Comments |
|        |                      |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

### Section 3: IEP

| Item # | Citation                     | Probe  | Responses                |                          |                          |                | Reviewer Comments |
|--------|------------------------------|--|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                              |  | Yes                      | No                       | NA                       | SLCAP Comments |                   |
| 14     | §§ 300.321(a)(1) and 300.322 | The required members attended the IEP Team meeting or there was documentation of an excusal and written input if they were not in attendance or, in the case of the parent, there was documentation of repeated attempts to invite the parent. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 15     | § 300.306(a)(1)              | An IEP Team determined eligibility and the educational needs of the student.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

### Section 4: Determination of Eligibility for Specific Learning Disability

Complete this section if you are reviewing an initial evaluation or a change of eligibility.

| Item # | Citation      | Probe   | Responses                |                          |                          |                | Reviewer Comments |
|--------|---------------|---|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |               |   | Yes                      | No                       | NA                       | SLCAP Comments |                   |
| 16     | R 340.1713(1) | The determination of eligibility did not include learning problems that were primarily the result of visual, hearing, or motor disabilities, cognitive impairment, emotional impairment, autism spectrum disorder, or environmental, cultural, or economic disadvantage that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

| Item # | Citation         | Probe  | Responses                |                          |                          |                | Reviewer Comments |
|--------|------------------|--|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                  |  | Yes                      | No                       | NA                       | SLCAP Comments |                   |
| 17     | R 340.1713(3)(a) | The MET included a general education teacher.  | Yes                      | No                       | NA                       | SLCAP Comments | Reviewer Comments |
|        |                  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 18     | R 340.1713(3)(b) | The MET included at least one person qualified to conduct individual diagnostic examinations of children.  | Yes                      | No                       | NA                       | SLCAP Comments | Reviewer Comments |
|        |                  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 19     | § 300.311(a)(1)  | The documentation of eligibility contained a statement the student had a specific learning disability.   | Yes                      | No                       | NA                       | SLCAP Comments | Reviewer Comments |
|        |                  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 20     | § 300.311(a)(2)  | <p>The basis for making the determination was documented, including an assurance the determination was made in accordance with § 300.306(c)(1) which indicates in interpreting evaluation data the district must:</p> <ul style="list-style-type: none"> <li>• Draw upon information from a variety of sources,</li> <li>• Ensure the information is documented and carefully considered.</li> </ul> | Yes                      | No                       | NA                       | SLCAP Comments | Reviewer Comments |
|        |                  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 21     | § 300.310(a)     | The student was observed in the student's learning environment to document the student's academic performance and behavior in the areas of difficulty.   | Yes                      | No                       | NA                       | SLCAP Comments | Reviewer Comments |
|        |                  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 22     | § 300.311(a)(4)  | Educationally-relevant medical findings, if any, were documented.  | Yes                      | No                       | NA                       | SLCAP Comments | Reviewer Comments |
|        |                  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

| Item # | Citation                              | Probe   | Responses                |                          |                          | SLCAP Comments | Reviewer Comments |
|--------|---------------------------------------|---|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                                       |   | Yes                      | No                       | NA                       |                |                   |
| 23     | §§ 300.309(a)(1)(2) and 300.311(a)(5) | The student did not achieve adequately or make sufficient progress for the student's age or state-approved grade-level standards.   | Yes                      | No                       | NA                       |                |                   |
|        |                                       |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 24     | § 300.309(a)(2)                       | Either (a) the student did not make sufficient progress to meet age or state-approved grade-level standards when using a process based on the student's response to scientific, research-based intervention, or (b) the student exhibited a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development. | Yes                      | No                       | NA                       |                |                   |
|        |                                       |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 25     | § 300.311(a)(6)R 340.1721a(1)         | The MET determined the disability was not primarily the result of a visual, hearing, or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency.  | Yes                      | No                       | NA                       |                |                   |
|        |                                       |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 26     | § 300.309(b)                          | The underachievement was not due to lack of appropriate instruction in reading or math.   | Yes                      | No                       | NA                       |                |                   |
|        |                                       |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 27     | § 300.311(b) R 340.1721a(1)           | Each MET member certified in writing the report reflected the member's conclusion, or a separate statement is attached.   | Yes                      | No                       | NA                       |                |                   |
|        |                                       |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

## Section 4: Determination of Eligibility for Cognitive Impairment

Complete this section if you are reviewing an initial evaluation or a change of eligibility.

| Item # | Citation         | Probe  | Responses                |                          |                          |                | Reviewer Comments |
|--------|------------------|--|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                  |  | Yes                      | No                       | NA                       | SLCAP Comments |                   |
| 16     | R 340.1705(1)    | The impairment was manifested during the developmental period.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 17     | R 340.1705(1)(a) | The developmental rate was at or below two standard deviations below the mean as determined through intellectual assessment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 18     | R 340.1705(1)(b) | Standardized test scores in reading and math were approximately within the lowest sixth percentile.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 19     | R 340.1705(1)(c) | Lack of development was primarily in the cognitive domain.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 20     | R 340.1705(1)(d) | An impairment of adaptive behavior was documented.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 21     | R 340.1705(1)(e) | The student's educational performance was adversely affected.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 22     | R 340.1705(2)    | The MET included a psychologist.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |



## Section 4: Determination of Eligibility for Emotional Impairment

Complete this section if you are reviewing an initial evaluation or a change of eligibility.

| Item # | Citation             | Probe   | Responses                |                          |                          |                | Reviewer Comments |
|--------|----------------------|---|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                      |   | Yes                      | No                       | NA                       | SLCAP Comments |                   |
| 16     | R 340.1706(1)        | Behavioral problems were primarily in the affective domain.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 17     | R 340.1706(1)        | There was evidence that behavioral problems were manifested over an extended period of time.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 18     | R 340.1706(1)        | Behavioral problems adversely affected the student's educational performance to the extent the student could not profit from regular learning experiences without special education support.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 19     | R 340.1706(1)(a)-(d) | Behaviors were manifested by one or more of the following:<br>Inability to build and maintain satisfactory relationships within school environment.<br>Inappropriate behaviors/feelings, or depression under normal circumstances.<br>General pervasive mood of unhappiness.<br>Physical symptoms or fears. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 20     | R 340.1706(2)        | The emotional impairment was not based on a social maladjustment unless it is determined the student also has an emotional impairment.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

| Item # | Citation         | Probe   | Responses                |                          |                          | SLCAP Comments | Reviewer Comments |
|--------|------------------|---|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                  |   | Yes                      | No                       | NA                       |                |                   |
| 21     | R 340.1706(3)    | Intellectual, sensory, or health factors were not the primary cause of the student's impairment.  | Yes                      | No                       | NA                       |                |                   |
|        |                  |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 22     | R 340.1706(4)(a) | The evaluation report documents the student's performance in the educational setting and in other settings, such as adaptive behavior within the broader community. | Yes                      | No                       | NA                       |                |                   |
|        |                  |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 23     | R 340.1706(4)(b) | The evaluation report documents a systematic observation of the behaviors of primary concern that interfere with educational and social needs.                      | Yes                      | No                       | NA                       |                |                   |
|        |                  |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 24     | R 340.1706(4)(c) | Intervention strategies to improve the behaviors were implemented and length of time these strategies were used was documented.                                     | Yes                      | No                       | NA                       |                |                   |
|        |                  |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 25     | R 340.1706(5)    | The MET report included data provided by both a psychologist or psychiatrist and a school social worker.  | Yes                      | No                       | NA                       |                |                   |
|        |                  |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

## Section 4: Determination of Eligibility for Speech and Language Impairment

Complete this section if you are reviewing an initial evaluation or a change of eligibility.

| Item # | Citation         | Probe  | Responses                |                          |                          |                | Reviewer Comments |
|--------|------------------|--|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                  |  | Yes                      | No                       | NA                       | SLCAP Comments |                   |
| 16     | R 340.1710(1)    | A speech and language impairment adversely affected educational performance.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 17     | R 340.1710(2)    | A communication disorder was determined by one or more of the following speech and language impairments: <ul style="list-style-type: none"> <li>• Language</li> <li>• Articulation</li> <li>• Fluency</li> <li>• Voice</li> </ul>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 18     | R 340.1710(3)(a) | A language impairment was indicated by a spontaneous language sample demonstrating inadequate language functioning.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 19     | R 340.1710(3)(b) | Test results of not less than two standardized assessment instruments or two sub-tests designed to determine language functioning indicated inappropriate language functioning for the student's age were used to determine eligibility. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 20     | R 340.1710(5)    | The MET included a teacher of students with speech and language impairments under R 340.1796, or a speech and language pathologist qualified under R 340.1792.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

## Section 4: Determination of Eligibility for Autism Spectrum Disorder (ASD)

Complete this section if you are reviewing an initial evaluation or a change of eligibility.

| Item # | Citation         | Probe   | Responses                |                          |                          |                | Reviewer Comments |
|--------|------------------|---|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                  |   | Yes                      | No                       | NA                       | SLCAP Comments |                   |
| 16     | R 340.1715(1)    | <p>The disability adversely affected the student's educational performance in one or more of the following areas:</p> <p>Academic</p> <p>Behavioral</p> <p>Social</p>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 17     | R 340.1715(2)(a) | <p>Qualitative impairments in reciprocal social interactions included marked impairment in at least two of the following areas:</p> <p>Use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.</p> <p>Peer relationships appropriate to developmental level.</p> <p>Spontaneous seeking to share enjoyment, interests, or achievements with other people, for example, by showing, bringing, or pointing out objects of interest.</p> <p>Social or emotional reciprocity.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

| Item # | Citation         | Probe  | Responses                |                          |                          |                | Reviewer Comments |
|--------|------------------|--|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                  |  | Yes                      | No                       | NA                       | SLCAP Comments |                   |
| 18     | R 340.1715(2)(b) | <p>Qualitative impairments in communication included at least one of the following:</p> <ul style="list-style-type: none"> <li>• Delay in, or lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime.</li> <li>• Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.</li> <li>• Stereotyped and repetitive use of language or idiosyncratic language.</li> <li>• Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 19     | R 340.1715(2)(c) | <p>Restricted, repetitive, and stereotyped behaviors included at least one of the following:</p> <ul style="list-style-type: none"> <li>• Encompassing preoccupation with one or more stereotyped and restricted patterns of interest.</li> <li>• Inflexible adherence to specific, nonfunctional routines or rituals.</li> <li>• Stereotyped and repetitive motor mannerisms.</li> <li>• Persistent preoccupation with parts of objects.</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

| Item # | Citation      | Probe  | Responses                |                          |                          |                | Reviewer Comments |
|--------|---------------|--|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |               |  | Yes                      | No                       | NA                       | SLCAP Comments |                   |
| 20     | R 340.1715(4) | <ul style="list-style-type: none"> <li>The primary diagnosis was not schizophrenia or emotional impairment.</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 21     | R 340.1715(5) | <p>The MET included at a minimum:</p> <ul style="list-style-type: none"> <li>A psychologist or psychiatrist.</li> <li>An authorized provider of speech and language.</li> <li>A school social worker.</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |

### Section 4: Determination of Eligibility for Other Health Impairment

Complete this section if you are reviewing an initial evaluation or a change of eligibility.

| Item # | Citation          | Probe   | Responses                |                          |                          |                | Reviewer Comments |
|--------|-------------------|---|--------------------------|--------------------------|--------------------------|----------------|-------------------|
|        |                   |   | Yes                      | No                       | NA                       | SLCAP Comments |                   |
| 16     | R 340.1709a(1)    | The student had limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which resulted in limited alertness with respect to the educational environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 17     | R 340.1709a(1)(a) | The impairment is due to chronic or acute health problems.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 18     | R 340.1709a(1)(b) | The impairment adversely affected the student's educational performance.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |
| 19     | R 340.1709a(2)    | The MET included an approved physician as defined in 1978 PA 368 MCL 333.1101 et seq.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |                   |