#### MO STATE SAMPLE

# **EVALUATION REPORT**

The evaluation report documents assessment results and review of data that assists in determining whether a student is eligible for special education, and provides information to the IEP team to assist with IEP development. The evaluation process should be sufficient in scope to determine: (1) whether a student has a disability, (2) whether the disability adversely affects his/her performance in the general education curriculum, and (3) the nature and extent of the student’s need for specially designed instruction and any necessary related services. Based on the review of the evaluation results, a group of qualified professionals and the parent of the child determine whether the student is eligible for special education.

**Initial Evaluation**  **Reevaluation**

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| General Information | | | | | | | | | | | | | | |
| Student’s Name: | | | |  | | | | | Date of Birth: | |  | | Age: |  |
| Grade: |  | | | | | School: |  | | | | | | | |
| Parent’s Name(s): | | | |  | | | | | | | | Phone: |  | |
| Address: | |  | | | | | | | | | | | | |
| Primary Language: | | | | | English | | | Other: | |  | | | | |
|  | | | | | Does student have limited English proficiency?  No  Yes | | | | | | | | | |
| Referral Date:       Review of Existing Data Date:       Date of Consent to Evaluate: | | | | | | | | | | | | | | |
| Eligibility Staffing Date:  Evaluation Held within Required Timelines (include acceptable extensions if appropriate):  No  Yes | | | | | | | | | | | | | | |
| Referred By: | | | Role: | | | | | | | | | | | |
| Case Manager (if assigned): | | | | | | | | | | | | | | |

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| Case History | | |
| Description of Educational Concerns: | | |
| Intervention Strategies Used Prior to Referral: | | |
| School History: (include previous school(s) attended, grades retained, attendance, previous services, Title I services, current classroom performance) | | |
| Family History: (include developmental milestones, parent concerns, and relevant medical history) | | |
| **Evaluation Procedures** | | |
| Name of Assessment | Date of Assessment | Name/Role of Person Conducting Assessment |
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| **Evaluation Results** |
| **Vision:** a student’s near/far point visual acuity, eye muscle control, depth perception, color blindness, orientation/mobility skills.  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form] |
| **Hearing:** a student’s hearing acuity for pure-tones and speech, middle ear functions, central auditory processing skills, and the need for amplification systems.  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form] |
| **Health/Motor:** a student’s physiological and neurological condition including gross and fine motor skills, metabolic functioning, and/or evidence of disease or injury. May also include laterality, directionality, balance, kinesthetic skills, tactile skills, and ambulatory/postural problems.  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form] |
| **Speech:** a student’s articulation or phonological skills, voice, or fluency**.**  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form]  (Speech Sample REQUIRED for Sound System Disorder and Speech-Fluency) |
| **Language:** a student’s receptive/expressive language skills, auditory processing.  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form]  (Language Sample REQUIRED for Language Impairment) |
| **Intellectual/Cognitive:** a student’s general mental abilities including learning rate, specific strengths and weaknesses, and sensory perceptual learning processes.  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form] |
| **Adaptive Behavior:** a student’s ability to function and maintain self independently, and the degree to which the student meets satisfactorily the culturally imposed demands of personal and social responsibility.  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form] |
| **Social/Emotional/Behavioral:** a student’s social/emotional/behavioral development in relation to learning, interpersonal relationships, and self.  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form] |
| **Academic Achievement:** a student’s educational skills and achievement levels including pre-academic skills, if age appropriate.  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form] |
| **Post-secondary Transition** (for ages 16+ or younger if appropriate)**:** a student’s ability to function independently in the school environment and movement toward successful functioning in post-school activities (i.e. working toward career choices).  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form] |
| **Assistive Technology** (if applicable)**:** a student’s need for assistive devices/services in order to maintain, increase, or improve the functional capabilities of the student.  Data Reviewed and Results:  Was further assessment needed:  No  Yes [if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form] |
| **Observation** (if applicable)**:**  REQUIRED for suspected disability categories of Autism, Emotional Disturbance, and Specific Learning Disability  OPTIONAL for all other suspected categories of disability  Observation occurred PRIOR to referral for evaluation DURING evaluation with parent consent  (Must include the name and title of qualified professional conducting the observation and the location(s) of the observation) |

INDIVIDUAL DOCUMENTATION OF ASSESSMENT RESULTS

(Use separate sheet for each assessment)

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| Student Name: | Birth Date: |
| Grade: | Age: |
| Examiner: | Evaluation Date(s) |
| Area of Assessment: | Location of Assessment: |

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| **Name and Description of Assessment Instrument Used:** |
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| **Test Behavior /Observations: (include a description of any variations from standardized assessment conditions)** |
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| **Test Results:** |
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| **Summary and Interpretation of Results:** |
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| **Team Conclusions and Decisions** | | |
| **The student was assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social/emotional status, general intelligence, academic performance, communication, and motor abilities.**  **No (*If no, the evaluation is not sufficiently comprehensive and the evaluation is incomplete.)***  **Yes** | | |
| **BASIS FOR DETERMINATION:** (must address all areas of suspected eligibility and include specific evaluation data to support the categorical eligibility determination)  **Does this disability adversely impact the student’s education? No  Yes**  **If YES, describe:**  **Does the student need specially designed instruction?** **No**  **Yes**  **If YES, describe:**  **There is documentation to confirm this student has a disability under the IDEA?**  **No**  **Yes**  **If yes, list eligibility category and subcategory (if appropriate):**  **IF ELIGIBLE, THIS EVALUATION REPORT REFLECTS THAT THE CHILD’S ELIGIBILITY DETERMINATION WAS NOT BASED ON ANY OF THE FOLLOWING FACTORS:**  A lack of appropriate instruction in reading including the essential components of comprehensive literacy instruction (as  defined in Section **2221(b)(1)** of the ESEA):  1) Phonemic Awareness  2) Phonics  3) Vocabulary Development  4) Reading Fluency including oral reading skills  5) Reading Comprehension Strategies  A lack of appropriate instruction in math  Limited English Proficiency  Describe any other exclusionary factors relevant to the eligibility category (additional requirements required for AU, SLD, LI and SSD):    RELEVANT MEDICAL FINDINGS:  □ There are no relevant medical findings.  □ Relevant medical findings are: | | |
| **If not eligible for special education and related services OR the student does not need specially designed instruction, suggestions for interventions for the student:** | | |
| **ELIGIBILITY MEETING PARTICIPANTS** | | |
| The following team of qualified professionals and the parent of the child have reviewed the evaluation data and participated in the determination of initial or continued eligibility for special education and related services.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Name | Signature  (required for SLD eligibility determination) | Role | Method of Participation | | | **\*only** forSpecific Learning Disability (SLD) Determination | | | In person | Via phone | In writing | **Agree** | **Disagree** | |  |  | Parent/Guardian**\*** |  |  |  |  | | |  |  | Parent/Guardian**\*** |  |  |  | |  |  | Student |  |  |  | |  |  | Assessment Professional**\*** |  |  |  |  |  | |  |  | General Education Teacher\* |  |  |  |  |  | |  |  | LEA Representative |  |  |  |  |  | |  |  | Special Education Teacher |  |  |  |  |  | |  |  | Speech/Language Pathologist |  |  |  |  |  | |  |  | School Counselor |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | | |
| \***SPECIFIC LEARNING DISABILITY:** The eligibility determination team MUST include the parent, at least one person qualified to conduct individual diagnostic assessments, the child’s regular education teacher, or if the child does not have a regular education teacher, a regular classroom teacher qualified to teach a child of his/her age, or for a child less than school age, an individual qualified to teach a child of that age, and other qualified professionals as appropriate. With the exception of the parent, each team member MUST certify in writing whether the report reflects his/her conclusion(s). If a team member disagrees with the determination, a dissenting statement describing the team member’s conclusion(s) must be attached: | | |
| A copy of the evaluation report including documentation of determination of eligibility was provided to the parent(s)/guardian(s) by: | | |
|  | on |  |
| *Name/Title* |  | *Date* |