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| **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 and document:(1) Whether a student has a disability according to the established Missouri criteria,(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 the 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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| **Background Information** | | |
| 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:** Near/far point visual acuity, eye muscle control, depth perception, color blindness, orientation/mobility skills. |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Hearing:** Hearing acuity for pure-tones and speech, middle ear functions, and the need for amplification systems. |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Health:** Current or past medical/health condition(s) such as metabolic functioning, mental health diagnoses, chronic/acute disease or injury that may impact educational performance. |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Motor:** Physiological and neurological condition involving gross fine motor skill. May also include laterality, directionality, balance, kinesthetic skills, tactile skills, and ambulatory/postural problems. |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Speech:** Articulation or phonological skills, voice, or fluency**. NOTE:** Speech Sample REQUIRED for Sound System Disorder and Speech-Fluency |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Language:** Receptive/expressive language skills and/or central auditory processing skills. |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Intellectual/Cognitive:** General mental abilities including learning rate, specific strengths and weaknesses, and sensory perceptual learning processes. |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Adaptive Behavior:** 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. |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Social/Emotional/Behavioral:** Social/emotional/behavioral development in relation to learning, interpersonal relationships, and self. |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Academic Achievement:** Educational skills and achievement levels including pre-academic skills, if age appropriate. |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Post-secondary Transition** (for ages 16+ or younger if appropriate)**:** Ability to function independently in the school environment and movement toward successful functioning in post-school activities (i.e. working toward career choices). |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Assistive Technology** (if applicable)**:** Need for assistive devices/services in order to maintain, increase, or improve the functional capabilities of the student. |
| Existing Data Reviewed and Results: |
| Was further assessment needed:  No  Yes\* |
| **Observation:** Description of student’s behavior, skill, or academic performance (compared to typical grade-level peers), frequency and/or duration (if applicable), and adverse impact of the suspected disability on the student’s educational performance**. NOTE:** REQUIRED for suspected disability categories of Autism, Emotional Disturbance, Intellectual Disability, Other Health Impaired, 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) |

\*if yes, include results of assessment(s) below or attach *Documentation of Assessment Results* form.

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) vision, hearing, health, motor abilities, communication (speech and language), general intelligence/cognitive, adaptive behaviors, social/emotional/behavioral, academic performance, post-secondary transition, and assistive technology.  No (*If no, the evaluation is not sufficiently comprehensive and the evaluation is incomplete.)*  Yes | | | |
| **BASIS FOR DETERMINATION:** Teams should document all categorical eligibilities considered, and if the student is found eligible, clearly state the area of eligibility. Include a synthesis of all the information used to address all areas of the suspected disability and include specific evaluation data to support the categorical eligibility determination. The evidence must also support the existence of an adverse educational impact and the need for special education and related services.  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:   Autism: The evaluation report documents the results of the evaluation and the team’s conclusion that the child’s autism is not the result of an emotional disability.  Specific Learning Disability: The team determines that its findings of a Specific Learning Disability are not primarily the result of:   1. A visual, hearing, or motor disability; 2. Intellectual Disability; 3. Emotional disturbance; 4. Cultural factors; 5. Environmental or economic disadvantage; 6. Limited English proficiency; 7. Lack of appropriate instruction in reading, including the essential components of comprehensive literacy instruction (as defined in Section 2221(b)(1) of the ESEA); 8. Lack of appropriate instruction in math.    Language Impairment: The evaluation report documents the team’s conclusion that the child’s language impairment is not the result of dialectal differences or second language influences.   Sound System Disorder: The evaluation report documents the team’s conclusion that the child's sound system disorder is not the result of dialectal differences or second language influences.  Speech - Voice: The evaluation report documents the child’s voice disorder is not the result of any temporary condition, (e.g., normal voice changes, allergies, colds, or other conditions), a medical condition that contraindicates voice therapy intervention, or a dialectal difference or second language influence.  **RELEVANT MEDICAL FINDINGS:**  There are no relevant medical findings.  Relevant medical findings are: | | | |
| **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 |  |  |  | |  |  | Individual qualified to interpret the instructional implications of evaluation results |  |  |  |  | | |  |  | Individual qualified to conduct diagnostic examinations**\*** |  |  |  |  |  | |  |  | 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* |