



West Valley School District #208

Special Services

1000 South 72nd Avenue

Yakima, WA 98908

Tel: 509 965 2080

PURPOSE: The evaluation report documents whether the student is eligible or continues to be eligible for special education and provides information to the IEP team to assist them in the development of the IEP. 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. If the evaluation group believes the student may have a specific learning disability, the Supplementary Report for SLD should be completed and attached.

EVALUATION REPORT

Student name: _____ Student ID No.: _____

Birthdate: _____ Grade: _____ Age: _____

Eligibility Category: _____ Building: _____

Eligibility determination date: _____ Three-year reevaluation due date: _____

Primary language of student: _____ Primary language at home: _____

Parent(s) name(s): _____ Interpreter needed? Yes No

Surrogate parent: Yes No If yes, name: _____

Adult student: Yes No Interpreter needed? Yes No

Primary staff contact name: _____ Title: _____

Initial Evaluation Reevaluation

Background Information *(reason for referral or presenting concerns, such as relevant medical/developmental history, sensory loss, teacher recommendations, academic/pre-academic history, current placement in general education, instructional history, grade retention, any previous interventions implemented and their results, and other factors, including parent concerns and any additional information provided by the parent(s)):*

Evaluation Procedures and Results *(record findings from the review of existing data and any additional assessments conducted, including the date and source (specific tool, instrument, or data collection method used) of these data. Individual group members may choose to use the Individual Documentation of Assessment Results form or members may wish to incorporate individual assessment results into this report):*

Current Levels of Performance
(based on existing data and/or additional assessments)

Area(s):

Intellectual/Cognitive: *Not addressed*

Academics/Pre-academics: *Not addressed*

Communication/Speech/Language skills: *Not addressed*

Behavior/Social skills: *Not addressed*

Adaptive/Self-help skills: *Not addressed*

Transition/Vocational: *Not addressed*

Motor skills: *Not addressed*

Hearing: *Not addressed*

Vision: *Not addressed*

Medical/Health Concerns *(including any medical diagnoses)*: *Not addressed*

Second Language/ Language Acquisition Concerns: *Not addressed*

Other:

Evaluation Summary *(an analysis of the educational relevance of the evaluation results, including individual assessment results, and a description of the adverse educational impact, including how the disability affects involvement and progress in the general education curriculum (or for preschool children, in appropriate activities)):*

The student has received appropriate instruction in reading and math: Yes No

(If no, the student is not eligible for special education services.)

If yes, describe the basis for this determination:

Consideration of other factors, including English proficiency, cultural impacts, attendance, etc.

(Note: the student is not eligible for special education services if the determinant factor is limited English proficiency.)

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:

Yes No

(If no, the evaluation is incomplete.)

Is the student in need of specially designed instruction?

Yes No

If no, recommended interventions for student:

Recommended Specially Designed Instruction

(recommendations to the IEP team to assist in the development of the IEP's present levels of performance and annual goals. Specify the areas in which the student requires specially designed instruction (i.e. math, gross motor, social skills, etc.)):

Necessary Related Services

(specify the related services needed in order for the student to benefit from special education (i.e. speech therapy, physical therapy, counseling, audiology services, interpreting services, etc.)):

Other Information Needed to Develop the IEP

(determined through the evaluation process and from parental input, including any recommended supplementary aids and services for the student and program modifications or supports for school personnel, if needed):

ELIGIBILITY DETERMINATION

Does the student have a disability? Yes No

If yes, category: _____
 (If SLD, complete and attach the Supplementary Report for SLD.)

Group Signatures (the date and signature of each member of the evaluation group below certifies that the evaluation report represents his/her conclusions. If the evaluation report does not reflect his/her conclusions, he/she must include a separate statement representing his/her conclusions.):

Name	Signature	Title	Date

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*

PURPOSE: Each professional member of the evaluation group who contributed to the evaluation report is required to document the results of his/her individual assessment(s) and observation(s). This individual documentation may be a separate document, using a form such as this sample form, or members may wish to incorporate their individual assessment results into the evaluation report.

INDIVIDUAL DOCUMENTATION OF ASSESSMENT/OBSERVATION RESULTS

Student name: _____ School: _____
Birthdate: _____ Age: _____ Grade: _____
Examiner: _____ Evaluation date(s): _____
Area(s) of assessment: _____

Description of Evaluation Procedures and Instruments Used:

Description of Evaluation/Observation Results *(including specific data and analysis):*

Conclusions *(including recommendations for specially designed instruction, related services, supplementary aids and services, program modifications, and/or support for school personnel, as may be needed by the student):*

Examiner's Name/Title

Examiner's Signature

Date