

Team Planning Worksheet

Student name Jason Patterson Student # 49 DOB 2/6/2002 Date 11/24/2008
Serving school Alder Elementary IEP Mgr Steve Bigelow Grade 1 Age 6 y 9 m

After review of all available data, it is the Evaluation Teams determination that assessment needs are as follows:

Assessment Area	To Do	Assessment Documentation (previous)	Team Member Assignment
Cognitive	<input type="checkbox"/>		Psychologist
Academic	<input type="checkbox"/>		Special Ed Teacher
Social/Emotional	<input type="checkbox"/>		Psychologist
Communication	<input type="checkbox"/>		SLP
Motor	<input type="checkbox"/>		OT/PT
Dev.History/Health	<input type="checkbox"/>		Nurse
Adaptive	<input type="checkbox"/>		Psychologist
Vision/Hearing	<input type="checkbox"/>		Nurse/SLP
Observation	<input type="checkbox"/>		
Vocational	<input type="checkbox"/>		Special Ed Teacher
Classroom Functioning	<input type="checkbox"/>		Special Ed Teacher

How will parent participation be assured?

- | | | |
|--|--|--|
| <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Special Ed Teacher | <input type="checkbox"/> Speech/Language Pathologist |
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> Physical/Occupational Therapist | <input type="checkbox"/> Classroom Teacher |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Parent/Adult Student | <input type="checkbox"/> Other _____ |

Evaluation Due Date ? _____ **(35 days)** **after consent signed**
Notice of Results Sent _____ **(10 days)** **Psychologist**
IEP Mtg. scheduled _____ **(30 cal days)** **Special Ed teacher**