

**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 Jason Patterson Student # 49 DOB 2/6/2002  
Serving school Alder Elementary IEP Mgr. \_\_\_\_\_ Grade 1 Age 6 y 9 m  
Home school \_\_\_\_\_ Prepared by : John Newhoff  
Eligibility Determination Date \_\_\_\_\_ Ethnicity \_\_\_\_\_ Language \_\_\_\_\_  
Current Eval \_\_\_\_\_ Next Eval \_\_\_\_\_  **Initial Evaluation**  **Re-Evaluation** Adult Student   
Needed: Surrogate Parent  Interpreter

### Background Information

*(reason for referral or presenting concerns, such as relevant medical/developmental history, sensory loss, teacher recommendations, academic/preacademic 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)):*

### Areas of Evaluation:

The Evaluation team reviewed existing information to determine that additional testing was needed in the following area(s):

- |  |  |  |                                |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Academic / Preacademics     | <input type="checkbox"/> Transition / Vocational | <input type="checkbox"/> Hearing                   | <input type="checkbox"/> Other |
| <input type="checkbox"/> Behavior / Social Skills    | <input type="checkbox"/> Communication           | <input type="checkbox"/> Vision                    |                                |
| <input type="checkbox"/> Adaptive / Self-help Skills | <input type="checkbox"/> Motor                   | <input type="checkbox"/> Medical / Health Concerns |                                |

- The district has conducted a full individual evaluation of this student in all areas of suspected disability in accordance with procedures contained in WAC 392-172A. Areas of concern noted by team members are summarized here, or described in more detail in the individual assessment summaries attached, as a part of this Evaluation Report.
- The Evaluation Team reviewed existing information and concluded that no additional testing was needed to complete this evaluation (see attached Agreement to Waive a Reevaluation).

**Summary of Evaluation Results & Current Levels of Performance:**

*(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 Evaluation Report form or members may wish to incorporate individual assessment results into this report):*

[Empty box for reporting findings and performance levels]

## Eligibility Determination

Student name Jason Patterson Student # 49 DOB 2/6/2002

Does the student have a disability?     Yes     No    If yes, the disability category is: \_\_\_\_\_

**Adverse Educational Impact:**

*(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:**

*(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:**



## Evaluation Report Signature Page

Student name Jason Patterson Student # 49 DOB 2/6/2002 Date 11/14/2008  
 Serving school Alder Elementary IEP Mgr. \_\_\_\_\_ Grade 1 Age 6 y 9 m

### 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.):*

	Title: _____	Date: _____
	Title: _____	Date: _____
	Title: _____	Date: _____
	Title: _____	Date: _____
	Title: _____	Date: _____
	Title: _____	Date: _____
	Title: _____	Date: _____
	Title: _____	Date: _____
	Title: _____	Date: _____

<b>A copy of the evaluation report including documentation of determination of eligibility was provided to the parent(s)/guardian(s) by:</b>		
	<b><i>On</i></b>	
<i>Name/Title</i>		<i>Date</i>

