

Form #2 - Special Education Evaluation Plan and Report

Cover Page

Local Education Agency: _____

Student Name: _____

Child Count ID #: _____

Grade: _____ Date of Birth: _____

Current Educational Program: _____

Town of Residence: _____

Name of Parent/Guardian/Ed Surrogate _____

Reason for Referral: _____

Date of Referral: _____

Date of Planning Meeting: _____

Date Consent was Received: _____

Date of EPT Meeting in Which Eligibility Decision was Made: _____

Date the Report was Completed: _____

Date the Report was Issued to Parent/Guardian/Ed Surrogate: _____

Was the Eligibility Decision Issued within 60 days of date of consent? Yes No

If the eligibility decision was not issued within 60 days of the date of consent, was the Parent/Guardian/Ed Surrogate informed of a delay within 60 days of consent in writing?

Yes No

The Evaluation Plan was delivered through (check all that apply):

Postal Mail

Secure Email

In-Person

The Evaluation Plan was developed through (Check all that apply):

Conversation

Correspondence

Formal Meeting

Contact Information:

If you have questions about this document or would like additional information, please contact:

the [Special Education Monitoring Team](#)

Evaluation and Planning Team (EPT) Members (table below):

Name	Role	Involved in Plan	Agreed with Decision
	Parent / Guardian / Ed. Surrogate (circle one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
	Adult Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
	Student (when appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
	Local Education Agency Representative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
	Special Education Teacher or Service Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
	General Education Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
	Individual who can interpret instructional implications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
	Individual who can conduct diagnostic examinations (SLD requirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
	Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
	Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
	Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____

Disability Determination - Section One

A. The EPT is developing this plan (or developed this plan) to assess the following suspected disability area(s), please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Deaf-Blindness |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hearing Loss | |

B. What concerns or areas to evaluate were or will be included in the disability determination? In each section below, specify the tests and/or assessment procedures used:

Concern or area: _____

Assessment Area: _____

Assessment(s)/Evaluation(s): _____

Name of assessor / evaluator: _____

Role of Professional (i.e., School Psychologist, Physical Therapist, etc.): _____

Concern or area: _____

Assessment Area: _____

Assessment(s)/Evaluation(s): _____

Name of assessor / evaluator: _____

Role of Professional (i.e., School Psychologist, Physical Therapist, etc.): _____

Concern or area: _____

Assessment Area: _____

Assessment(s)/Evaluation(s): _____

Name of assessor / evaluator: _____

Role of Professional (i.e., School Psychologist, Physical Therapist, etc.): _____

Evaluations and information provided by the parent of the student (or documentation of LEA's attempts to obtain parental input): _____

Observations/Recommendations by Teachers and by related services providers, when appropriate: _____

If an assessment is not conducted under standard conditions, describe the extent to which it varied from standard conditions, including if the assessment was given in the student's native language, or other mode of communication: _____

Summary of findings/interpretation of evaluation results, including consideration of all available evaluation data, and the team's analyses of the student's functioning levels: _____

Present levels of academic achievement - Describe the student's present levels, strengths, and the resulting academic needs, when appropriate. Include communicative status, motor abilities, and transition needs as appropriate. For students with limited English proficiency (LEP), include current level(s) of English language proficiency in reading, writing, speaking, and understanding/listening: _____

Present levels of functional performance - Describe the student's present levels, strengths, and the resulting functional and developmental needs, when appropriate: _____

Behavioral information – Include social and emotional status and behavioral strengths and needs, when appropriate: _____

Eligibility Verification: A student must not be found to be eligible for special education and related services if the determining factor for the student's suspected disability is any of those listed below. Respond Yes or No to, and provide evidence for, each determining factor below:

Yes No Lack of appropriate instruction in reading, including the essential components of reading instruction. Provide evidence:

Yes No Lack of appropriate instruction in math. Provide evidence:

Yes No Limited English proficiency. Provide evidence:

Does the Evaluation and Planning Team conclude that the student met the disability determination in the area of _____? Yes No

Adverse Effect - Section Two

Adverse effect on educational and functional performance is determined by a review of school performance measures by the EPT in light of the student's disability. The documentation requirement for this section is the one basic skill and a minimum of multiple school performance measures. However, if the student has additional educational or functional needs, they **MUST** also be addressed here or in the Needs section of this Evaluation Report. Once a student has been found eligible in one adverse effect basic skill category, their additional special education services may be offered based upon the needs of the student or the appropriateness of other standard supports available within their school. In addition, if a student is found not to have an adverse effect in any one of the basic skills assessed, it would be necessary to document each additional basic skill area of concern to prove ineligibility.

Basic Skill Area(s) of concern (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Reading Fluency (SLD only) | <input type="checkbox"/> Motor Skills |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Mathematics Reasoning |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Functional Performance/Skills |

Measures of School Performance: Questions for the EPT to Consider Determining if the Disability Adversely Effects Educational and Functional Performance

Questions within this document serve as a guide on data and information sources which may support EPT decision-making in determining adverse effect. EPT Teams are not required to complete every category if not appropriate given a student's unique circumstance. This is not an exhaustive list of questions and EPT Teams can populate the Other category with descriptions of additional information that was collected and reviewed as part of the eligibility determination process. The key is to examine to the extent the disability identified adversely effects educational and functional performance.

1. Do standard or percentile scores on nationally-normed individually-administered achievement test(s), or for children ages 3 to 5, appropriate multi-domain nationally-normed test(s) or rating scale(s), demonstrate adverse effect?

Verification: _____

Is there evidence of Adverse Effect? Yes No N/A

2. Do standard or percentile scores on nationally-normed group-administered achievement test(s), including nationally-normed, curriculum-based measures, demonstrate adverse effect?

Verification: _____

Is there evidence of Adverse Effect? Yes No N/A

3. Do any reports prepared by the SU/SD or presented by the parent/guardian reflect adverse effect in any of the basic skill areas? (Grades or other measures of academic proficiency)

Verification: _____

Is there evidence of Adverse Effect? Yes No N/A

4. Does the child's performance on comprehensive assessments based on a system of learning results, or the Common Core as of 2014, or measurements of indicators within the Early Childhood Learning Guidelines, demonstrate adverse effect?

Verification: _____

Is there evidence of Adverse Effect? Yes No N/A

5. Do criterion-referenced assessments demonstrate adverse effect in any of the basic skill areas?

Verification: _____

Is there evidence of Adverse Effect? Yes No N/A

6. Do child's work products, language samples, or portfolios demonstrate adverse effect?

Verification: _____

Is there evidence of Adverse Effect? Yes No N/A

7. Does disciplinary evidence, or rating scales based on systemic observations in more than one setting (whenever possible) by professionals or parents/guardians, demonstrate adverse effect in any of the basic skill areas?

Verification: _____

Is there evidence of Adverse Effect? Yes No N/A

8. Do the child's attendance patterns demonstrate adverse effect?

Verification: _____

Is there evidence of Adverse Effect? Yes No N/A

9. Do the child's social, behavioral, or emotional deficits (if any), as observed by professionals or parents/guardians in multiple settings (whenever possible), on clinical rating scales or in clinical interviews, demonstrate adverse effect in any of the basic skill areas?

Verification: _____

Is there evidence of Adverse Effect? Yes No N/A

10. Other (add any other data sources)

Verification: _____

Is there evidence of Adverse Effect? Yes No N/A

EPT Rationale for Using Only One School Performance Measure

If only one measure of school performance was used to determine adverse effect, document the EPT's rationalization for this single measure determination:

Has the EPT determined that the information gathered on the child meets the district's definition of adverse effect? Yes No

Basic Skill Area that met Adverse Effect: _____ (Choose a category)

Need for Special Education Services - Section Three

This section seeks to provide justification that the student/child:

- a. requires specially designed instruction that cannot be provided through the educational support system or through the school's standard instructional conditions; or
- b. for Early Childhood Special Education, a justification that a delay is at a level that would affect future success in the home, school, or community without intervention prior to enrollment in elementary school.

For Early Special Education Services, if it is found that the child needs special education services, the statement should include justification that a delay is at such a level that without intervention prior to enrollment in elementary LEA, it would affect his/her future success in the home, school, or community.

1. Questions and answers necessary for the EPT to determine whether the disability and adverse effect combine to result in a need for special education services:

A. What accommodations and modifications, if any, are necessary for the student to demonstrate progress within the general education (including early childhood) curriculum? _____

B. In what areas does the student require specially designed instruction that cannot be provided through the educational support system, or through the standard instructional conditions, supplementary aids and services within the school? _____

C. If the student is experiencing educational difficulty in a basic skill area, but does not qualify for special education under adverse effect or need, what additional information needs to be provided as part of the referral to the [Section 504](#) Team or Educational Support Team? _____

2. Identify additional educational and functional performance needs of the student not documented in the Adverse Effect section that were assessed and may need to be addressed either by the IEP Team, the Section 504 Team or the school's multi-tiered system of support or other standard supports available to students through the school.

Additional area(s) requiring consideration:

- | | |
|---|--|
| <input type="checkbox"/> Basic reading skills | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Reading Fluency (SLD only) | <input type="checkbox"/> Motor Skills |
| <input type="checkbox"/> Mathematics calculation | <input type="checkbox"/> Mathematics reasoning |

- Written expression
- Listening comprehension
- Social/Emotional/Behavioral

- Functional Performance/Skills
- Oral Expression

For Early Childhood Special Education:

- Adaptive Development
- Speech and Language Development
- Physical Development (fine or gross motor skills)
- Medical condition(s) (please describe) _____
- Cognitive Skills
- Social or Emotional Development

3. Summarize the Evaluation and Planning Team’s decision regarding the need for special education services: _____
4. Does the team conclude that the student has a need for special education services?
- Yes No

Decision of the Evaluation and Planning Team Regarding Eligibility - Final Page

Based upon the results of this Evaluation Plan and Report, the Evaluation and Planning Team has determined that _____:

Meets or continues to meet the special education eligibility requirements under the disability category/categories: _____

Did not meet or did not continue to meet the special education eligibility requirements. The reason(s) for determining this ineligibility is/are: _____

Enclosures:

Once the evaluation is completed, if you agree with the eligibility decision, please initial in the last column where your name is listed on (pages 1 & 2 of this document).

If you disagree, please complete the next page, where information about parental rights and disagreement are located.

Report of Disagreement

If a child/student has a documented disability but does not demonstrate either an adverse effect or a need for special education services, they must be referred to their building principal who then ensures that the Section 504 Team reviews the student/child's eligibility and supports.

If you do not agree with the evaluations used to make this decision, you may request an independent educational evaluation. The criteria for selecting an evaluator for an independent evaluation, including the location and qualification of the evaluator, must meet the same standard as used by the school district. If you cannot find an evaluator, ask the school district to provide you with information about where you can get such an evaluation. The independent evaluation must be done at public expense, unless the school district asks for a due process hearing to prove their evaluation was appropriate. If the hearing officer agrees with the school district, the independent evaluation would be completed at your own expense.

Both the state and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the proposed actions or decisions the school wishes to take regarding your child and your being a part of the educational planning team for your child with a disability are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and are afforded the opportunity to exercise those rights. You received a copy of these rights when your child was referred.

Name: _____

Role: _____ Date: _____

Reasons for Disagreement: _____

Conclusion: _____

Signature: _____

You should read them carefully and, if you have any questions regarding your rights, please contact:

School Staff: _____ Phone: _____

Written Address for Mail: _____