|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Date of Parental Consent: | | |  | | | | LEA INFORMATION | |  |  |  | | --- | --- | --- | | Date of Report: | | | |  | |  | |  |  | | |  | Initial Evaluation | | |  |  | | |  | Reevaluation | | | |
| FULL AND INDIVIDUAL EVALUATION | | | | |
| STUDENT INFORMATION | | |

**AREAS OF SUSPECTED DISABILITY:**

|  |
| --- |
|  |

**QUALIFIED PROFESSIONALS:** The group of qualified professionals which collects and reviews evaluation data must include, but is not limited to, a licensed specialist in school psychology (LSSP), an educational diagnostician, an other appropriately certified or licensed practitioner with experience and training in the area of the disability, or a licensed or certified professional for a specific disability category.

**COMMUNICATIVE STATUS (if appropriate):**

|  |  |  |  |
| --- | --- | --- | --- |
| SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES | SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The sources of data include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student’s native language | Student’s academic language | |  |  |  | | --- | --- | --- | | For a student with a hearing loss, the student’s preferred mode of communication is: | | | |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | English | |  | Spanish | |  |  | |  |  | |  | Other |  | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | English | |  | Spanish | |  |  | |  |  | |  | Other |  | | | |

LPAC Information:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Test: | |  | | | | |  | Results/Score: |  | |
|  | | | | | | | | | |
|  |  | |  | | This student is limited English proficient. | | | | | | |
| Yes |  | | | No | |  | | | | | | |

LPAC Recommendations:

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The remainder of the evaluation was conducted in the language and form most likely to yield accurate information on what the student knows and can do academically, developmentally, and functionally as follows: | | | | | | |
|
|  |  | English | | | | |
|  |  |  | |  | | |
|  |  | Spanish | | | | |
|  |  |  | |  | | |
|  |  | Other: |  | | | |
|  |  |  | |  | | |
|  |  | Combination: | |  | | |
|  |  |  | |  | | |
|  |  | Bilingual assessor conducted the assessment. | | | | |
|  |  |  | |  | | |
|  |  | Interpreter was used. Specify language or mode of communication: | | | |  |
|  |  |  | |  | | |
|  |  |  | | |  | |

Articulation/Fluency/Voice Results and Interpretation:

|  |
| --- |
|  |

Expressive Language Results and Interpretation:

|  |
| --- |
|  |

Receptive Language Results and Interpretation:

|  |
| --- |
|  |

Student’s level of proficiency:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **English** | | | | | | **Spanish** | | | | | | | | | | **Other Language:**   |  | | --- | |  | | | | | | | | |
|  |
|  | Receptive | | | Expressive | | | Receptive | | | | | Expressive | | | | | Receptive | | | | | Expressive | | |
| Above Average |  |  |  |  |  |  |  | |  | |  |  | |  |  |  | | |  |  | |  |  |  |
|  |  | | |  | | |  | | | | |  | | | |  | | | | | |  | | |
| Average |  |  |  |  |  |  |  |  | |  | |  |  | |  |  | |  | | |  |  |  |  |
|  |  | | |  | | |  | | | | |  | | | |  | | | | | |  | | |
| Below Average |  |  |  |  |  |  |  |  | |  | |  |  | |  |  | |  | | |  |  |  |  |
|  |  | | |  | | |  | | | | |  | | | | |  | | | | |  | | |

When evaluating a student with a hearing loss, describe the implications of the student’s hearing loss on the student’s ability to process linguistic information:

Without amplification With amplification

|  |  |  |
| --- | --- | --- |
|  |  |  |

When evaluating a student with a hearing loss, describe the student’s language and communication needs, including through:

|  |
| --- |
| Oral (spoken) or aural (hearing): |
| Fingerspelling: |
| Sign language: |

**HEALTH (if appropriate):**

|  |  |  |  |
| --- | --- | --- | --- |
| SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES | SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The sources of data include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent.

Health History:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | |  | The student has a significant health history. If **YES**, specify: | |
| Yes |  | No | | |  | |
|  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | This student appears to have one or more health-related conditions which directly affect his/her ability to benefit from the education process. If **YES**, specify: | | |
| Yes |  | | No | | |  |
|  | |  |

Vision: Hearing:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  |  | | | |
|  |  | | within normal limits | |  |  |  | within normal limits | |
|  | | | | |  |  | | | |
|  | | |  | without glasses |  |  | |  | unaided |
|  | | | | |  |  | | | |
|  | | |  | with glasses |  |  | |  | aided |
|  | | | | |  |  | | | |
|  |  | | not within normal limits | |  |  |  | not within normal limits | |
|  | |  | | |  |  | |  | |

When evaluating a student for a visual impairment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  | Based on the **FUNCTIONAL VISION EVALUATION** and **LEARNING MEDIA ASSESSMENT**, the student is functionally blind (which means the student requires tactual media as the primary tool in learning to communicate in both reading and writing at the same level of proficiency as other students of comparable ability). |
|  |  |  |  |
|  |  |  |  |
|  | Yes |  | No |

Health Results and Interpretation:

|  |
| --- |
|  |

**SOCIOLOGICAL STATUS (if appropriate):**

|  |  |  |  |
| --- | --- | --- | --- |
| SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES | SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The sources of data include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent.

Sociological Results and Interpretation:

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | The student’s sociological history indicates a lack of previous educational opportunities. Explain: | | |
| Yes |  | | No | | |  |
|  | |  |

**EMOTIONAL STATUS (if appropriate):**

|  |  |  |  |
| --- | --- | --- | --- |
| SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES | SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The sources of data include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | | The student’s behavior impedes the student’s learning. | |
| Yes |  | | No | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | | The student’s behavior impedes the learning of others. | |
| Yes |  | | No | |  | |

If **YES,** to either of the above, complete the following:

Problem behaviors (list in precise terms the behaviors that interfere with learning);

|  |
| --- |
|  |

Antecedents (describe the events that typically precede problem behaviors in a school setting);

|  |
| --- |
|  |

Consequences (describe the events that typically follow problem behaviors in a school setting);

|  |
| --- |
|  |

Intervention history (describe positive behavioral interventions and supports, other strategies, and their effectiveness);

|  |
| --- |
|  |

Hypothesis (describe the function of the behavior); and

|  |
| --- |
|  |

Functional Behavioral Assessment Results and Interpretation.

|  |
| --- |
|  |

Emotional Status Results and Interpretation:

|  |
| --- |
|  |

**INTELLIGENCE (if appropriate):**

|  |  |  |  |
| --- | --- | --- | --- |
| SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES | SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The sources of data include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Intellectual functioning was evaluated using: |  | formal measures |  | informal measures |

Describe pertinent findings:

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Adaptive behavior was evaluated using: |  | formal measures |  | informal measures |

Describe pertinent findings:

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | This student’s level of intellectual functioning is consistent with his/her adaptive behavior. If **NO**, explain: | |
| Yes |  | No | |  | |
|  |  | |

General Intelligence Results and Interpretation:

|  |
| --- |
|  |

**ACADEMIC PERFORMANCE (if appropriate):**

|  |  |  |  |
| --- | --- | --- | --- |
| SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES | SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The sources of data include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent.

Academic Performance Results and Interpretation:

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | The student is below grade level in reading. If **YES**, describe the student’s history of reading instruction. | | | | |
| Yes |  | | No | |  | | | | | |
|  | |  | | | | | |
|  | Phonemic awareness: |  | |
|  | Phonics: |  | |
|  | Vocabulary development: |  | |
|  | Reading fluency, including oral reading skills: |  | |
|  | Reading comprehension strategies: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | The student is below grade level in math. If **YES**, describe the student’s history of math instruction. | | |
| Yes |  | | No | |  | | |
|  |  | |  | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | The student’s low achievement is the result of limited English proficiency. If **YES**, explain. | | |
| Yes |  | | No |  | | |
|  |  | |  | |  |

**MOTOR ABILITIES (if appropriate):**

|  |  |  |  |
| --- | --- | --- | --- |
| SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES | SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The sources of data include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent.

Motor Abilities Results and Interpretation:

|  |
| --- |
|  |

**RECOMMENDATIONS TO THE ARD COMMITTEE FROM THE GROUP OF QUALIFIED PROFESSIONALS**

For each area of disability assessed, the student appears to meet the criteria for:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | auditory impairment | |  | | intellectual disability | |  | | speech/language impairment | |
|  | |  | |  | |  | |  | |  |
|  | autism | |  | | multiple disabilities | |  | | traumatic brain injury | |
| , |  | |  | |  | |  | |  | |
|  | deaf-blind | |  | | non-categorical | |  | | visual impairment | |
|  |  | |  | |  | |  | |  | |
|  | emotional disturbance | |  | | other health impairment | |  | |  | |
|  |  | |  | |  | |  | |  | |
|  | specific learning disability | |  | | orthopedic impairment | |  | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | |  | The group of qualified professionals believes that the student’s disability(ies) adversely affects the student’s educational performance. Explain: | |
| Yes | |  | No |
|  | |  |  | |  |

For a student who appears to meet the criteria for autism or emotional disturbance, provide specific recommendations for positive behavioral interventions and supports, and other strategies:

|  |
| --- |
|  |

NEED FOR SPECIAL EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | The group of qualified professionals believes that by reason of the disability(ies), the student needs special education services (which may include speech therapy). Explain: | |
| Yes |  | No |
|  |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Adapted physical education is needed. If **YES**, explain: | |
| Yes |  | No |  | |
|  |  |  | |  |

IEP RECOMMENDATIONS

Recommendations for the content of the student's IEP, including information related to enabling the student to be involved in and progress in the general education curriculum, or, for preschool children, to participate in appropriate activities:

|  |
| --- |
|  |

NEED FOR ASSISTIVE TECHNOLOGY (if appropriate):

|  |  |  |  |
| --- | --- | --- | --- |
| SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES | SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The sources of data include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Assistive technology devices and/or services are needed as supplementary aids and services. If **YES**, explain. | |
| Yes |  | No | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Assistive technology devices and/or services are needed as special education. If **YES**, explain. | |
| Yes |  | No | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Assistive technology devices and/or services are needed as related services. If **YES**, explain. | |
| Yes |  | No | |  | |

Assistive Technology Results and Interpretation:

|  |
| --- |
|  |

NEED FOR RELATED SERVICES (if appropriate):

|  |  |  |  |
| --- | --- | --- | --- |
| SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES | SOURCES OF DATA\*  (Formal and Informal Measures) | EVALUATION DATES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The sources of data include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | | Does the student require a related service to benefit from special education? | |
| Yes |  | | No | |  | |

Related Services Results and Interpretation:

|  |
| --- |
|  |

Related Services Recommendations for:

|  |  |  |  |
| --- | --- | --- | --- |
| Related Service | Frequency | Duration | Location |
|  |  |  |  |
|  |  |  |  |

**SIGNATURES:**

|  |  |  |
| --- | --- | --- |
| Qualified Professional |  | Position |
|  | | |
| Qualified Professional |  | Position |
|  | | |
| Qualified Professional |  | Position |