

## Form #2 - Special Education Evaluation Report

### Cover Page

Local Education Agency: Agency Middle School

Student Name: Wesley Schilling

Child Count ID #: 345678

Grade: 7 Date of Birth: 02/13/2010

Current Educational Program: General Education

County of Residence: Jane County

Name of Parent/Guardian/Ed Surrogate: Joe and Lisa Schilling

Reason for Referral: Student endured a traumatic brain injury and is struggling to access despite current interventions and supports.

#### **Dates:**

Referral: 10/15/2023

Planning Meeting: 11/1/2023

Received Consent: 11/1/2023

Report Completed: 12/5/2023

Eligibility Decision: 12/5/2023

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

Date the Report was Provided to Parent/Guardian/Ed Surrogate: 12/5/2023

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
Joe and Lisa Schilling	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Educational Surrogate <input type="checkbox"/> Guardian <input type="checkbox"/> Adult Student	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
Wesley Schilling	Student (when appropriate)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
Stacy Beach	Local Education Agency Representative	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
Eliza McDonald	Special Education Teacher or Service Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
Justin Wells	General Education Teacher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____
Ray McDougal	Individual who can interpret instructional implications	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree Initial: _____

### Disability Determination - Section One

A. The following information was used to determine whether the student/child has a disability. The EPT is developing this plan to assess the following suspected disability area(s): (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 checked="" 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 used to reach the disability determination? In each section below, specify the tests and/or assessment procedures used to reach the disability determination.

Concern or area evaluated: Executive Functioning

Assessment(s)/Evaluation(s) Used: Behavior Rating Inventory of Executive Functioning (BRIEF)

Professional who administered assessment/evaluation: Ray McDougal

Role of Professional: School Psychologist

Concern or area evaluated: Social Pragmatics

Assessment(s)/Evaluation(s) Used: Behavior Assessment System for Children (BASC)

Professional who administered assessment/evaluation: Eliza McDonald

Role of Professional: Special Education Teacher

Evaluations and information provided by the parent of the student (or documentation of LEA's attempts to obtain parental input): The parents would prefer to limit the amount of direct testing Wesley endures due to the recent trauma. The team will analyze cognitive results from Wesley's primary and use current grades and work samples to support the evaluation.

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

Additional observations will be scheduled if needed.

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): N/A

SUMMARY OF FINDINGS/INTERPRETATION OF EVALUATION RESULTS – Considering all available evaluation data, record the team's analyses of the student's functioning levels:

BRIEF Summary

Questionnaires were received from the student, Wesley's parents, and multiple teachers from his team. This is a summary of the findings, and the full report is attached. One or more of the individual BRIEF2 scales were elevated, suggesting that Wesley exhibits difficulty with some aspects of executive function. Concerns are noted with his ability to be aware of his functioning in social settings, react to events appropriately, get going on tasks, activities, and problem-solving approaches, sustain working memory, plan and organize his approach to problem solving appropriately, be appropriately cautious in his approach to tasks and check for mistakes and keep materials and his belongings reasonably well organized. Wesley's score on the working memory scale is clinically elevated compared with peers. This suggests that Wesley has substantial

difficulty holding an appropriate amount of information in mind or in active memory for further processing. This score suggests difficulties sustaining working memory, which has a negative impact on his ability to remain attentive and focused for appropriate lengths of time.

## BASC

Please see attached document for full report.

Attention problems, related to staying on task at school and focused, are considered to be one of Wesley's most significant behavioral and emotional areas to address. Attention problems are defined as chronic and severe inconsistencies in the ability to maintain and regulate focus to tasks for more than short periods of time, and are characterized by distractibility, an inability to concentrate, an inability to maintain attention to tasks for long periods of time, disorganization, failure to complete tasks, and a lack of study skills. Wesley's working memory may be impacting his ability to sustain tasks and appears to impact his educational access across environments. Please see full report for scores.

## Review of Grades/Work Samples

Work samples indicate that Wesley is not achieving grade level content in any of his classes at this time. Prior data suggests that Wesley was accessing academics up until he sustained a traumatic brain injury. Since returning to school in the fall, Wesley has struggled significantly to access, beyond the scope of supports that are offered in the general education setting. Please see work samples and attached reports from teachers.

**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:

Wesley is an active, social student who has been at Agency Supervisory Union for all his schooling. After sustaining an accident and a traumatic brain injury, Wesley has struggled to function at school, which has impacted his academic access across content areas. He often needs breaks to process and needs support with lengthier assignments. Currently, Wesley spends an average of 45% of his day in the "chill zone," where he accesses breaks as needed. During that time, he spends an average of 20 minutes on academics. The increasing challenges Wesley has had with accessing has impacted his grades in all his academic content areas. He receives in class support in math and will continue to receive that support as part of his IEP. In addition, he will have support in Language Arts. Without proper accommodations in Wesley's day to support his functional needs, his academic needs are also not met.

**PRESENT LEVELS OF FUNCTIONAL PERFORMANCE** – Describe the student's present levels, strengths, and the resulting functional and developmental needs, when appropriate:

Wesley is a popular student who excels socially. He loves sports and has always been extremely active. His accident has significantly impacted his functional performance. Wesley cannot sustain lengthy academic activities, assignments, or lectures. He often needs breaks to process or a quiet place to do his work. His emotional state has also been impacted by his accident, resulting in anxiety and additional barriers to accessing. When Wesley is frustrated by the work, he avoids or leaves the room. This has results in him

spending large amounts of time out of the classroom, but the breaks are crucial for him to make it through the day. Wesley is gaining skills in asking for breaks and in keeping his materials organized so that he can work more independently.

BEHAVIORAL INFORMATION – Include social and emotional status and behavioral strengths and needs, when appropriate: As outlined in previous sections, Wesley’s accident impacted many areas of his life. While he is still a social individual, he has struggled emotionally after the accident and would benefit from continued support with a counselor.

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: Wesley’s access to the general curriculum is impeded by his functional and behavioral needs, as evidenced by this report.

Yes  No Lack of appropriate instruction in math. Provide evidence: Wesley’s access to the general curriculum is impeded by his functional and behavioral needs, as evidenced by this report.

Yes  No Limited English proficiency. Provide evidence: Wesley is not a student with limited English proficiency as evidenced by his parent’s reporting.

Does the Evaluation and Planning Team conclude that the student met the disability determination in the area of Traumatic Brain Injury?  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 |

Oral Expression

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: Yes, school-wide progress monitoring and recent testing has indicated that Wesley's disability adversely effects his ability to attend to testing, often refusing to test at all due to struggles processing.

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: Parent feedback, teacher observations, and grades indicate that Wesley's functional needs adversely impact his academic access

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: Assessments from current school year demonstrate lack of access and knowledge related to testing content across classes

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

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

Verification: Grades and work samples indicate lack of completion. Wesley's disability impedes his focus and attention to task, resulting in unfinished work.

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: Records from the use of alternative spaces indicate that Wesley's disability impacts his executive functioning skills and his accessibility to all curriculum content.

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

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

Verification: See attached attendance records.

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: Yes, student's disability adversely effects executive and functional skills, causing deficits in additional basic skill areas.

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 Rationalization 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: Functional Skills

## Need for Special Education Services - Section Three

1. 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.)

2. 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?
  - Access to breaks, opportunities to self-reflect and measure progress, allow additional time to complete in-class assignments, provide student with instructor's notes or help student obtain quality notes from other students, allow student to audio record lectures for later playback, in grading work, reduce emphasis on amount of content and more on quality of content, avoid placing student in high pressure situations (e.g., short time frames, extensive volume of work; highly competitive), allow additional time to complete tests and all assignments, provide for completion of tests in a quiet, individual environment with the goal of minimizing distractions, administer long examinations in a series of shorter segments with breaks allowed between sections, if two exams are scheduled on the same day, allow student to reschedule one for another day.
- 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?

Direct support with homework, executive functioning needs (organization, working memory, task analysis), and classroom access

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?

---

3. 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.

Student's emotional state should continue to be monitored with ongoing communication between the parents and the school to monitor progress.

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         |
| <input type="checkbox"/> Written expression                     | <input type="checkbox"/> Functional Performance/Skills |
| <input type="checkbox"/> Listening comprehension                | <input type="checkbox"/> Oral Expression               |
| <input checked="" type="checkbox"/> Social/Emotional/Behavioral |  |

For Early Childhood Special Education:

- |  |  |
|--|--|
| <input type="checkbox"/> Adaptive Development                              | <input type="checkbox"/> Cognitive Skills                |
| <input type="checkbox"/> Speech and language Development                   | <input type="checkbox"/> Social or Emotional Development |
| <input type="checkbox"/> Physical Development (fine or gross motor skills) |  |
| <input type="checkbox"/> Medical condition(s) (please describe) _____      |  |

4. Summarize the Evaluation and Planning Team's decision regarding the need for special education services: Wesley requires additional functional and behavioral supports that can only be delivered through specially designed instruction. Wesley is eligible for special education services.

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 Wesley Schilling:

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

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 and 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 a 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: \_\_\_\_\_