

## 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: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Name of Parent/Guardian/Ed Surrogate: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

#### **Dates:**

Referral: \_\_\_\_\_

Planning Meeting: \_\_\_\_\_

Received Consent: \_\_\_\_\_

Report Completed: \_\_\_\_\_

Eligibility Decision: \_\_\_\_\_

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

Date the Report was Provided to Parent/Guardian/Ed Surrogate: \_\_\_\_\_

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
	<input type="checkbox"/> Parent <input type="checkbox"/> Educational Surrogate <input type="checkbox"/> Guardian <input type="checkbox"/> 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: _____

## 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 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: \_\_\_\_\_

Assessment Area: \_\_\_\_\_

Assessment(s)/Evaluation(s) Used: \_\_\_\_\_

Professional who administered assessment/evaluation: \_\_\_\_\_

Role of Professional: \_\_\_\_\_

Concern or area evaluated: \_\_\_\_\_

Assessment Area: \_\_\_\_\_

Assessment(s)/Evaluation(s) Used: \_\_\_\_\_

Professional who administered assessment/evaluation: \_\_\_\_\_

Role of Professional: \_\_\_\_\_

Concern or area evaluated: \_\_\_\_\_

Assessment Area: \_\_\_\_\_

Assessment(s)/Evaluation(s) Used: \_\_\_\_\_

Professional who administered assessment/evaluation: \_\_\_\_\_

Role of Professional: \_\_\_\_\_

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 – Considering all available evaluation data, record 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 (in place until July 1, 2023)**

Adverse effect on educational performance is determined by a review of school performance measures. In addition, where appropriate, the Evaluation Planning Team is required to assess the impact of functional skills and behavior on school performance measures. The following rules apply when determining whether an adverse effect on educational performance exists:

- At least one basic skill must be determined to have an adverse effect on educational performance using a minimum of three of the six individual measures of school performance. A student is not found to have an adverse effect if one basic skill is identified using only three similar measures of school performance (i.e. three reading comprehension scores from three versions of individually administered achievement tests).
- All six measures of school performance must be reviewed until either three measures are determined to meet the adverse effect criteria or at least four of the measures are determined not to have met the adverse effect criteria. (Documentation is required whenever any of the six individual school performance measures may not be applicable due to the student's age or grade level.)
- No single school performance measure can be required to prove adverse effect. For example, even if the student does not demonstrate an adverse effect from a review of an individually administered achievement test, the student can be determined to have an adverse effect if at least three of the other five school performance measures meet the adverse effect criteria.

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

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

Basic Skill Area that met Adverse Effect: (check all that apply)

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

The documentation requirement for this section is basic skill area(s) of concern and a minimum of three school performance measures. However, if the student has additional educational or functional needs they **MUST** be addressed 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 to prove ineligibility.

**Assessment Areas/Evaluation Procedure      Professional or Team Role Responsible**

- |    |  |  |
|----|--|--|
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
| 4) |  |  |

**Basic Skill Area:**

Measures of School Performance	Assessment Tool(s) with Results And Discussion Summary	Lowest 15th Percent or (-) 1 Standard Deviation or Equivalent	Evidence of Adverse Effect
<b>Measure 1:</b> Individually administered nationally-normed achievement test	Results:  Summarize discussion related to any individual factors observed during testing that impacted these results:	<input type="checkbox"/> ↑ Above <input type="checkbox"/> ↓ Below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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Measures of School Performance	Assessment Tool(s) with Results And Discussion Summary	Lowest 15th Percent or (-) 1 Standard Deviation or Equivalent	Evidence of Adverse Effect
<p><b>Measure 2:</b></p> <p>Normed group-administered achievement tests or normed curriculum-based measures</p>	<p>Results:</p> <p>Summarize discussion related to any individual factors observed during testing that impacted these results:</p>	<p><input type="checkbox"/> ↑ Above</p> <p><input type="checkbox"/> ↓ Below</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>
<p><b>Measure 3:</b></p> <p>Grades or other measures of educational proficiency</p>	<p>Results:</p> <p>Summarize discussion related to any individual factors observed during testing that impacted these results:</p>	<p><input type="checkbox"/> ↑ Above</p> <p><input type="checkbox"/> ↓ Below</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>
<p><b>Measure 4:</b></p> <p>Curriculum-based such as benchmark assessments or progress monitoring</p>	<p>Results:</p> <p>Summarize discussion related to any individual factors observed during testing that impacted these results:</p>	<p><input type="checkbox"/> ↑ Above</p> <p><input type="checkbox"/> ↓ Below</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>

Measures of School Performance	Assessment Tool(s) with Results And Discussion Summary	Lowest 15th Percent or (-) 1 Standard Deviation or Equivalent	Evidence of Adverse Effect
<b>Measure 5:</b> Criterion-referenced assessments	Results:  Summarize discussion related to any individual factors observed during testing that impacted these results:	<input type="checkbox"/> ↑ Above <input type="checkbox"/> ↓ Below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Measure 6:</b> Other measures of school performance (Student work samples, classroom observations or portfolios)	Results:  Summarize discussion related to any individual factors observed during testing that impacted these results:	<input type="checkbox"/> ↑ Above <input type="checkbox"/> ↓ Below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Does the Evaluation and Planning Team conclude that the student met the adverse effect requirement in three (3) out of six (6) measures for one basic skill area?  Yes  No



## 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. Which needs, if any, can be met within the general education structure of instruction and services?

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

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C. 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?

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D. 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?

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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.

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 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: \_\_\_\_\_

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: \_\_\_\_\_

**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 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.

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

School Staff: \_\_\_\_\_ Phone: \_\_\_\_\_

Role: \_\_\_\_\_

Written Address for Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reasons for Disagreement: \_\_\_\_\_

Conclusion: \_\_\_\_\_

Signature: \_\_\_\_\_

Enclosures: