



# Form 2 - Special Education Evaluation Plan and Report – Cover Page

Local Education Agency: \_\_\_\_\_

Dates:

of Request for Eval \_\_\_/\_\_\_/\_\_\_

of Planning Meeting \_\_\_/\_\_\_/\_\_\_

of Received Consent \_\_\_/\_\_\_/\_\_\_

of Eligibility Decision \_\_\_/\_\_\_/\_\_\_

Student Name: \_\_\_\_\_

Child Count ID #: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

## Evaluation and Planning Team (EPT) Members

The Evaluation Plan must be developed through conversation, correspondence or a formal meeting. Once the evaluation is completed, if you agree with the eligibility decision, **please initial in the last column where your name is listed.** If you disagree, please ask to have attached to this report a separate statement indicating your reasons and conclusion.

Name	Role	Attended Eval Plan Meeting	Agreed with Eligibility Decision
	<input type="checkbox"/> Parent <input type="checkbox"/> Educational Surrogate <input type="checkbox"/> Guardian <input type="checkbox"/> Adult Student		
	Student (when appropriate)		
	Local Education Agency Representative		
	Special Education Teacher or Service Provider		
	General Education Teacher		
	Individual who can interpret instructional implications		
	Individual who can conduct diagnostic examinations (SLD requirement)		

Some individuals on the Team may serve multiple roles

Name	Other:	Attended Eval Plan Meeting	Agreed with Eligibility Decision
	Other:		



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## Disability Determination - Section One

A. The following information will be used to determine whether a student/child has a disability. The EPT is developing this plan to assess the following suspected disability area(s):

- Autism Spectrum Disorder
- Deaf-Blindness
- Developmental Delay
- Emotional Disturbance
- Hearing Loss
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment

B. Questions:

Answers:

C. Assessment Areas/Evaluation Procedure

Professional or Team Role Responsible

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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## Adverse Effect - Section Two

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):
- |   |  |   |
|---|--|---|
| <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            |

The documentation requirement for this section is the one basic skill 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) _____	_____

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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
<p><b>Measure 1</b></p> <p>Individually administered nationally-normed achievement test</p>	<p><b>Results:</b></p> <p><b>Summarize discussion related to any individual factors observed during testing that impacted these results.</b></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 2</b></p> <p>Normed group-administered achievement tests or normed curriculum-based measures</p>	<p><b>Results:</b></p> <p><b>Summarize discussion related to any individual factors observed during testing that impacted these results.</b></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><b>Results:</b></p> <p><b>Describe how the student’s functional skills affect grades or other measures of educational performances.</b></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>

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Measures of School Performance	Assessment Tool(s) with Results And Discussion Summary	Lowest 15 <sup>th</sup> Percent or (-) 1 Standard Deviation or Equivalent	Evidence of Adverse Effect
<b>Measure 4</b>  Curriculum-based such as benchmark assessments or progress monitoring	<b>Results:</b>  <b>Describe how the student’s functional skills affect progress in the general education curriculum for their grade level.</b>	<input type="checkbox"/> ↑ Above  <input type="checkbox"/> ↓ Below	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A
<b>Measure 5</b>  Criterion-referenced assessments	<b>Results:</b>  <b>Describe how the student’s functional skills affect progress in general education curriculum for their grade level.</b>	<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)	<b>Results:</b>  <b>Describe how the student’s functional skills affect grades or other measures of educational performance.</b>	<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

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### Need for Special Education Services - Section Three

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

1. requires specially designed instruction that cannot be provided through the educational support system or through the school's standard instructional conditions; or
2. 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.

B. Questions

1. What accommodations and modifications, if any, are necessary for the student to demonstrate progress within the general education (including early childhood) curriculum?
2. 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?
3. 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?

Answers:

C. 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      | <input type="checkbox"/> Listening Comprehension    |
| <input type="checkbox"/> Oral Expression      | <input type="checkbox"/> Social/Emotional/Behavioral |   |

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### 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) |

### Summarize areas of consideration:

D. Does the team conclude that the student has a need for special education services?     Yes     No



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## 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:

\_\_\_\_\_

(Student/Child’s Name)

meets or continues to meet the special education eligibility requirements under the disability category(ies):

\_\_\_\_\_  
\_\_\_\_\_

OR

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

**Reminder:** 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.

### Procedural Safeguards To Protect Parent Rights

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 in regards to 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 have 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: \_\_\_\_\_

by phone at: \_\_\_\_\_

or write to me at: \_\_\_\_\_  
\_\_\_\_\_

Enclosures: