Student's Name:

## **EVALUATION REPORT (ER)**

School Age

Student Name:		
Date of Report (mm/dd/yyyy):	Date Report Provided	d to Parent/Guardian/Surrogate:
Student Birth Date:	Age:	Grade:
Local Education Agency (LEA):		
School Student is Attending:		
Current Educational Program:		
County of Residence:	Phone (Home):	
Name and Address of Parent/Guardian/Sur	rogate:	Phone (Work):
Other Information:		
Complete Sections 1 through 6 for all stude	nts.	

- 1. REASON(S) FOR REFERRAL:
- 2. SOURCES OF EVALUATION DATA In interpreting evaluation data, the school must draw upon a variety of data sources, including those listed below, and carefully consider the information obtained. Document the information obtained from the sources below.

If determining eligibility for Specific Learning Disability (SLD), the SLD component near the end of this

document must be completed and used to complete Sections 5 and 6.

- A. Evaluations and information provided by the parent of the student (or documentation of LEA's attempts to obtain parental input):
- B. Observations Include teacher observations and observations by related services providers, when appropriate:
- C. Recommendations by teachers:
- D. The student's physical condition (include health, vision, hearing); social or cultural background; and adaptive behavior relevant to the student's suspected disability and potential need for special education:

Page 1 of 6 July 2018

OR

Student's Name:

- E. Assessments Include, when appropriate, current classroom-based assessments; aptitude and achievement tests; local and/or state assessments; behavioral assessments; vocational technical education assessment results; interests, preferences, aptitudes (for secondary transition); etc.:
- 3. 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):

				J	,
4.	rela	ated se	rvices	s if the de	RS – A student must not be found to be eligible for special education and termining factor for the student's disability is any of those listed below. 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.
NO <sup>-</sup>	TE:	DETE	RMIN	ATION O	LIGIBILITY FOR SPECIFIC LEARNING DISABILITY, COMPLETE THE SPECIFIC LEARNING COMPONENT AT THE END OF THIS RE COMPLETING SECTIONS 5 and 6.
Со	mpl	ete Sed	tions	5 and 6 f	for all students.
5.					GS/INTERPRETATION OF EVALUATION RESULTS – Considering all a, record the team's analyses of the student's functioning levels.
	A.	streng motor proficie	ths, a abiliti ency	and the re es, and tr (LEP), ind	OF ACADEMIC ACHIEVEMENT – Describe the student's present levels, sulting academic needs, when appropriate. Include communicative status, ransition needs as appropriate. For students with limited English clude current level(s) of English language proficiency in reading, writing, standing/listening:
	B.				OF FUNCTIONAL PERFORMANCE – Describe the student's present d the resulting functional and developmental needs, when appropriate:
	C.				RMATION – Include social and emotional status and behavioral strengths propriate:
6. Co		NCLUS			mination of Eligibility and Educational Needs
		A. 🗆	The	student o	loes not have a disability and therefore is not eligible for special education

Page 2 of 6 July 2018

Student's Name:

В.		The student has a disability but does not need specifically designed instruction, and therefore is not eligible for special education.
	OF	
C.		The student has a disability AND is in need of specifically designed instruction, and therefore IS eligible for special education.  1. Disability Category Primary disability category: Secondary disability category:
		2. Recommendations for consideration by the IEP team to enable the student to participate as appropriate in the general education curriculum (including special considerations the IEP team must consider before developing the IEP, measurable

annual goals, specially designed instruction, and supplementary aids and services):

Page 3 of 6 July 2018

Student's Name:

**Email Address** 

Evaluation Tea	Agreement and Disagreement required ONLY when evaluating students for specific learning disability.		
Evaluation Team Participants*	Title	Agree	Disagree**

to the identification of the student as having	eam member disagrees with the team's conclusion related g a specific learning disability, the member must submit a r's dissent to the LEA. This information must be attached to				
the <i>Evaluation Report</i> . Please submit this statement to:					
LEA Representative	Phone Number				

A copy of the Procedural Safeguards Notice is available upon request from your child's school. This document explains your rights and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

For help in understanding this form, an annotated Evaluation Report is available on the PaTTAN website at <a href="https://www.pattan.net">www.pattan.net</a> Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.

Page 4 of 6 July 2018

<sup>\*</sup> A certified school psychologist is required for evaluation of the following disability categories: Autism, Emotional Disturbance, Intellectual Disability, Multiple Disabilities, Other Health Impairments, Specific Learning Disability or Traumatic Brain Injury. A certified school psychologist is not required for Deafblindness, Deaf and Hard of Hearing, Speech/Language Impairment, Visual Impairment, and Orthopedic Impairment.

## **DETERMINATION OF SPECIFIC LEARNING DISABILITY**

NOTE: This component must be completed when determining eligibility for Specific Learning Disability. The information must be attached to and/or incorporated into Sections 5 and 6 of the completed Evaluation Report.

Provide documentation for items 1-10.

1.	The student does not achieve adequately for the student's age or does not meet State-approved grade-level standards in one or more of the following areas when provided with learning experiences and scientifically based instruction appropriate for the student's age or State-approved grade level standards and level of English language proficiency: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, and mathematics problem-solving.
2.	Check below to identify the process(es) used to determine eligibility.
	☐ Response to Scientific Research-Based Intervention (RtI). Document the criteria below.
	The student does not make sufficient progress to meet age or State-approved grade-level standards in one or more of these areas: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, and mathematics problem-solving:
	☐ Severe Discrepancy between Intellectual Ability and Achievement. Document the criteria below
	The student exhibits a pattern of strengths and weaknesses in performance, achievement or both relative to age, standards or intellectual development:
3.	The instructional strategies used and the student-centered data collected:
4.	The educationally relevant medical findings, if any:
5.	The effects of the student's environment, culture, or economic background:
6.	Data demonstrating that prior to referral or as part of the referral process for a specific learning

7. Data based documentation of repeated assessments of achievement at reasonable intervals, reflecting progress during instruction, which was provided to the parents:

disability, the student's regular education instruction was delivered by qualified personnel,

including the English as a Second Language (ESL) program, if applicable:

- 8. An observation in the student's learning environment (including the regular classroom setting) to document the student's academic performance and behavior in the areas of difficulty. Note the relationship of that behavior to the student's academic functioning:
- 9. Other data, if needed, as determined by the evaluation team:

Page 5 of 6 July 2018

6 of the completed Evaluation Report.

Student's Name:

	ude a statement for each item below to support the conclusions of the evaluation team that the ings are not primarily a result of
\	Visual, hearing, motor disability:
I	Intellectual disability:
E	Emotional disturbance:
(	Cultural factors:
E	Environmental or economic disadvantage:
l	Limited English proficiency:

Upon completion of the SLD Component, attach and/or incorporate this information into Section 5 and

Page 6 of 6 July 2018

学生姓名:

评估报告(ER) 学龄

评估报告(ER)学龄

学生姓名:

报告日期(月/日/年):

向父母/监护人/代理人提供报告的

日期:

学生出生日期:

年龄:

年级:

本地教育项目(LEA):

学生就读学校:

目前的教育计划:

居住郡:

电话(家庭):

父母/监护人/代理人的姓名和地址:

电话(工作):

其他信息:

为所有学生完成第1节到第6节。

如果为了确定特定学习障碍(SLD)的资格,则必须完成本文档末尾的SLD部分,并将其用于完成第5部分和第6部分。

- 1. 转荐理由:
- 2. 评估数据的来源 在解读评估数据时,学校必须利用各种数据源,包括下面列出的数据源,并仔细考虑获得的信息。请记录从以下来源获得的信息。
- A. 学生家长提供的评估和信息(或关于 LEA 试图获得家长意见的文件):

*页码*1,合计 6 页 2018 年 7 月

- B. 观察 包括教师的观察和相关服务提供方的观察,在适当的情况下:
- C. 教师的建议:
  - D. 学生的身体状况(包括健康、视力、听力);社会或文化背景;以及与学生疑似残疾和特殊教育的潜在需求相关的适应性行为;
  - E. 评估 如果适宜的话,包括当前基于课堂的评估;能力和成就测试;地方和/或州评估;行为评估;职业技术教育评估结果;兴趣、偏好、能力倾向(用于过渡到初中);等.:
- 3. 如果评估不是在标准条件下进行的,请说明评估与标准条件的差异程度(包括评估是否以学生的母语或其他交流方式进行):
- 4. 决定性因素 如果学生残疾的决定因素是下面列出的任何因素,则该学生不该查出其有资格获得特殊教育和相关服务。请对以下每个决定因素作出"是"或"否"的回答,并提供证据。

□ 是 □否	缺乏适当的阅读指导,	包括阅读指导的基本组成部分。	请提供证据。
□ 是 □否	缺乏适当的数学指导。	请提供证据。	
□ 是 □否	英语水平有限。请提供	· 连证据。	

请注意:如果确定学生具备特定学习障碍的资格,请在完成第5节和第6节之前完成本文档末尾关于特定学习部分的确定资格部分。

请为所有学生完成第5和第6部分。

- 5. 有关结果摘要/评估结果的解读 请考虑所有可用的评估数据并记录团队对学生功能水平的分析。
- A. 目前的学术成就水平 在适当的时候描述学生目前的水平、优势以及由此产生的学术需求。如果适宜的话请包括沟通状态、运动能力和过渡需求。对于英语水平有限(LEP)的学生,包括阅读、写作、口语和理解/听力方面的英语语言能力的当前水平:

页码2,合计 6页 2018 年7 月

学生姓名:

B. 关于功能表现的当前水平 - 如果适宜的话请描述学生的当前水平、优势以及由此产生的功能和发展需求:	的
C. 关于行为信息 - 如果适宜的话,请包括社会和情感状态以及行为优势和需求在内:	
6. 结论 - 有关资格和教育需求的确定 请完成 A 或 B 或 C。 A. □ 学生没有残疾,因此没有资格接受特殊教育。	
或	
B. □ 学生有残疾,但不需要专门设计的指导,因此没有资格接受特殊教育。	
或	
C. 学生有残疾,需要专门设计的指导,因此有资格获得特殊教育。  1. 残疾类别 首要残疾类别: 次要残疾类别:	
2. IEP 团队所考虑的使学生能够适当地参与通识教育课程的相关建议(包括 IEP 团队	人在

2. IEP 团队所考虑的使学生能够适当地参与通识教育课程的相关建议(包括 IEP 团队在制定 IEP 之前必须考虑的特殊考虑因素、可衡量的年度目标、专门设计的教学以及辅助工具和服务):

*页码*3,合计6页 2018 年7 月

学生姓名:

评估小组的参与		只有在评估。 学习障碍时, 意和不[	才需要同
评估小组参与者*	标题	同意	不同意**

\*以下残疾类别需要经过认证的学校心理学家进行评估:自闭症、情绪障碍、智力障碍、多重残疾、其他健康障碍、特定学习障碍或创伤性脑损伤。聋盲、耳聋和听力障碍、言语/语言障碍、视力障碍和骨科类障碍则不需要经过认证的学校心理学家评估。

\*\*仅对于特定的学习障碍,如果团队成员不同意团队关于将学生识别为具有特定学习障碍的结论,则该成员必须提交一份单独的声明,向 LEA 提出该成员的异议。该信息必须附于审评报告中。请将本声明提交至:

	_		
LEA 代表		电话号码	
DEM 1 (V)C		LOW 241	

## 电邮地址

关于程序保障声明的文件副本可根据您孩子的学校的要求提供。该文件解释了您的权利,而且 其中有包括州和地方倡权组织的信息,这些组织可以帮助您了解您的权利以及特殊教育过程的 工作原理。

为了帮助理解此表格,您可在 PaTTAN 网站上的<u>"www. pattan. net</u>"搜索功能中输入" Annotated Forms "则可找到带注释的评估报告。如果您无法上网,您可以致电 PaTTAN 索取带注释的表格,该号码为 800-441-3215。

*页码4,合计6页* 2018 年7 月

学生姓名:

# 关于特定的学习障碍的资格确认

请注意:在确定特定学习障碍的资格时,必须完成此部分。该信息必须附在已完成的审评报告的第5部分和第6部分中,并/或将其合并入其中。

请提供关于第 1-10 项的文档。

1. 学生在获得适合其年龄或国家批准的年级标准和英语语言能力水平的学习经验和科学指导时,在以下一个方面或是多个方面未达到其年龄或国家批准的年级水平标准和英语语言能力水平:口头表达、听力理解、书面表达、基本的阅读技能、阅读流利能力、阅读理解、数学计算和数学问题解决。

2.	请在以下信息勾选以确定用于确定资格的流程。
	学生在以下一个或多个领域没有取得足够的进步来达到年龄或国家批准的年级标准:口头表达、听力理解、书面表达、基本阅读技能、阅读流利技能、阅读理解、数学计算和数学问题解决
	□ 智力和成绩之间的严重差异。请记录以下标准。
	学生与年龄,标准或智力发展方面的表现、成绩或两者表现出优势和劣势的模式:

- 3. 使用的教学策略和收集的以学生为中心的数据:
- 4. 如有的话请列出与教育相关的医学发现结果:
- 5. 学生环境、文化或经济背景的影响:
- 6. 数据表明,如果适宜的话在转荐之前或作为特定学习障碍转荐过程的一部分,学生的常规教育指导由合格的人员提供,包括英语作为第二语言(ESL)课程:
- 7. 以数据为基础,以合理的时间间隔重复评估成绩,反映教学期间的进展,提供给家长:

*页码*5,合计6页 2018 年7 月

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学生姓名:

8. 请在观察学	生的学习环境(包括常规课堂环境)记录下学生在存在困难领域的学
习成绩和行为。	请注意该行为与学生学术功能的关系:

- 9. 评估小组确定的其他数据(如果需要的话):
- 10. 请为以下每个项目加上一份声明为支持评估小组的结论提供论据,即所评估的结果显示其障碍并非主要由以下问题引起:

视觉、听觉、运动障碍:

智力残障:

情绪障碍:

文化因素:

环境或经济劣势:

英语水平有限:

完成 SLD 部分后,将此信息附加和/或合并到已完成的评估报告的第 5 节和第 6 节中。

*页码*6,合计6页 2018 年7 月