

WENATCHEE SCHOOL DISTRICT
Special Education Department
EVALUATION REPORT

NAME _____ DATE OF EVALUATION REPORT _____
B.D. _____ SEX _____ INITIAL PLACEMENT
AGE _____ REEVALUATION
SCHOOL _____ REVIEW OF TRANSFER RECORDS
GRADE _____
EXPECTED GRADE _____ DATE OF NEXT EVALUATION _____

The evaluation team concludes that the evaluation reports of assessment data, the statement of eligibility for Special Education services as defined by the Washington Administrative Code, and the suggested educational programs and related services are accurate representations of the student's needs.

EVALUATION TEAM

NAME	POSITION	DATE
_____	Team Coordinator _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Summary Statement does **not** reflect my conclusion. My statement is attached.

STUDENT IS NOT ELIGIBLE FOR OR IS NOT IN NEED OF SPECIAL EDUCATION SERVICES.

STUDENT QUALIFIES, FUNDING CATEGORY IS:

- D.D. 392-172-114
- 0-3 3-6 6-9
- E.B.D. 392-172-118
- C.D. 392-172-120
- O.I. 392-172-122
- H.I. 392-172-124
- S.L.D. 392-172-126, 128, 130, 132
- T.B.I. 392-172-148
- M.R. 392-172-134
- M.H. 392-172-136
- DEAF 392-172-138
- H.H. 392-172-140
- V.H. 392-172-142
- DEAF/BLIND 392-172-144
- AUT. 392-172-146

HANDICAP _____
DISTRICT ADMINISTRATOR _____

EVALUATION REPORT

STUDENT: _____ B.D. _____

RECONCILIATION OF INCONSISTENT OR CONTRADICTIONARY DATA

Inconsistent assessment information ? YES () NO () If YES, explain: _____

MEASUREMENT ERROR: Cultural, Environmental, Behavioral and Economic factors

- () No significant factors were noted.
- () Some _____ factors were noted by the Evaluation Team, but not to a degree that would have significantly affected the outcome of the assessment results.
- () Some _____ factors were noted by the Evaluation Team, which in the team's judgement, had a significant impact on eligibility results.

Explain _____

LANGUAGE, SENSORY AND MEDICAL SCREENING

Hearing is () within () not within normal limits. Screening date & documentation:

Vision is () within () not within normal limits. Screening date & documentation:

Language is () within () not within normal limits. Screening date & documentation:

Educationally Relevant Medical Information & documentation:

CLASSROOM OBSERVATION for SLD students: (supported/did not support) the diagnosis of Specific Learning Disability. For details & documentation see Observation of Student form.

PROFESSIONAL JUDGEMENTS: For SLD students with a significant discrepancy between Verbal and Performance IQ scores see Professional Judgement Worksheet.

EVALUATION REPORT

STUDENT: _____ B.D. _____

RECOMMENDATIONS

The Evaluation Team has determined that the Least Restrictive Placement Option is:

- | | |
|---|---|
| <input type="checkbox"/> Regular Program | Other services: |
| <input type="checkbox"/> Integrated Classroom | <input type="checkbox"/> SLP |
| <input type="checkbox"/> Regular Program with Resource intervention | <input type="checkbox"/> OT |
| <input type="checkbox"/> Special Education with regular program participation | <input type="checkbox"/> PT |
| <input type="checkbox"/> Full Day Special Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Homebound instruction | <input type="checkbox"/> Counseling |
| | <input type="checkbox"/> Other |

Placement will be in neighborhood school ? YES NO IF NO, Explain.

Student will receive assistance in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Basic Reading skills | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Mathematics Calculations | <input type="checkbox"/> Mathematics Reasoning |
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Other: _____ | |

Transition Services (all students starting at age 14) YES NO

Recommendations for Supplementary Aids and Services, Program Modification or Support for School Personnel, if appropriate: _____

Recommended time in Special Education _____ Regular Classroom _____

Other services:

Student will receive _____ for _____ minutes _____
_____ for _____ minutes _____

Student will participate in Regular Special Physical Education.

Extended School Year: Being Considered Recommended Not Recommended

COMMENTS : _____

EVALUATION REPORT

STUDENT: _____ B.D. _____

The tests administered (are/are not) racially or culturally discriminatory according to WAC 392-172-108. They (were/were not) administered in the student's primary language and mode of communication and (are/are not) considered a valid estimate of the student's current abilities and levels of performance.

Test Behavior and Comments: _____

Significant discrepancies between actual and expected performances have been noted in the attached Psychologist's Report.

Adjustment

SOCIAL: Appropriate social skills? (YES) (NO) _____

EMOTIONAL: Appropriate emotional development? (YES) (NO) _____

ADAPTIVE BEHAVIOR; Appropriate for age level? (YES) (NO) _____

School Psychologist

date