### PSYCHOEDUCATIONAL ASSESSMENT REPORT

**Ventura County SELPA**

**Choose an item.**

Student Name: D.O.B.:Click here to enter text. Age: Yrs. Mo.

School: Click here to enter text. Grade: Click here to enter text. Sex: Male Female

Case Manager: Click here to enter text. Date(s) of Assessment: Click here to enter text.

Parent(s) Name(s): Click here to enter text. Type of Report: Initial Triennial

Address: Click here to enter text.

Click here to enter text. Primary Language: English

(Street & Number, City, Zip)

Phone: Home Click here to enter text. Work: Click here to enter text. Cell: Click here to enter text.

*The following report was developed to assist the IEP Team in determining eligibility and need for special education and related services according to the code of Federal Regulations, Sections 300.304 to 300.306. A student shall qualify as an individual with exceptional needs if the results of the assessment demonstrate that the degree of impairment requires special education. The decision as to whether or not the assessment results demonstrate that the degree of the student’s impairment requires special education shall be made by the IEP team, including assessment personnel. The IEP team shall take into account all relevant material which is available on the student. No single score or product of scores shall be used as the sole criterion for the decision of the IEP team as to the student’s eligibility for special education. (From CCR 5 Sec. 3030)*

Materials and procedures were provided in the student’s native language/mode of communication in a form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally. If not, explain

**REASON FOR REFERRAL:**

Click here to enter text.

## BACKGROUND INFORMATION RELEVANT TO THIS REPORT:

Environmental, cultural, and economic information: Click here to enter text.

Health and developmental information: Click here to enter text.

**EDUCATIONAL HISTORY:**

Attendance history - Click here to enter text.

(For initial assessments only) Interventions provided in general education prior to special education eligibility -Click here to enter text.

Other relevant educational history (State benchmark data, grades, behavior record) – Click here to enter text.

Existing assessment reports: (within three years list below) None

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| --- | --- | --- |
| Date | Type | Assessor |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Choose an item. Parent interview Choose an item. Teacher survey or interview

Other data sources: Click here to enter text.

Summary of existing data (if applicable):

Sources of data Reviewed: (check or indicate “NA”)

Choose an item. Cumulative records Choose an item. Statewide assessment results California Assessment of Student Performance and Progress (CAASPP): Smarter Balanced Summative Assessments, California Alternate Assessments (CAA)

Choose an item. Progress toward goals Choose an item. English Language Proficiency Assessments for California (ELPAC) or Alternate ELPAC

**ENGLISH LANGUAGE DEVELOPMENT:**

English Level: English only Initially Fluent English Proficient English Learner – Emerging Expanding Bridging Reclassified English Proficient (Why is this up in this area? Move down to English Language Development)

**English Language Development (This area is confusing to me, but I would say the ELD section should go up higher)**

If the student is an EL, address the following, or indicate “Not an English Learner” and skip below Not an English Learner

Language used in various school settings (e.g., class, playground, with friends) - Click here to enter text.

Language used at home - Click here to enter text.

Language development compared to siblings - Click here to enter text.

Language used for academic instruction (use worksheet “Language/Instructional Program and Services by Grade Level”) - Click here to enter text.

Evidence of interference/transfer from primary language (L1) to second language (L2) - Click here to enter text.

Stage of second language acquisition:

L1 – Pre-production-Silent Period Early Production Speech Emergence Intermediate Fluency Advanced Fluency

L2 - Pre-production-Silent Period Simple Production Early Production Speech Emergence Intermediate Fluency Advanced Fluency

(Not applicable in Preschool): Level of Basic Academic Language: Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language Proficiency (CALP)

## ASSESSMENT INFORMATION:

Assessment(s) administered in English.

New Assessments Administered: (List all)

(Either describe each assessment in this section, or include description of assessments in results below)

* Student was assessed in all areas of suspected disability.
* All tests and materials include those tailored to assess specific areas of educational need.
* All assessments were selected and administered so as not to be discriminatory on racial, cultural, or sexual bias.
* Each assessment was used for the purpose for which it was designed and is valid and reliable.
* Each instrument was administered by trained and knowledgeable personnel.
* Each assessment was given in accordance with the test instructions provided by the producer of the assessments.
* All tests were selected and administered to best ensure that they produce results that accurately reflect the student’s abilities, not the student’s impairments, including impaired sensory, manual, or speaking skills.

Explanation for any of the above that are not applicable

**BEHAVIORAL OBSERVATIONS:**

Observations in classroom and other appropriate settings, including relationship of behavior to student’s academic and social functioning: Click here to enter text.

Behavior during testing, including relationship of behavior to the reliability of the current assessment results: Click here to enter text.

**RESULTS OF ASSESSMENT/PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND RELATED DEVELOPMENTAL NEEDS.**

|  |
| --- |
| **Cognitive Functioning:** |
| **Pre-Academic/Academic Skills:** |
| **Communication:** |
| **Motor Abilities:** |
| **Social/Emotional/Behavioral Functioning:** |
| **Self-Care/Independent Living:** |

**OVERALL SUMMARY AND RECOMMENDATIONS:**

Summary of assessment, including factors affecting educational performance: Click here to enter text.

(Required for initials and triennial evaluations) Indicators of possible disability or continuing disability: (for SLD include information about discrepancy between ability and achievement and/or pattern of strengths and weaknesses):

Click here to enter text.

Recommendations to enable student to be involved in and progress in general education curriculum (or for a preschool child, to participate in appropriate activities): give general suggestions for areas to be addressed

Possible special education and related services needed or additions or modifications to current services needed to meet goals and participate in general curriculum/appropriate activities (include basis for determination of need): Click here to enter text.

Need for specialized services and equipment (required for low incidence): Click here to enter text.

The IEP team will meet to discuss assessment results and make a decision about special education eligibility and services. The purpose of this report is to provide information to assist the team in making that decision.

Date of Report: Click here to enter text.

Assessors contributing to this report: (Note: If one assessor signs all must sign, otherwise just type in names)

|  |  |
| --- | --- |
| Name | Title |
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Copy to:  District Office  Cumulative File  Case Manager  Parent/Adult Student  Related Service(s)