*Your Letterhead Here*

### Click here to enter text.

Student Name: Click here to enter text. D.O.B.:Click here to enter text. Age: Click here to enter text. Yrs. Click here to enter text. 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 need for special education and related services according to the code of Federal Regulations, Sections 300.304 to 300.306. The decision as to whether or not the assessment results demonstrate the need for special education services 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. (From CCR 5 Sec. 3030)*

English Level: English only Initially Fluent English Proficient: English Learner - Beginning Early Intermediate Intermediate Early Advanced Advanced Reclassified Fully English Proficient (Preschool only) Beginning Middle Later

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

Assessment(s) administered in English.

**Reason for Referral:**

Click here to enter text.

## Background Information Relevant to This Report:

Environmental, cultural, and economic information – pertinent to this discipline: Click here to enter text.

Health and developmental information – pertinent to this discipline: Click here to enter text.

Educational history – pertinent to this discipline: Click here to enter text.

## 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.

**Assessment Information:**

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

Choose an item. Cumulative records Choose an item. Statewide Testing and Reporting results (STAR program)

Choose an item. Progress toward goals

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

|  |  |  |
| --- | --- | --- |
| 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. Student observation Choose an item. Teacher survey or interview

Choose an item. Other data sources Click here to enter text.

Summary of existing data (if applicable):

New Assessments Administered:

Assistive Technology assessments typically consist of the use of observation, interviews (educational staff, family and student as appropriate), and hand-on activities in consideration of the continuum of low-tech to high-tech programs, software, applications or devices.

* Student was assessed in all areas of suspected disability related to this discipline.
* 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

**Results of Assessment/Present Levels of Academic Achievement and Related Developmental Needs:**

|  |
| --- |
| **Tools and Accommodations Currently in Place:** |
| Click here to enter text. |
|  |
| **Environments and Curriculum Requirements:** |
| Click here to enter text. |
|  |
| **Evaluation of Current Skills/Assistive Technology Considered:** |
| Click here to enter text. |

**Overall Summary and Recommendations:**

Summary of assessment, including factors affecting educational performance: 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 ideas 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.

Person(s) completing this report:

Click here to enter text. Click here to enter text. Click here to enter text.

Name Title Date

Click here to enter text. Click here to enter text. Click here to enter text.

Name Title Date

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