

PURPOSE: The evaluation report documents assessment results and review of data that assists in determining whether a student is eligible for special education, and provides information to the IEP team to assist with IEP development. The evaluation process should be sufficient in scope to determine: (1) whether a student has a disability, (2) whether the disability adversely affects his/her performance in the general education curriculum, and (3) the nature and extent of the student's need for specially designed instruction and any necessary related services. Based on the review of the evaluation results, the evaluation group and the parent determine whether the student is eligible for special education. If the evaluation group believes the student may have a specific learning disability, the supplementary report for SLD contains the additional requirements to be included as part of the eligibility determination.

EVALUATION REPORT

Student name: _____ Student ID: _____
Birthdate: _____ Grade: _____ Age: _____ Race/Ethnicity: _____
School district: _____ School building: _____
Eligibility determination date: _____ Three-year reevaluation due date: _____
Primary language of student: _____ Primary language at home: _____
Parent(s) name(s): _____ Parent interpreter needed? ☐ Yes ☐ No
Surrogate parent: ☐ Yes ☐ No If yes, name: _____ Adult student: ☐ Yes ☐ No
Primary staff contact name: _____ Title: _____

☐ **Initial Evaluation**

☐ **Reevaluation**

Background Information *(reason for referral or presenting concerns, such as relevant medical/developmental history, sensory loss, teacher recommendations, academic/pre-academic history, current placement in general education, instructional history, grade retention, any previous interventions implemented and their results, and other factors, including parent concerns and any additional information provided by the parent(s)):*

Evaluation Procedures and Results *(record findings from the review of existing data and any additional assessments conducted, including the date and source (specific tool, instrument, or data collection method used) of these data. Individual group members may choose to use the Individual Documentation of Assessment Results form or members may wish to incorporate individual assessment results into this report):*

Area(s) ("NA"= not addressed)	Current Levels of Performance <i>(based on existing data and/or additional assessments)</i>
Cognitive <input type="checkbox"/> NA	
Reading <input type="checkbox"/> NA	
Written Language <input type="checkbox"/> NA	
Math <input type="checkbox"/> NA	
Behavior/Social skills <input type="checkbox"/> NA	
Adaptive/Self-help skills <input type="checkbox"/> NA	
Transition/Vocational <input type="checkbox"/> NA	
Communication <input type="checkbox"/> NA	
Motor <input type="checkbox"/> NA	
Adapted Physical Education <input type="checkbox"/> NA	
Hearing <input type="checkbox"/> NA	
Vision <input type="checkbox"/> NA	
Medical/Health Concerns <input type="checkbox"/> NA <i>(including any medical diagnoses)</i>	
Language/Language Acquisition Concerns <input type="checkbox"/> NA	
Other:	

Evaluation Summary *(an analysis of the educational relevance of the evaluation results, including individual assessment results, and a description of the adverse educational impact, including how the disability affects the student's access to, involvement in, and progress in the general education curriculum (or for preschool children, in appropriate activities)):*

The student has received appropriate instruction in reading and math: ☐ Yes ☐ No
(Note: the student is not eligible for special education services if the determinant factor is the lack of appropriate instruction in reading and math). Describe the basis for this determination:

Consideration of other factors, including English proficiency, cultural impacts, attendance, etc. *(Note: the student is not eligible for special education services if the determinant factor is limited English proficiency):*

The student was assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social/emotional status, general intelligence, academic performance, communication, and motor abilities:
☐ Yes ☐ No *(If no, the evaluation is incomplete.)*

Group Signatures *(the date and signature of each professional member of the evaluation group below certifies that the evaluation report represents his/her conclusions. If the evaluation report does not reflect his/her conclusions, he/she must include a separate statement representing his/her conclusions.):*

Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____

PURPOSE: Each professional member of the evaluation group who contributed to the evaluation report is required to document the results of his/her individual assessment(s) and observation(s). This individual documentation may be a separate document, using a form such as this sample form, or members may wish to incorporate their individual assessment results into the evaluation report.

INDIVIDUAL DOCUMENTATION OF ASSESSMENT/OBSERVATION RESULTS

Student name: _____ School: _____
Birthdate: _____ Age: _____ Grade: _____
Examiner: _____ Evaluation date(s): _____
Area(s) of assessment: _____

Description of Evaluation Procedures and Instruments Used:

Description of Evaluation/Observation Results *(including specific data and analysis):*

Conclusions *(including recommendations for specially designed instruction, related services, supplementary aids and services, program modifications, and/or support for school personnel, as may be needed by the student):*

Examiner's Signature/Title

Date

PURPOSE: Upon completion of the administration of assessments and other evaluation measures, a group of qualified professionals and the parent of the student must determine whether the student is eligible for special education and determine the educational needs of the student. The district must provide the parent a copy of the evaluation report and the documentation of the determination of eligibility. This eligibility determination is completed as part of the eligibility meeting, which is usually combined with the meeting to review the results of the evaluation.

ELIGIBILITY DETERMINATION

Does the student have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, disability category: _____ (If SLD, complete and attach the Supplementary Report for SLD.)
Is the student in need of specially designed instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, recommended interventions for student:	

Recommended Specially Designed Instruction (recommendations to the IEP team to assist in the development of the IEP's present levels of performance and annual goals. Specify the areas in which the student requires specially designed instruction):

Recommended Related Services (Specify the areas in which the student requires related services in order to benefit from the specially designed instruction):

Other Information Needed to Develop the IEP (determined through the evaluation process and from parental input, including any recommended supplementary aids and services for the student, assistive technology, and program modifications or supports for school personnel):

A copy of the evaluation report including documentation of determination of eligibility was provided to the parent/guardian by:

_____	on	_____
Name/Title		Date



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