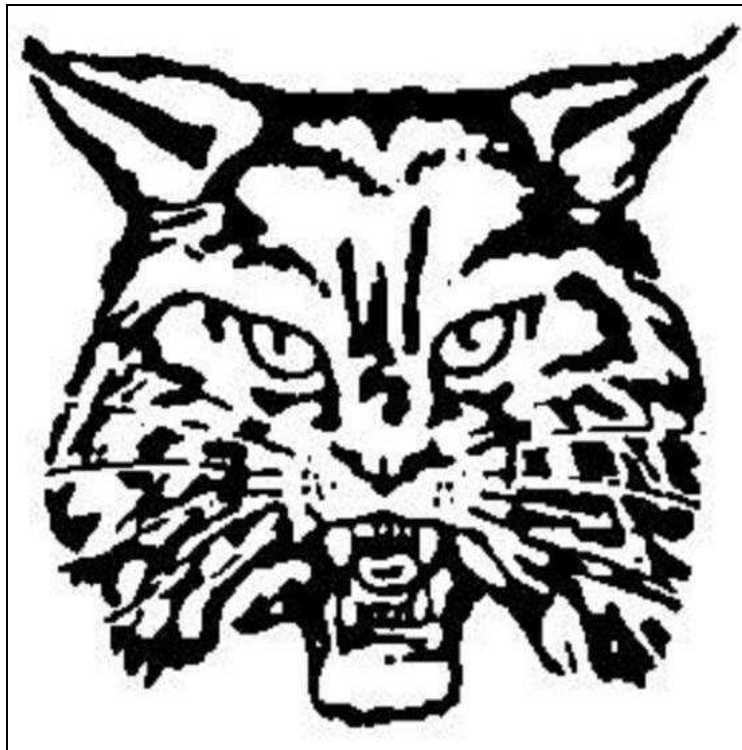


Bath County Schools

**IDEA Evaluation
Planning and
Eligibility Guide**



WILDCATS

Table of Contents

General Evaluations Planning Considerations.....	4
Autism (Initial Evaluation).....	6
Autism (Reevaluation).....	7
Deaf-Blind (Initial & Reevaluation).....	8
Developmental Delay (Initial Evaluation)	9
Developmental Delay (Reevaluation)	10
Emotional Behavioral Disability (Initial Evaluation)	11
Emotional Behavioral Disability (Reevaluation)	12
Functional Mental Disability (Initial Evaluation).....	13
Functional Mental Disability (Reevaluation).....	14
Hearing Impaired (Initial Evaluation).....	15
Hearing Impaired (Reevaluation).....	16
Mild Mental Disability (Initial Evaluation)	17
Mild Mental Disability (Reevaluation).....	18
Multiple Disabilities (Initial & Reevaluation)	19
Orthopedic Impairment (Initial Evaluation).....	20
Orthopedic Impairment (Reevaluation).....	21
Other Health Impaired (Initial Evaluation)	22
Other Health Impaired (Reevaluation)	23
Speech or Language Impairment (Initial & Reevaluation)	24
Specific Learning Disability (Initial Evaluation)	25
Specific Learning Disability (Reevaluation)	26
Traumatic Brain Injury (Initial Evaluation)	27
Traumatic Brain Injury (Reevaluation)	28
Visually Impaired (Initial Evaluation).....	29
Visually Impaired (Reevaluation).....	30
Appendix A	
Reevaluation Decision Guide.....	31
Appendix B	
Instrument Listing.....	33
Appendix C	
Policy Letter-Establishing Student Eligibility for IDEA Services.....	35
Appendix D	
Demographic Worksheet.....	44
Appendix E	
HIPPA Release.....	45
Appendix F	
FERPA Release.....	46
Appendix G	
OHI Medical Statement.....	47
Appendix H	
OI Medical Statement.....	48
Appendix I	
TBI Medical Statement.....	49

Appendix J	
Consent to Evaluate/Re-Evaluate.....	50
Appendix K	
Motor Screen.....	52
Appendix L	
Vision, Hearing, and Communication Screen.....	53
Appendix M	
Guidance for Evaluation Data Collection by Marti Ginter.....	54
Appendix N	
Reminders/Tips.....	55

Bath County Schools

Evaluation Planning Guide

General Evaluation Planning Considerations

When planning evaluations, the following factors must be considered for each student:

- I. **Consent for Initial /Re-evaluation/ Planning:** Consent must be obtained prior to an initial evaluation. If consent for re-evaluation cannot be obtained, at least 7 documented attempts are needed prior to proceeding with the re-evaluation (2 phone calls made to Parents, 2 times mailing forms home, 2 times sending forms by student and 1 home visit). All assessment areas appearing on the initial/re-evaluation guide checklist for the suspected disability(s) must have been addressed in the evaluation plan/consent form. The parent/guardian should be well informed of the results of the intervention data, the referral information, suspected disability(s), have an explanation of the assessment components and an opportunity for input, prior to giving consent.
In cases where the ARC decides that a complete re-evaluation is not needed, the parent must be in agreement and have input into the process.
- II. **Initial vs. Reevaluation Guidelines:** There are two planning guides per disability category (initial and reevaluation). The initial evaluation guide should be used upon initial evaluation or when first looking at this category (even if the evaluation is technically a reevaluation. Example: A student is aging out of Developmentally Delayed eligibility and the ARC is planning to look at a new area of eligibility. Example: Speech only student but suspect MMD. Use initial form even though this is considered re-evaluation
- III. **Timelines-** Initial evaluations shall be completed and eligibility determined within 60 days from the date of consent. Teachers will have 20 days from the date of consent to submit all assessment components listed on the initial evaluation guide for the suspected disability/ies to the DoSE. The psychologist will then have 25 days to complete the evaluation report and return it to the Dose. The ARC then has 15 days to review the report and schedule an eligibility determination meeting. Re-evaluations shall be completed within 3 years of the last eligibility determination date or before the 9th birthday of a student with a Developmental Delay.
- IV. Be sure that the person(s) completing evaluation components (i.e. rating scales, informal inventories, etc.) has adequate knowledge of the child.
- V. **ELIGIBILITY OF OUT OF STATE IDENTIFIED TRANSFER STUDENTS:** Consult with your DoSE on eligibility/evaluation planning needs for these students.
- VI. **Hearing & Vision Screenings:** These screenings should have been completed **prior** to interventions and referral. If the student is unable to participate in standard hearing and/or vision screenings, then an alternate method of hearing and/or vision screening may be necessary. (Consult with your VI/HI teacher) Note: At reevaluation the hearing/vision screenings should be conducted within one year of the projected eligibility determination date and prior to any formal testing. Students who fail must have follow up/corrective measures **prior** to proceeding to referral or re-evaluation.
- VII. **Related Services:**
 - o For initial evaluations, related service evaluations should be planned as directed by the ARC. Related service personnel should be consulted and the appropriate referral

forms completed (e.g. Speech/Language Occupational Therapy, Physical Therapy, and Assistive Technology).

- For reevaluations, if the student has been receiving related services (e.g. Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

- VIII. **Observations:** When multiple disabilities are present, consult with your DoSE to determine the number of observations to conduct. Guidance is provided in the policy letter from KDE dated August 30, 2010. (**Appendix C**) Observations must be conducted by at least 2 different individuals.
- IX. **Standardized Educational Assessment (norm-referenced):** If the student is unable to complete norm-referenced assessments due to limited skills, an informal academic assessment or a summary of skills may be completed by the teacher. Attach copies of work samples for each area (e.g., reading, writing, and math).
- X. **Specific Instruments:** It is suggested that you avoid listing specific instruments on the evaluation planning form. (**Appendix B** is provided for your information only)
- XI. A **Reevaluation Decision Guide** is included in **Appendix A** to assist with determining when it may be appropriate to use existing data to determine eligibility at reevaluation and a full re-evaluation will not be necessary. If parent is in agreement with using existing data, the Review of Records/Reevaluation Form will be used to compile existing data. The data will be provided by appropriate evaluators as members of the multi-disciplinary assessment team. The ARC will then examine the data to determine if continued eligibility is warranted (Eligibility Form must be completed) and if special education services continue to be needed. If the student continues to be eligible for services, a new consent for services form is not necessary since consent has previously been obtained.
- XII. **Cognitive/ Intellectual Assessment:** In some cases, this evaluation component may not need to be completed if "a mental disability has been ruled out." (i.e., OHI, EBD, VI etc...)

"**Mental disability**" means that a child has one (1) of the following:

(a) A **mild mental disability (MMD)** in which:

1. Cognitive functioning is at least two (2) but no more than three (3) standard deviations below the mean;
2. Adaptive behavior deficit is at least two (2) standard deviations below the mean;
3. A severe deficit exists in overall academic performance including acquisition, retention, and application of knowledge; and
4. Manifestation is typically during the developmental period; or

(b) A **functional mental disability (FMD)** in which:

1. Cognitive functioning is at least three (3) or more standard deviations below the mean;
2. Adaptive behavior deficits are at least three (3) or more standard deviations below the mean;
3. A severe deficit exists in overall academic performance including acquisition, retention, and application of knowledge; and
4. Manifestation is typically during the developmental period.

Autism (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ *Consent to evaluate
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ Social/Developmental History
- ☐ _____ Medical statement by physician or qualified medical professional or medical information related to the area of suspected disability. The medical information must include a diagnosis of the disability. **This is optional—do when appropriate.**
- ☐ _____ Cognitive/Intelligence Assessment -**This is optional-Consult with DoSE**
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required for norm-referenced assessments.
- ☐ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least 4 observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty (e.g., look at interaction with others, social skills, play skills, communication, any repetitive behaviors or insistence on routines).
- ☐ _____ Adaptive Behavior: Complete a full Adaptive Behavior Scale. (Consult with DoSE)
- ☐ _____ Autism Rating Scale: Complete one parent form and one teacher form (or more when appropriate, consult DoSE)

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Autism (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ IEP Progress Data (charts and graphs)
- ☐ _____ *Consent to re-evaluate
- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Social/Developmental History
- ☐ _____ Any new medical information. If there has been no change in medical diagnosis/status and a previous statement is on file, a new medical statement is not required. **This is optional—do when appropriate.**
- ☐ _____ *Cognitive/Intellectual Assessment: No intelligence test is needed if an intellectual/mental disability has been ruled out. **This is optional—Consult with DoSE**
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required for norm-referenced assessment.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty (e.g., look at interaction with others, social skills, play skills, communication, any repetitive behaviors or insistence on routines).
- ☐ Adaptive Behavior: Complete a full Adaptive Behavior Scale. (Consult with DoSE)
- ☐ Autism Rating Scale: Complete one parent form and one teacher form (or more when appropriate, consult DoSE)
- ☐ *If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Deaf-Blind (Initial & Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ See planning guides for Visually Impaired and Hearing Impaired.

*****-Consult with DoSE

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Developmental Delay (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ Screening results
- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ *Consent to evaluate
- ☐ _____ Social/Developmental History
- ☐ _____ Motor: Evaluate in all suspected areas of developmental delay based on screening results and ARC determination. Consult with your DoSE regarding which assessment is most appropriate. Occupational Therapy (OT) evaluation and/or Physical Therapy (PT) evaluations as determined by the ARC.
- ☐ _____ Cognitive/Intellectual Assessment: Evaluate in all suspected areas of developmental delay based on screening results and ARC determination. Consult with your DoSE regarding which assessment is most appropriate.
- ☐ _____ Communication: Evaluate in all suspected areas of developmental delay based on screening results and ARC determination. A communication evaluation is warranted if the screening is failed or if requested by the ARC.
- ☐ _____ Academic/Behavior Summary: Only complete on students who are enrolled in preschool/elementary. (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty (i.e. Cognition, Social Emotional Development, Motor Development, Self-help/Adaptive Behavior and/or Communication).
- ☐ _____ Adaptive Behavior: Evaluate in all suspected areas of developmental delay based on screening results and ARC determination. Consult with your DoSE regarding which assessment is most appropriate.
- ☐ _____ Behavior & Social Skills Ratings: Evaluate in all suspected areas of developmental delay based on screening results and ARC determination. Consult with your DoSE regarding which assessment is most appropriate.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Developmental Delay (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ IEP Progress Data (charts and graphs)
- ☐ _____ *Consent to re-evaluate
- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Social/Developmental History
- ☐ _____ Motor: Evaluate in the area(s) of the developmental delay. Consult with your DoSE regarding which assessment is most appropriate. If an area of related service, plan for OT and/or PT evaluations.
- ☐ _____ Cognitive/Intellectual Assessment: Evaluate in the area(s) of the developmental delay. Consult with your DoSE regarding which assessment is most appropriate.
- ☐ _____ Communication: Evaluate in the area(s) of the developmental delay. Communication evaluation, if communication is a related service.
- ☐ _____ Academic/Behavior Summary(Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty (i.e. Cognition, Social Emotional Development, Motor Development, Self-help/Adaptive Behavior and/or Communication).
- ☐ _____ Adaptive Behavior: Evaluate in the area(s) of the developmental delay. Consult with your DoSE regarding which assessment is most appropriate.
- ☐ _____ Behavior & Social Skills Ratings: Evaluate in the area(s) of the developmental delay. Consult with your DoSE regarding which assessment is most appropriate.
- ☐ _____ *If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.
- ☐ _____ *If the child is close to aging out (turning nine), the ARC should determine if there is another suspected disability. If the ARC suspects another disability, the evaluation should be planned as an initial evaluation for that disability category. If the ARC does not suspect a disability, the Review of Records/ Reevaluation Planning Form process may be used for reevaluation purposes.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*
Emotional Behavioral Disability (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ *Consent to evaluate
- ☐ _____ Social/Developmental History
- ☐ _____ Cognitive/Intellectual Assessment **This is optional-Consult with DoSE**
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required for norm-referenced assessments.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least four observations are required by 2 different individuals. Observations must target the area of suspected disability and in this case should include academic and nonacademic settings.
- ☐ _____ *Behavior Ratings: Complete one parent form and two teacher forms. Also, a self report should be completed by the student, when age appropriate. Consult with your DoSE to determine the appropriate rating scale.
- ☐ _____ Adaptive Behavior: Complete a full Adaptive Behavior Scale. (Consult with DoSE)

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Emotional Behavioral Disability (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Consent to re-evaluate
- ☐ _____ IEP Progress Data (charts and graphs)
- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Social/Developmental History
- ☐ _____ *Cognitive/Intellectual Assessment: No intelligence test is needed if an intellectual/mental disability has been ruled out. **This is optional-Consult with DoSE**
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required for norm-referenced assessments.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least four observations are required by 2 different individuals. Observations must target the area of suspected disability and in this case should include academic and nonacademic settings.
- ☐ _____ *Behavior Ratings: Complete one parent form and two teacher forms. Also, a self report should be completed by the student, when age appropriate. Consult with your DoSE to determine the appropriate rating scale.
- ☐ _____ *If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Functional Mental Disability (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ *Consent to evaluate
- ☐ _____ Social/Developmental History
- ☐ _____ Cognitive/Intellectual Assessment
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required for norm-referenced assessments.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty.
- ☐ _____ Adaptive Behavior: Complete a full Adaptive Behavior Scale. (Consult with DoSE)

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Functional Mental Disability (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Consent to re-evaluate
- ☐ _____ IEP Progress Data (charts and graphs)
- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Social/Developmental History
- ☐ _____ Cognitive/Intellectual Assessment: A cognitive measure may not be needed if at least two previous cognitive evaluations are consistent with the presence of the suspected mental disability category. If consistency across scores is questionable, consult with your school psychologist.
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required for norm-referenced assessments.
- ☐ _____ Academic/Behavior Summary & Suggestions (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty.
- ☐ _____ Adaptive Behavior: An Adaptive Summary may be used in place of a standardized adaptive measure at reevaluation. A standardized measure may be needed when another disability is suspected (in which adaptive functioning is part of the eligibility determination). (Consult with DoSE)
- ☐ _____ *If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Hearing Impaired (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Vision Screening
- ☐ _____ *Consent to evaluate
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ Audio logical Evaluation
- ☐ _____ Social/Developmental History
- ☐ _____ Cognitive/Intellectual Assessment: Consult with your DoSE.
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required for norm-referenced assessments.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty.
- ☐ _____ Adaptive Behavior: Complete a full Adaptive Behavior Scale. (Consult with DoSE)

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Hearing Impaired (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Consent to re-evaluate
- ☐ _____ IEP Progress Data (charts and graphs)
- ☐ _____ *Vision Screening
- ☐ _____ Audio logical Evaluation
- ☐ _____ Social/Developmental History
- ☐ _____ *Cognitive/Intellectual Assessment: No intelligence test is required if an intellectual/mental disability has been ruled out **or** there are no concerns with cognitive skills.
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required for norm-referenced assessments.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty.
- ☐ _____ Adaptive Behavior: An Adaptive Summary may be used in place of a standardized adaptive measure at reevaluation. A standardized measure may be needed when another disability is suspected (in which adaptive functioning is part of the eligibility determination). (Consult with DoSE)
- ☐ _____ *If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Mild Mental Disability (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ *Consent to evaluate
- ☐ _____ Social/Developmental History
- ☐ _____ Cognitive/Intellectual Assessment
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required for norm-referenced assessments.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty.
- ☐ _____ Adaptive Behavior: Complete a full Adaptive Behavior Scale. (Consult with DoSE)

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Mild Mental Disability (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Consent to re-evaluate
- ☐ _____ IEP Progress Data (charts and graphs)
- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Social/Developmental History
- ☐ _____ Cognitive/Intellectual Assessment: A cognitive measure may not be needed if at least two previous cognitive evaluations are consistent with the presence of the suspected mental disability category. If consistency across scores is questionable, consult with your school psychologist.
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty.
- ☐ _____ Adaptive Behavior: An Adaptive Summary may be used in place of a standardized adaptive measure at reevaluation. A standardized measure may be needed when another disability is suspected (in which adaptive functioning is part of the eligibility determination). (Consult with DoSE)
- ☐ _____ *If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Multiple Disabilities (Initial & Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ See planning guides for the multiple disability areas.

*****-Consult with DoSE

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Orthopedic Impairment (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ *Consent to evaluate
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ Social/Developmental History
- ☐ _____ Cognitive/Intellectual Assessment: **This is optional-Consult with DoSE**
- ☐ _____ Medical statement by physician or qualified medical professional or medical information related to the area of suspected disability. The medical information must include a diagnosis of the orthopedic impairment. (form available on district special education webpage)
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required.
- ☐ _____ Academic/Behavior Summary and Suggestions (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty (e.g., look at impact of physical disability on self-help/adaptive skills; document any assistance given during observation).
- ☐ _____ Adaptive Behavior: Complete a full Adaptive Behavior Scale. (Consult with DoSE)

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Orthopedic Impairment (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Consent to re-evaluate
- ☐ _____ IEP Progress Data (charts and graphs)
- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Social/Developmental History
- ☐ _____ *Cognitive/Intellectual Assessment: No intelligence test is required if an intellectual/mental disability has been ruled out **or** there are no concerns with cognitive skills.
- ☐ _____ Any new medical information: If there has been no change in medical diagnosis/status and a previous statement is on file, a new medical statement is not required.
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty (e.g., look at impact of physical disability on self-help/adaptive skills; document any assistance given during observation).
- ☐ _____ Adaptive Behavior: An Adaptive Summary may be used in place of a standardized adaptive measure at reevaluation. A standardized measure may be needed when another disability is suspected (in which adaptive functioning is part of the eligibility determination). (Consult with DoSE)
- ☐ _____ *If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Other Health Impaired (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ *Consent to evaluate
- ☐ _____ Social/Developmental History
- ☐ _____ A medical statement or other medical record documentation that confirms a medical condition signed by a physician or qualified medical professional. The medical information must include a diagnosis of the health impairment. (form available on district special education webpage)
- ☐ _____ Cognitive/Intellectual Assessment
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Look at alertness (i.e. time on-task), vitality/energy, strength, work completion, academic engaged time, following of directions, etc. compared to an average peer of the same gender.
- ☐ _____ *If the health impairment affects behavior, then complete behavior ratings (e.g., Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder).
 - Complete one parent form and two teacher forms. Also, a self report should be completed by the student, when age appropriate.
 - Attention/hyperactivity/impulsivity – use Conners or BASC
- ☐ _____ Adaptive Behavior: Complete a full Adaptive Behavior Scale. (Consult with DoSE)
- ☐ _____ If the child is diagnosed with Attention Deficit/Hyperactivity Disorder (AD/HD), then an AD/HD History Interview should be completed.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Other Health Impaired (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Consent to re-evaluate
- ☐ _____ IEP Progress (charts and graphs)
- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Social/Developmental History
- ☐ _____ Any new medical information: If there has been no change in medical diagnosis/status and a previous statement is on file, a new medical statement is not required.
- ☐ _____ Cognitive/Intellectual Assessment: No intelligence test is needed if an intellectual/ mental disability has been ruled out.
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Look at alertness (i.e. time on-task), vitality/energy, strength, time-on task, work completion, academic engaged time, following of directions, etc. compared to an average peer of the same gender.
- ☐ _____ *If the health impairment affects behavior, then complete behavior ratings (e.g., Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder).
 - Complete one parent form and two teacher forms. Also, a self report should be completed by the student, when age appropriate.
 - Attention/hyperactivity/impulsivity – use Conners or BASC

*If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Speech or Language Impairment (Initial & Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

☐ _____ Consult with the Speech Pathologist

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Specific Learning Disability (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ *Consent to evaluate
- ☐ _____ Motor screening
- ☐ _____ Social/Developmental History
- ☐ _____ Cognitive/Intellectual Assessment
- ☐ _____ *Standardized Educational Assessment: assess in the specific areas of suspected disability (i.e., Basic Reading, Reading Comprehension, Reading Fluency, Math Calculation, Math Reasoning, Written Expression, Listening Comprehension, and Oral Expression)
- ☐ _____ Academic/Behavior Summary & Suggestions (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: A minimum of two observations are required by 2 different individuals. **At least one observation must be completed by a member of the ARC.** Observations must target the area of suspected disability (i.e., Basic Reading, Reading Comprehension, Reading Fluency, Math Calculation, Math Reasoning, Written Expression, Listening Comprehension, and/or Oral Expression).
- ☐ _____ Adaptive Behavior: Complete a full Adaptive Behavior Scale. (Consult with DoSE)

Note: The Admissions and Release Committee must consider (1) the presence of an aptitude-achievement discrepancy and (2) documentation of response to intervention related to the area of suspected disability (i.e., Basic Reading, Reading Comprehension, Reading Fluency, Math Calculation, Math Reasoning, Written Expression, Listening Comprehension, and Oral Expression). Documentation of the student's response to intervention must be provided to the Admissions and Release Committee, in the form of progress monitoring, prior to an eligibility determination.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Specific Learning Disability (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ * Consent to Re-evaluate
- ☐ _____
- ☐ _____ IEP Progress Data (charts and graphs)
- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Social/Developmental History
- ☐ _____ Cognitive/Intellectual Assessment: No intelligence test is needed if the student has previously had two consistent IQ scores. If consistency across scores is questionable, consult with your DoSE.
- ☐ _____ *Standardized Educational Assessment: assess in the specific areas of disability (i.e., Basic Reading, Reading Comprehension, Reading Fluency, Math Calculation, Math Reasoning, Written Expression, Listening Comprehension, and Oral Expression)
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: A minimum of two observations are required by 2 different individuals. **At least one observation must be completed by a member of the ARC.** Observations must target the area of suspected disability (i.e., Basic Reading, Reading Comprehension, Reading Fluency, Math Calculation, Math Reasoning, Written Expression, Listening Comprehension, and/or Oral Expression).
- ☐ _____ *If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Traumatic Brain Injury (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Consent to evaluate
- ☐ _____ * Hearing & Vision Screenings
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ Social/Developmental History with TBI component
- ☐ _____ Medical statement by physician or qualified medical professional or medical information related to the area of suspected disability. The medical information must include a diagnosis of the brain injury. (form available on district special education webpage)
- ☐ _____ *Occupational Therapy Evaluation
- ☐ _____ *Physical Therapy Evaluation
- ☐ _____ Cognitive/Intellectual Assessment
- ☐ _____ *Communication Evaluation
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty.
- ☐ _____ Behavior Ratings
 - Complete one parent form and two teacher forms.
 - Attention/hyperactivity/impulsivity – use Conners or BASC
 - Other behavior concerns – use BASC
- ☐ _____ Adaptive Behavior: Complete a full Adaptive Behavior Scale(Consult with DoSE)

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Traumatic Brain Injury (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Consent to re-evaluate
- ☐ _____ IEP Progress Data (charts and graphs)
- ☐ _____ *Hearing & Vision Screenings
- ☐ _____ Social/Developmental History with TBI component
- ☐ _____ Any new medical information: If there has been no change in medical diagnosis/status and a previous statement is on file, a new medical statement is not required.
- ☐ _____ *Occupational Therapy Evaluation (if an area of concern)
- ☐ _____ *Physical Therapy Evaluation (if an area of concern)
- ☐ _____ Cognitive/Intellectual Assessment
- ☐ _____ *Communication Evaluation (if an area of concern)
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty.
- ☐ _____ Behavior Ratings (if an area of concern)
 - Complete one parent form and two teacher forms.
 - Attention/hyperactivity/impulsivity – use Conners or BASC
 - Other behavior concerns use BASC
- ☐ _____ Adaptive Behavior: Complete a full Adaptive Behavior Scale. (Consult with DoSE)
- ☐ _____ *If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Visually Impaired (Initial Evaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Hearing Screening
- ☐ _____ Vision Examination
- ☐ _____ Referral/Intervention Data (RTI)
- ☐ _____ *Consent to evaluate
- ☐ _____ Functional Vision/Learning Media Assessment
- ☐ _____ Orientation & Mobility Evaluation (if needed)
- ☐ _____ Social/Developmental History
- ☐ _____ Cognitive/Intellectual Assessment: Consult with your DoSE.
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

Visually Impaired (Reevaluation)

Evaluation Pieces

(Please place dates in blanks for each assessment piece)

- ☐ _____ *Consent to re-evaluate
- ☐ _____ IEP Progress Data (charts and graphs)
- ☐ _____ *Hearing Screening
- ☐ _____ *Vision Examination
- ☐ _____ Functional Vision/Learning Media Assessment (update/review)
- ☐ _____ Orientation & Mobility Evaluation and other related services (if needed)
- ☐ _____ Social/Developmental History
- ☐ _____ *Cognitive/Intellectual Assessment: No intelligence test is required if an intellectual/mental disability has been ruled out **or** there are no concerns with cognitive skills.
- ☐ _____ *Standardized Educational Assessment (norm-referenced): Only broad areas are required.
- ☐ _____ Academic/Behavior Summary (Copies of Grades, Tests, Attendance, Behavior Write Ups)
- ☐ _____ *Observations: At least two observations are required by 2 different individuals. Observations must target the area of suspected disability and focus on specific areas for which the student has difficulty.
- ☐ _____ *If the student has been receiving related services (e.g., Speech/Language, Occupational Therapy, Physical Therapy, Assistive Technology), consult with the related service personnel to determine if related service evaluations need to be planned.

**Please see the General Evaluation Planning Considerations page for these items (p. 3).*

