

CHILD'S NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**1****INDIVIDUAL EVALUATOR'S ASSESSMENT**

Section to be completed by each individual evaluator

EVALUATOR NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

**AREAS OF ASSESSMENT:** Vision Abilities, Hearing Abilities

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

**EVALUATION METHODS AND STRATEGIES**

Indicate the types of assessment strategies used to gather information about the child's performance

☐ OBSERVATION☐ SCIENTIFIC, RESEARCH-BASED  
INTERVENTIONS☐ NORM-REFERENCED ASSESSMENTS☐ INTERVIEWS☐ CURRICULUM BASED ASSESSMENTS☐ CLASSROOM BASED ASSESSMENTS☐ REVIEW OF RECORDS AND RELEVANT  
TREND DATA (SCHOOL RECORDS, WORK  
SAMPLES, EDUCATIONAL HISTORY)☒ OTHER (Specify)  
Screening**ASSESSMENT INFORMATION**

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

**SUMMARY OF ASSESSMENT RESULTS**

VISION:

\_\_\_\_\_ Screening

\_\_\_\_\_ Eye Condition Report

Summary and interpretation:

HEARING:

\_\_\_\_\_ Screening

\_\_\_\_\_ Ear Condition Report

Summary and interpretation:

**DESCRIPTION OF EDUCATIONAL NEEDS:****IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:**

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_