

NOTICE OF INITIAL EVALUATION

DATE DUE: _____

STUDENT NAME: _____

GRADE: _____ **DATE OF BIRTH:** _____

Area of Suspected Disability: _____

_____ **School Psych** **WPPSI WISC WAIS CTONI Observation BASC ADOS-2**
BRIEF WJ Vineland Other: _____
File Review Structured Student Interview PKBS

_____ **SpEd Teacher** **Info. Processing Observation Teacher Interview**
Home & Family Interview Student Interview Review of records
Ten Sigma Enderle Severson Assistive Tech. Screen
Functional Behavior Assessment Mental Health Screening

_____ **School Nurse** **Vision Screening Hearing Screening Review of vision/ hearing**

_____ **OHD Consultant** **Observation Review of Medical Records**
Functional Academic Skills Checklist
Organizational & Work Skills Checklist TBI Checklist

_____ **EBD Consultant** **Observation Review of Medical Records FBA**
Mental Health Screening BASC

_____ **Autism Consultant** **GARS Observation**

_____ **Social Worker** **Developmental History Interview Home and Family Interview**
Observations

_____ **OT** **Sensory Profile Observation Handwriting sample**
Peabody- Fine Motor Bruininks-- Fine Motor
Other: _____

_____ **PT/ DAPE** **Physical Fitness Test Peabody: Gross Motor Other:** _____
Bruininks- Gross Motor

_____ **Speech** **PLS CELF Language Sample ROWVT EOWVT**
Arizona OWLS Observation Other: _____

_____ **ECSE Teacher** **Battelle: Areas:** _____
Developmental History Interview Teacher Interview PKBS
Review of existing data Assistive Technology Screener
Observation Review of Medical Records Brigance CDI

_____ **Other (Low incidence)**

Complete during Child Study. Highlight or Circle assessments to be given.

NOTICE OF RE-EVALUATION

DATE DUE: _____

STUDENT NAME: _____

GRADE: _____ **DATE OF BIRTH:** _____

Area of Suspected Disability: _____

_____ **School Psych** **Review IQ, WJ, BASC, Vineland**
Other: _____

_____ **SpEd Teacher** **Info. Processing Observation Teacher Interview**
Home & Family Interview Student Interview Review of records
Review Ten Sigma Enderle Severson Assistive Tech. Screen
Functional Behavior Assessment Mental Health Screening

Review: _____ **Goals & Objectives**

_____ **School Nurse** **Vision Screening Hearing Screening Review of vision/ hearing**

_____ **OHD Consultant** **Observation (only if necessary) Review of Medical Records**
Functional Academic Skills Checklist
Organizational & Work Skills Checklist TBI Checklist

_____ **EBD Consultant** _____

_____ **Autism Consultant** _____

_____ **Social Worker** _____

_____ **OT** **Review goals & objectives; Other:** _____

_____ **PT/ DAPE** **Review goals & objectives; Other:** _____

_____ **Speech** **Review goals & objectives; Other:** _____

_____ **ECSE Teacher** **Battelle: Areas:** _____
Brigance Other: _____

_____ **Other** _____

(Low incidence) _____

Examples of data: MCA's, NWEA's, Grades, discipline reports, point sheets summary, goals and objectives, Moby Max,

Complete during Child Study. Highlight or Circle assessments to be given.