

EVALUATION REPORT (ER-1)

CESA 7 _____ SCHOOL DISTRICT

Name of Student _____

TYPE OF EVALUATION: Initial Reevaluation**DATE ON WHICH ELIGIBILITY DETERMINATION WAS MADE** _____
(month/day/year)**THIS EVALUATION REPORT AND DETERMINATION OF ELIGIBILITY INCLUDES THE FOLLOWING** *(check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Information from review of existing data | <input type="checkbox"/> Additional documentation required when child is evaluated for a specific learning disability |
| <input type="checkbox"/> Information from assessments and other sources | <input type="checkbox"/> Documentation for determining Braille needs for a child with a visual impairment |
| <input type="checkbox"/> Determination of eligibility for special education | |

INFORMATION FROM REVIEW OF EXISTING DATA

- A. Summary of previous evaluations
- B. Information provided by parents
- C. Previous interventions and the effects of those interventions
- D. Current classroom-based, local or state assessments
- E. Current classroom-based observations
- F. Observations by teachers and related service providers

INFORMATION FROM ASSESSMENTS AND OTHER SOURCES

In determining whether the student has a disability (impairment and need for special education) document consideration of other information including individual assessments, aptitude and achievement tests, independent and outside evaluations, teacher recommendations and information about the student's physical condition, social or cultural background and adaptive behavior.

If assessments or other evaluation materials were not administered in accordance with the instructions provided by the publisher or producer of the assessments describe the extent to which there were variations in administration from standard conditions such as qualifications of the evaluator or methods of assessment administration including the language or other mode of communication that was used in assessing the student. N/A

DETERMINATION OF ELIGIBILITY FOR SPECIAL EDUCATION

A. This student meets the criteria for one or more of the following impairments:

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Orthopedically Impaired |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Emotional Behavior Disability | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Specific Learning Disability
<i>(complete ER-2, "Additional
documentation required for
specific learning disabilities")</i> | <input type="checkbox"/> Visual Impairment <i>(complete ER-3, "Determining")
Braille Needs")</i> |
| <input type="checkbox"/> None found <i>(complete C. below)</i> | <input type="checkbox"/> Significant Developmental Delay <i>(first consider
other areas as the primary disability)</i> |

B. For each impairment identified, document how the student meets the criteria:

C. Were impairments considered and rejected? Yes No
(If yes, document which one(s) and how the student did not meet the criteria)

D. By reason of the impairment(s) identified, does this student need or continue to need special education?
 Yes No *(In order for the IEP team to determine that the student needs special education, the IEP team must answer “yes” to question 1 AND list needs under 2b and/or 3 below)*

Yes 1. Does the student have needs that cannot be met in regular education as structured?
(If yes, list the needs below. Use reverse side or attach additional pages if needed)

No
(If no, there is no need for special education).

Yes 2. Are there modifications that can be made in the regular education program to allow the student access to general education curriculum and to meet the educational standards that apply to all students? (Consider adaptation of content, methodology and/or delivery of instruction.)
If yes,
a) List modifications that do not require special education. (Use reverse side of page or attach additional pages if needed)

b) List modifications that require special education. (Use reverse side of page or attach additional pages if needed)

No

(If no, go to question 3).

Yes 3. Are there additions or modification that the child needs which are not provided through the general education curriculum? (Consider replacement content, expanded core curriculum, and/or other supports.)
(If yes, list below. Use reverse side of page or attach additional pages if needed)

No