

<b>Special Education Evaluation Plan and Report – Cover Page</b>			
School District: _____			
Student/Child Name: _____	Dates: _____		
Grade: _____	Date of Birth: ____/____/____	of Planning Meeting of Received Consent of Eligibility Decision	____/____/____ ____/____/____ ____/____/____

**Evaluation and Planning Team (EPT) Members**

The Evaluation Plan must be developed through conversation, correspondence or a formal meeting. Once the evaluation is completed, if you agree with the eligibility decision, **please initial in the last column where your name is listed.** If you disagree, attach a separate statement indicating your reasons and conclusion.

Name	Role	Involved in Plan	Agreed with Decision
	Parent/Guardian/Surrogate/Adult Student		
	Student (when appropriate)		
	Local Education Agency Representative		
	Special Education Teacher or Service Provider		
	Regular Education Teacher		
	Individual who can interpret instructional implications		
	Individual who can conduct diagnostic examinations (SLD requirement)		

Some individuals on the Team may serve multiple roles.

	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		

### Disability Determination- Section One

The following information will be used to determine whether a student/child's has a disability. The EPT is developing this plan to assess the following suspected disability areas:

**A. Questions:**

<b>B.</b>	<b>Assessment Areas/Evaluation</b>	<b>Professional or Team Role Responsible</b>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

**C. Answers:**

**D. The team's conclusion concerning the disability determination in the area of \_\_\_\_\_ :**

**Adverse Effect on Educational Performance – Section Two**

**A. Questions:**

<b>B.</b>	<b>Assessment Areas/Evaluation</b>	<b>Professional or Team Role Responsible</b>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

**C. Answers:**

**(i) Standard deviation or percentile scores on individually-administered nationally-normed achievement test(s):**

**(ii) Standard deviation or percentile scores on group-administered nationally-normed achievement test(s) or curriculum based measures:**

**(iii) Grades:**

**Adverse Effect on Educational Performance – Section Two**

**C. Answers:**

**(iv) Curriculum based measures:**

**(v) Criterion referenced or group-administered criterion referenced assessments:**

**(vi) Student work samples, language samples, portfolios and other individual measures of Adverse Effect:**

**D. The team's conclusion concerning adverse effect determination(s):**

**Need for Special Education Services - Section Three**

**A. Questions:**

**B.**

**Assessment Areas/Evaluation**

**Professional or Team Role Responsible**

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

5) \_\_\_\_\_

\_\_\_\_\_

**C. Answers:**

**D. The team's conclusion concerning the need for special education (including the justification that the student requires specially designed instruction that cannot be provided through the educational support system or through the school's standard instructional conditions):**

**Decision of the Evaluation and Planning Team Regarding Eligibility- Final Page**

**Based upon the results of this Evaluation Plan and Report, the Evaluation and Planning Team has determined that:**

\_\_\_\_\_  
**(Student/Child's Name)**

**meets or continues to meet** the special education eligibility requirements under the disability category(ies):

\_\_\_\_\_  
\_\_\_\_\_

**OR**

**did not meet or did not continue to meet** the special education eligibility requirements.  
The reason(s) for determining this ineligibility is/are:

If you do not agree with the evaluations used to make this decision, you may request an independent educational evaluation. The criteria for selecting an evaluator for an independent evaluation, including the location and qualification of the evaluator, must meet the same standard as used by the school district. If you cannot find an evaluator, ask the school district to provide you with information about where you can get such an evaluation. The independent evaluation must be done at public expense, unless the school district asks for a due process hearing to prove their evaluation was appropriate. If the hearing officer agrees with the school district, the independent evaluation would be completed at your own expense.

If you have any questions or would like to discuss any information contained in the Evaluation Plan and Report, please contact me:

by phone at:

\_\_\_\_\_

or write to me at:

\_\_\_\_\_

\_\_\_\_\_

Enclosures: