

INITIAL EVALUATION

Editors Required for Locking

Ky EVALUATION 2015 OUTLINE

Evaluation Header – add new info for eval meeting

Student Demographics - Refresh

Parent/Guardian Demographics - Refresh

Summary of Interventions

Summary of Interventions Data (complete or unload)

Major Areas of Concern

School Information

Physical Functioning and Summary of Support

Documentation of Student Progress

ARC Decisions (for Referral Only)

Basis of ARC Decisions and Parent Input

Initial Eval/Reevaluation Plan/Other Eval

Consent to Evaluate/Reevaluate

Parental Consent

Initial Meeting Notes (Planning Meeting Notes)

Initial Admissions and Release Committee Members (Planning Meeting Members)

Multi-Disciplinary Report (use editor or "upload & associate" to correct KyEval form)

~~Review of Existing Data~~

~~Reevaluation Summary~~

~~Evaluator Assessments~~

Eligibility/Continued Eligibility Select "New Checklist" – will populate eligibility form

Eligibility Determination (child count)

Placement Options and Decisions

Disciplinary Review (use at Manifestation Review)

IEP

Developed/Reviewed/Revised

Notice of Graduation or Aging Out

Medicaid

Other Factors

Eval Meeting Notes - include "Basis of ARC Decisions & Parent Input" in the notes section

Eval Admissions and Release Committee Members

Plan Meeting

First Meeting

Evaluation Meeting

Second Meeting

(hand write dates on the top of each page)

Walton-Verona Independent
 16 School Rd
 Walton, KY 41094
 (859)485-4181x1013

**INITIAL
 EVALUATION
 REPORT**

*Required for Locking

Student's Full Name:		SSID:	Grade: 05
Date of Birth:		ARC Planning Date: 09/22/2015	Eligibility Determination Date:
		ARC Eval Date:	
School: WALTON-VERONA MIDDLE SCHOOL		Disability (if Currently Identified): Autism	
Primary Mode of Communication of the Student: English			
Student Represented By: <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Surrogate			
Does Student Live with Parents? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If No, With Whom Does the Student Live?:		Relationship:	
Note: If student lives with someone other than the parent, the <i>Determination of Parent Representative for Educational Decision Making</i> form must be completed and attached.			
Parent/Guardian:			
Home Address:			
Home Phone:		Work Phone:	
Primary Mode of Communication in the Home:			
Parent/Guardian:			
Home Address:			
Home Phone:		Work Phone:	
Primary Mode of Communication in the Home:			
General Education Teacher:		Referring Person/Title:	

Eval mtg: Add new data and "Refresh" demographics

Summary of Interventions & Data

Complete or Upload and Associate

- Describe the area being targeted for intervention and means of identifying the need.
XXXXX
- Indicate the area(s) of suspected disability (interventions must match deficit areas of the disability suspected):
XXXXX
- Describe the Tier I intervention(s) implemented in the general education classroom to address the area being targeted and the name of the interventionist.
XXX

Dates		Frequency of Service	Amount of Time	Impact / (What was the end result? What was the final level/score?)	Expected Progress (Where should the student have been at the end of this intervention?)
Begin	End				
09/22/2015					

- Describe the Tier II intervention(s) implemented in the general education classroom to address the area being targeted and the name of the interventionist.
XXX

Dates	Frequency of	Amount of	Impact	Expected Progress
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*Required for Locking

Student Full Name:

SSID:

Birth Date:

ARC Date: 09/22/2015

Begin	End	Service	Time	(What was the end result? What was the final level/score?)	(Where should the student have been at the end of this intervention?)
09/22/2015					

5. Describe the Tier III intervention(s) implemented in the general education classroom to address the area being targeted and the name of the interventionist.
XXX

Dates		Frequency of Service	Amount of Time	Impact (What was the end result? What was the final level/score?)	Expected Progress (Where should the student have been at the end of this intervention?)
Begin	End				
09/22/2015					

6. Concerns with fidelity of implementation were observed in the following areas (yes or no):

Tier I (Core Instruction)? Yes No Tier II? Yes No Tier III? Yes No

If "yes" to any areas, please explain:

XXX

7. Describe the parental involvement in the data sharing and decision making process:

XXX

8. Additional comments:

XXX

Major Area(s) of Concern

Include all that apply.

Communication:

Communicates Basic Needs and Wants, Articulation, Knowledge of Sound/Letter Association, Expressive Language-Voice Quality, Receptive Language, Other Specify: XXX

Academic Performance:

Oral Expression, Written Expression, Reading Comprehension, Mathematics Calculation, Listening Comprehension, Basic Reading Skills, Reading Fluency, Mathematics Reasoning and Application, Other Specify: XXX

Health, Vision, Hearing and Motor Abilities:

Gross Motor Skills-Body Control, Gross Motor Skills-Locomotion, Vision, Developmental History, Fine Motor Skills-Perceptual Motor, Fine Motor Skills-Sensory, Hearing, Other Specify: XX

Social and Emotional Status:

Interaction with Peers, Interaction with Adults, Acceptance of Rules, Acceptance of Correction, Acceptance to Disappointment, Self Help Skills/Play Skills, Team/Membership, Mood Swings, Repetitive Behaviors, Self Concept, Inactivity or Withdrawal, Cooperation, Self Control, Expression of Feelings/Affect, Other Specify: XX

General Intelligence:

Understanding New Concepts, Interpreting Data to Make Decisions, Comparing/Contrasting Ideas of Objects, Perceptual Discrimination, Predicting Events/Results, Problem Solving, Applying Knowledge, Memory, Other Specify: XX

Work Skills / Technical / Vocational Functioning:

Attending to Task, Following Directions, Independent Work Habits, Seeking Assistance When Needed, Using Research Tools Effectively, Maintaining Physical Stamina, Having Realist Vocational Goals, Punctuality, Completing Work, Organizing Materials/Belongings, Using Technology to Gather/Organize Info, Identifying Preferences/Interests, Recognizing Personal Limitations, Other Specify: XXX

Student Full Name:

SSID:

Birth Date:

ARC Date: 09/22/2015

Specialized Equipment Used by Student:

School Information

Number of Schools Attended to date: 5

Year and Grade				
Days Enrolled				
Number of Absences	Excused			
	Unexcused			
Number of Tardies	Excused			
	Unexcused			

Years in School Including Current Year:	Years in Primary Program Including Current Year:	Repeated Grades:
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Summary of Most Recent Grades (Provide Current or Most Recent Grades the Student Received by Content):

Reading		English		
Spelling		Science		
Math		Social Studies		

Summary of Standardized Group Test Data (Attach Copies):

Physical Functioning

Attach documentation for results of each screening.

VISION	HEARING	MOTOR	SPEECH
<i>Required for all students referred for special education</i>		<i>Required when Specific Learning Disability suspected and as determined by the ARC</i>	<i>Required as Determined by the ARC</i>
Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed

Describe any Existing Medical Health Conditions Below:

Is Student Currently on Medication?: Yes No Specify Type and Dosage Below:

Summary of Past and Present Support

Has this student been evaluated for special education previously?: Yes No

- If yes,
- When was the student evaluated?
 - What was the suspected area of disability?

What services is this student receiving or what services has this student received in the past? For the services below, enter [C] if currently receiving or [P] if the service was provided in the past.

Limited English	Migrant	Title I	Speech Language	504	Extended School	Gifted and
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Student Full Name:

SSID:

Birth Date:

ARC Date: 09/22/2015

Proficient					Services	Talented
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Involvement with Outside Agency(ies)?: Yes No Agency:

Describe services that are being provided to this student by agency(ies) listed above:

Documentation of Student Progress

Scores from District Universal Screenings:

Test Name: Goldman-Fristoe Articulat			
Reading: Speech Production	Math:	Language:	Behavior:
Date: 09/22/2015	Date:	Date:	Date:

Admissions and Release Committee (ARC) Use Only - Decision of the ARC

Complete at ARC meeting to discuss referral:

This referral, as reviewed by the ARC, indicates a suspected disability and there is a need for an individual evaluation.

This referral, as reviewed by the ARC, does not indicate a suspected disability and there is not a need for an individual evaluation.

This referral, as reviewed by the ARC, does not include sufficient information to determine a suspected disability and the need to initiate a full and individual evaluation. The ARC has determined the information needed to be collected and will reconvene on

***Do NOT select a check box in this editor. But must click "SAVE".**

*Required for Locking

*Required for Locking

Student Full Name:

SSID:

Birth Date:

ARC Date: 09/22/2015

Basis of ARC Decisions & Parent Input

DESCRIPTION OF EACH EVALUATION PROCEDURE, TEST, RECORD, OR REPORT USED AS A BASIS FOR THE ARC DECISIONS. The following items were considered. (See 'Evaluator Assessments' section for explanation of evaluation procedures.):

*Required for Locking

<input type="checkbox"/>	Written Assessment Report Date:	<input type="checkbox"/>	Student Progress in Achieving IEP Goals
<input type="checkbox"/>	Intervention Data	<input type="checkbox"/>	Referral
<input type="checkbox"/>	Developmental History	<input type="checkbox"/>	Educational History
<input type="checkbox"/>	Vision Screening	<input type="checkbox"/>	Hearing Screening
<input type="checkbox"/>	Health Screening	<input type="checkbox"/>	Communication Screening
<input type="checkbox"/>	Cognitive Screening	<input type="checkbox"/>	Academic Performance Screening
<input type="checkbox"/>	Motor Screening	<input type="checkbox"/>	Social/Emotional Competence Screening
<input type="checkbox"/>	Health/Medical Evaluation or Statement	<input type="checkbox"/>	Motor Abilities
<input type="checkbox"/>	Physical Therapy Assessment	<input type="checkbox"/>	Occupational Therapy Assessment
<input type="checkbox"/>	Assistive Technology Evaluation	<input type="checkbox"/>	Cognitive/Intellectual Assessment
<input type="checkbox"/>	Perceptual Abilities Assessment	<input type="checkbox"/>	Developmental Assessment
<input type="checkbox"/>	Academic Performance Assessment	<input type="checkbox"/>	Behavior Observations
<input type="checkbox"/>	Vision Evaluation	<input type="checkbox"/>	Braille Skills Inventory
<input type="checkbox"/>	Functional Vision/Learning Media Assessment	<input type="checkbox"/>	Orientation and Mobility Assessment
<input type="checkbox"/>	Communication Assessment	<input type="checkbox"/>	Receptive Language Assessment
<input type="checkbox"/>	Expressive Language Assessment	<input type="checkbox"/>	Speech Sound Production Assessment
<input type="checkbox"/>	Oral Mechanism Evaluation	<input type="checkbox"/>	Fluency Evaluation
<input type="checkbox"/>	Voice Evaluation	<input type="checkbox"/>	Hearing Evaluation
<input type="checkbox"/>	Augmentative Communication Assessment	<input type="checkbox"/>	Social/Cultural Factors
<input type="checkbox"/>	Behavior Rating Scales	<input type="checkbox"/>	Adaptive Behavior Scale
<input type="checkbox"/>	Social Competence Assessment	<input type="checkbox"/>	Behavioral Data/Logs
<input type="checkbox"/>	Discipline Referral(s)	<input type="checkbox"/>	Functional Behavior Assessment (FBA)
<input type="checkbox"/>	Individual Family Service Plan (IFSP)	<input type="checkbox"/>	Technical/Vocational Assessment
<input type="checkbox"/>	Multi-Year Course of Study	<input type="checkbox"/>	Individual Learning Plan (ILP)
<input type="checkbox"/>	Other Data: (Specify Below if Any)		

Student Full Name:

SSID:

Birth Date:

ARC Date: 09/22/2015

DOCUMENT PARENT CONCERNS AND INPUT

See conference summary notes

Required for Locking

Initial Evaluation/Reevaluation Plan/Other Evaluation

Initial Evaluation

<input type="checkbox"/>	Autism	<input checked="" type="checkbox"/>	Multiple Disabilities
<input type="checkbox"/>	Deaf-Blindness	<input type="checkbox"/>	Orthopedic Impairment
<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>	Other Health Impairment
<input type="checkbox"/>	Emotional-Behavioral Disability	<input type="checkbox"/>	Specific Learning Disability
<input type="checkbox"/>	Functional Mental Disability	<input type="checkbox"/>	Speech or Language Impairment
<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Mild Mental Disability	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/>	No Disability Suspected		

Description of Action(s)

<input checked="" type="checkbox"/>	An evaluation will be conducted (See Consent to Evaluate/Reevaluate).
<input type="checkbox"/>	An evaluation will not be conducted.
<input type="checkbox"/>	Additional interventions will be implemented in the area(s) of (Specify). XX
<input type="checkbox"/>	Other: (Specify) XX

Reason(s) for Decision

<input checked="" type="checkbox"/>	Review of referral information, including all existing data, supports a suspected disability and the need for a full evaluation.
<input type="checkbox"/>	Review of referral information, including all existing data, does not support a suspected disability nor the need for a full evaluation.
<input type="checkbox"/>	Additional information is required prior to acting on the referral.
<input type="checkbox"/>	Other: (Specify)

Student Full Name: .

SSID:

Birth Date:

ARC Date: 09/22/2015

Consent to Evaluate/Reevaluate

FOR EACH EVALUATION (INITIAL OR REEVALUATION), mark 'X' for the assessment components determined to be addressed within the multidisciplinary assessment. Mark 'E' if the assessment exists within the educational records of the student and will be considered.

*Required for Locking

Area	Needs	Area	Needs
Health, Vision, Hearing, and Motor Abilities	<input type="checkbox"/> Medical/Health Evaluation <input type="checkbox"/> Vision Exam <input type="checkbox"/> Functional Vision/Learning Media Assessment <input type="checkbox"/> Orientation and Mobility <input type="checkbox"/> Braille Skills Inventory <input type="checkbox"/> Hearing <input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other:	Academic Performance	<input type="checkbox"/> Basic Reading <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Math Calculation <input type="checkbox"/> Math Reasoning <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression <input type="checkbox"/> Performance Based Tests <input type="checkbox"/> Criterion Referenced Tests <input type="checkbox"/> Curriculum Based Tests <input type="checkbox"/> Behavior Observation - Specify Areas: <input type="checkbox"/> Other:
General Intelligence	<input type="checkbox"/> Cognitive / Intellectual Assessment (aptitude and mental processing) <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Other:	Social and Emotional Status	<input type="checkbox"/> Adaptive Behavior / Self-Help <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Behavior Rating Scale <input type="checkbox"/> Functional Behavioral Assessment <input type="checkbox"/> Other:
Communication Status	<input type="checkbox"/> Receptive Language <input type="checkbox"/> Expressive Language <input type="checkbox"/> Speech Sound Production <input type="checkbox"/> Voice <input type="checkbox"/> Fluency <input type="checkbox"/> Oral Mechanism <input type="checkbox"/> Hearing <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Augmentative Communication <input type="checkbox"/> Other:	Vocational Evaluation/ Transition Needs	<input type="checkbox"/> Vocational Aptitude <input type="checkbox"/> Interest Inventory <input type="checkbox"/> Learning Style <input type="checkbox"/> Behavior Observations <input type="checkbox"/> Other:
Other	<input type="checkbox"/> Social and Developmental History <input type="checkbox"/> RTI Data <input type="checkbox"/> Specify:	<input type="checkbox"/> IEP Progress Data <input type="checkbox"/> State Assessment Data	

List the recommendations for student needs (e.g., glasses, hearing aids), any modifications/adaptations of evaluation instruments, procedures, or settings to be used for the evaluation (i.e., native language, mode of communication, cultural factors).

XX

List existing reports/assessment data, which will be used as part of the multi-disciplinary assessment.

XX

Parental Consent

I agree, based upon the recommendations of the Admissions and Release Committee (ARC), to an individual evaluation for my child/student. I understand the ARC Team has explained and outlined specific evaluation procedures.

I agree for evaluation in each of the ARC selected area of assessment indicated below:

Health

Vision

*Required for Locking

Student Full Name:

SSID:

Birth Date:

ARC Date: 09/22/2015

- | | |
|--|---|
| <input checked="" type="checkbox"/> Hearing | <input checked="" type="checkbox"/> Social and Emotional Status |
| <input checked="" type="checkbox"/> General Intelligence | <input checked="" type="checkbox"/> Academic Performance |
| <input checked="" type="checkbox"/> Communication Status | <input checked="" type="checkbox"/> Motor Abilities |
| <input checked="" type="checkbox"/> Vocational Evaluation | <input checked="" type="checkbox"/> Functional Vision/Learning Media Assessment |
| <input checked="" type="checkbox"/> Other (Specify)
XXX | |

I understand that the evaluation will be conducted by a multidisciplinary team of qualified staff from the school district or by agencies/professionals with whom the local education agency contracts, through the use of a variety of assessment tools and strategies which may include norm-referenced and performance based testing, behavior observations, interviews, and rating scales. The tests are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Assessments will be administered in the child/student's native language or other mode of communication. [300.532 (a) (1) (ii)] Upon completion of the tests and other evaluation materials an Admissions and Release Committee meeting will be held to determine whether your child is a child with a disability.

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency as described in the sending district's policies and procedures.

I have been advised in my native language or other mode of communication and understand the contents of the consent. A copy and explanation of procedural safeguards has been provided to me. I understand that my consent is voluntary and may be revoked at any time. Should I revoke consent I understand that it is not retroactive. If this is a Reevaluation, failure to respond to a request for consent shall result in the school district proceeding with the special education evaluation.

- Yes, I understand the above information and do give my consent for a full individual evaluation in the area(s) listed above.
- For Reevaluation purposes, I acknowledge that there is no additional data needed to determine that my child/student continues to be a child/student with an educational disability. I have been informed of the reasons no additional data is needed. I understand that I may request further assessment should I feel it is needed.
- No, I understand the above information and do not give my consent.

Parent/Student Signature

Date

Student Full Name:

SSID:

Birth Date:

ARC Date: 09/22/2015

***Required for Locking**

Initial Meeting Notes

XX

Initial Admissions and Release Committee Members

Planning Mtg.

Student Full Name:

SSID:

Birth Date:

ARC Date: 09/22/2015

***Required for Locking**

I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student's school or the Director of Special Education.

Name(s) of Student Representative(s)*: _____ Parent participated via alternate means.

Typed/Printed Name(s): John Doe

*(if age 18 or older or younger if appropriate)

Parents did not attend meeting. A copy of Parent Rights, if necessary, and appropriate Due Process forms were:

Date: _____

- Mailed Delivered by school personnel Sent home with student
 Emailed Sent by fax

Parent/Guardian signature below confirms receipt of documentation concerning the district's policies regarding:

- The amount and nature of the student performance data that is collected and the general education services that are provided
- Strategies for increasing the child's rate of learning, and
- The parent's right to request an evaluation

Printed Names with Titles of ARC Members	Signatures	*Agree	*Disagree
		*SLD Eligibility Only	
XX		<input type="checkbox"/>	<input type="checkbox"/>
XX		<input type="checkbox"/>	<input type="checkbox"/>
XX		<input type="checkbox"/>	<input type="checkbox"/>
XX		<input type="checkbox"/>	<input type="checkbox"/>

End of Plan Meeting

Student Full Name:

SSID:

Birth Date:

ARC Date: 09/22/2015

EVALUATION, PROCEDURE, TEST, RECORD, OR REPORT

Academic Performance Assessment is a systematic appraisal and analysis of a student's educational achievement in such areas as basic and content reading; reading comprehension; mathematics calculation, reasoning and application; written expression; oral expression; listening comprehension, learning preference and style, and work samples.

Adaptive Behavior Scales provides information relating to the attainment of skills that lead to independent functioning as an adult.

Assistive Technology Evaluation may include a functional evaluation in a child's customary environment, a determination of the type of technology required, and/or the need for instruction in the use of the assistive technology.

Augmentative Communication Assessment evaluates the need for an alternative system to support, enhance, or supplement the communication of a student.

Behavioral Data/Logs is a systematic method of documenting problematic behaviors over an extended period of time.

Behavioral Observations provide written documentation of a current pattern of behavior over time and across settings, including targeted behaviors, and are conducted in the environment in which the targeted behaviors occur.

Braille Skills Inventory is an assessment of a student's potential for reading and writing in Braille.

Cognitive/Intellectual Assessment gives an appraisal of the mental processes by which an individual acquires knowledge, including thinking, reasoning, and problem solving skills.

Communication Assessment measures any means (e.g., speech, sign language, gestures, and writing) by which a student relates experiences, ideas, knowledge, and feelings to another.

Developmental Assessment (Early Childhood) measures a preschool student's educational/developmental abilities in the areas of cognition, social-emotional, adaptive behavior, language, and motor.

Developmental History provides written documentation from parent/guardian regarding health or medical information; family factors; developmental milestones; relationships with peers/family and others; and parental observations and expectations of the child in the home, community, and school.

Discipline Referral(s) is a written report of behavior violation that is submitted to a principal or other school administrator for a decision of disciplinary action, if classroom discipline measures do not correct the misconduct or if the behavior is a serious offense.

Educational History may include school(s) attended, patterns of attendance, current level or grade placement, achievement data and grades, programs attended, and other relevant data.

Expressive Language Assessment measures the ability to process and express thought through language as well as same age peers of same community and examines the skills in the area of speaking.

Fluency Evaluation measures the flow or smoothness of connected speech.

Functional Behavior Assessment (FBA) analyzes the student's behavior to determine the function the behavior serves for the student. An FBA is a problem solving approach that enables the examiner to determine what is triggering and maintaining the inappropriate behavior.

Functional Vision/Learning Media Assessment includes formal and informal evaluation of the student's use of vision in performing a variety of activities throughout the school day (e.g., completion of tasks presented at a distance, travel through school). It is an objective process of systematically selecting learning and literacy media (e.g. effective print size and contrast and lighting requirements).

Health/Medical Evaluation or Statement refers to a report/documentation of (an) examination(s) by a licensed physician or other qualified health-care professional that verifies the diagnosis and nature of an illness or impairment and any limitations resulting from the illness or impairment.

Hearing Evaluation may include assessments of hearing acuity, speech discrimination, speech perception, and auditory processing. When the individual uses amplification, assessments may be conducted in both the unaided and aided conditions.

Individual Family Service Plan (IFSP) is a written plan based on family concerns that the parent(s) and those who provide First Steps services to a child develop to show what services the child will receive and how those services will help the child's developmental needs.

Intervention Data is a collection of ongoing progress monitoring data that provides objective information to determine which students are making adequate progress toward a specific goal and benefiting from the current intervention. These data assist with the decision to continue, modify, stop, or begin a different instructional intervention. Intervention data is collected weekly, biweekly, bimonthly or monthly, depending on the intensity of the intervention that is being provided. Sufficient data should be gathered to reliably determine progress.

Motor Abilities involve the capacity to execute any movement by maneuvering one's body and/or limbs, which is necessary and essential to basic learning for a student's growth and development. (May include Occupational Therapy and/or Physical Therapy Assessments related to educational performance.)

Multi-Year Course of Study is a description of coursework from the student's current school year to the anticipated exit year designed to achieve the student's desired post-school goals.

EVALUATION, PROCEDURE, TEST, RECORD, OR REPORT

Oral Mechanism Evaluation measures the ability of the oral motor structure and function to support speech.

Orientation and Mobility Assessment measures the ability of the student with visual limitations to travel safely and efficiently in familiar and unfamiliar environments.

Perceptual Abilities Assessment measures the student's visual-motor integration abilities.

Rating Scales measure a student's behavior in a variety of areas such as hyperactivity, inattention, impulsivity, depression and inappropriate behaviors across settings.

Receptive Language Assessment measures the ability to process and understand language as well as same age peers of the same community and examines the skills in the area of listening.

Referral means information about a student suspected of having a disability that is used by the ARC to help determine the need for an evaluation.

Screening means a systematic effort to identify physical and mental health barriers impacting the learning of an individual student.

Social Competence Assessment (emotional/behavioral) measures the student's adaptive behaviors in social situations and social skills that enable the student to meet environmental demands and to assume responsibility for his/her own welfare.

Social/Cultural Factors include relationships with peers, family, and others; dominant language of the student and the family and any cultural factors; expectations of the parents for the student in the home, school and community environments; services received in the community; economic influences; and the impact of home, school, and community.

Speech Sound Production is a disorder of the phonological system and/or its articulatory aspect and is characterized by speech that is difficult to understand or that calls attention to the production of speech. An evaluation includes but is not limited to administration of norm-referenced measure and functional procedures which assess use of speech sounds in conversation.

Student Progress in Achieving IEP Goals refers to data collected related to the performance of the student toward mastery of the IEP objectives.

Technical/Vocational Assessment may include general work habits; dexterity; following directions; working independently or with job support or accommodation(s); job interests or preferences; abilities (aptitude); other special needs; job-specific work skills; interpersonal relationships and socialization; and related work skills.

Vision Evaluation may include vision screening, functional vision evaluation, visual examination, and/or medical examination.

Voice Evaluation measures respiration, phonation and resonance regarding vocal quality and the appropriate use of voice throughout the day. This also includes a physical examination of the oral structure and a medical examination conducted by an appropriate medical professional (e.g. otolaryngologist).

Written Assessment Report includes interpretations of each test or procedure used and gives an analysis of the student's strengths and weaknesses as they relate to his or her educational needs.

Start of Evaluation Meeting

Eval Date: _____

Student Full Name: _____

SSID: _____

Birth Date: _____

ARC Date: 09/22/2015

Multi-Disciplinary Report

Complete or Upload and Associate

Evaluation Report:

Educational History:

Interventions:

Physical Functioning (Health/Vision/Hearing/Motor):

Intellectual Functioning:

Academic Functioning:

Communication Functioning:

Social and Developmental History:

Social-Emotional-Behavioral Functioning:

Observations:

Work Skills/Technical/Vocational/Transition:

Summary and Recommendations:

Review of Existing Data

Current Primary Disability:	Developmental Delay Cognition, Motor development, Self-help/adaptive behavior, Communication, Social-emotional development
If 'Multiple Disabilities' is selected, list categories:	
Current Related Services:	<input type="checkbox"/> N/A <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Speech <input type="checkbox"/> O&M <input type="checkbox"/> Special Transportation <input type="checkbox"/> Other, Specify

Previous Eligibility Determinations	ARC Date(s) for Eligibility Determination	Evaluation/Reevaluation Report in File
		/ <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Eval Date: _____

Student Full Name: _____

SSID: _____

Birth Date: _____

ARC Date: 09/22/2015

Reevaluation Summary

Directions: Reevaluation Summary and Evaluator Assessments must be completed by the appropriate individuals prior to the ARC meeting.

Communication Status N/A

Test:	Test:	Test:			
Date:	Date:	Date:			
Scale:	Standard Score:	Scale:	Standard Score:	Scale:	Standard Score:
Interpretation of Results:					

Academic Performance N/A

Test:	Test:	Test:			
Date:	Date:	Date:			
Scale:	Standard Score:	Scale:	Standard Score:	Scale:	Standard Score:
Interpretation of Results:					

Health, Vision, Hearing, Motor Abilities N/A
Attach Audiogram if applicable.

Test:	Test:	Test:			
Date:	Date:	Date:			
Scale:	Standard Score:	Scale:	Standard Score:	Scale:	Standard Score:
Interpretation of Results:					

Social and Emotional Status N/A

Test:	Test:	Test:			
Date:	Date:	Date:			
Scale:	Standard Score:	Scale:	Standard Score:	Scale:	Standard Score:
Interpretation of Results:					

General Intelligence N/A

Test:	Test:	Test:			
Date:	Date:	Date:			
Scale:	Standard Score:	Scale:	Standard Score:	Scale:	Standard Score:
Interpretation of Results:					

Transition Needs N/A

Eval Date: _____

Student Full Name: _____

SSID: _____

Birth Date: _____

ARC Date: 09/22/2015

Test:		Test:		Test:	
Date:		Date:		Date:	
Scale:	Standard Score:	Scale:	Standard Score:	Scale:	Standard Score:
Interpretation of Results:					

Functional Vision/Learning Media Assessment					<input type="checkbox"/> N/A
Test:		Test:		Test:	
Date:		Date:		Date:	
Scale:	Standard Score:	Scale:	Standard Score:	Scale:	Standard Score:
Interpretation of Results:					

Evaluator Assessments

Directions:

- Summarize current information about the student's academic and functional performance levels.
- At least two observations are required for all evaluations.
- Include information for applicable items listed and any other relevant information.

Communication Status			<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> IEP Progress Data for each Goal	<input checked="" type="checkbox"/> Assistive Technology	<input checked="" type="checkbox"/> Augmentative Communication Devices	
<input checked="" type="checkbox"/> Primary Mode of Communication	<input checked="" type="checkbox"/> Observations	<input checked="" type="checkbox"/> Other Specify: XX	
Summary:			
ARC Determined Additional Assessments <input type="checkbox"/> are needed <input checked="" type="checkbox"/> are not needed			

Academic Performance	<input checked="" type="checkbox"/> N/A
Health, Vision, Hearing, Motor Abilities	<input checked="" type="checkbox"/> N/A
Social and Emotional Status	<input checked="" type="checkbox"/> N/A
General Intelligence	<input checked="" type="checkbox"/> N/A
Transition Needs (student is in 8th grade or age 14 years or older)	<input checked="" type="checkbox"/> N/A
Functional Vision/Learning Media Assessment	<input checked="" type="checkbox"/> N/A

Student Full Name: _____

SSID: _____

Birth Date: _____

ARC Date: 09/22/2015

**Eligibility/Continued Eligibility
Autism (AU) Eligibility Determination**

Initial Determination of Eligibility for this Category of Disability Re-Determination of Eligibility for this Category of Disability

The ARC determines a student to have *Autism* and is eligible for specially designed instruction and related services when:

Complete During ARC	The ARC compared and analyzed evaluation data and documents the following interpretation:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient	1a.	The student has a developmental disability, generally evident before age 3, significantly effecting verbal and nonverbal communication (must be present for eligibility), and
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient	1b.	The student has a developmental disability effecting social interaction (must be present for eligibility), and
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient	2.	The student's deficits are not primarily the result of an emotional-behavioral disability.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient	3.	Evaluation information confirms there is an adverse effect on educational performance (must be present for eligibility).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient	4.	Evaluation information confirms that lack of instruction in reading and/or math was not a determinant factor in the eligibility decision.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient	5.	Evaluation information confirms that limited English proficiency was not a determinant factor in the eligibility decision.

Provide supporting evidence that demonstrates the ARC:

- Used multiple data sources that substantiate the existence of the disability (triangulation of data);
- Confirmed the progress of the child is impeded by the disability to the extent that the child's educational performance is significantly and consistently below the level of similar age peers.

Supporting Evidence: _____

The ARC used the above interpretation of the evaluation data to determine:

- The student has autism which adversely impacts his/her education and is eligible for specially designed instruction and related services.
- The student does not have autism and is not eligible for specially designed instruction and related services.
- The student has autism, but it does not adversely impact his/her education; therefore, the student is not eligible for specially designed instruction and related services.
- Evaluation data was insufficient to determine eligibility. Additional assessments and/or data will be obtained/collected in the area(s) of

The ARC will reconvene by _____ to review and determine eligibility.

*Required for Locking

Eval Date: _____

Student Full Name:

SSID:

Birth Date:

ARC Date: 09/22/2015

Eligibility Determination

Document the ARC decision regarding the determination of the student's eligibility for special education and related services and reasons for the decision on the appropriate Eligibility Determination form(s).

(Note: For Multiple Disabilities, complete a separate form for each underlying disability category.)

Date of Eligibility Determination: 09/22/2015

Student does not have an educational disability requiring special education and related services.

Primary Disability: Autism

For students identified as Multiple Disabilities document the underlying disabilities below:

Underlying Disability (A):

Underlying Disability (B):

Underlying Disability (C):

Underlying Disability (D):

*Required for Locking

Eval Date: _____

Student Full Name:

SSID:

Birth Date:

ARC Date:

Consent for Special Education and Related Services

Consent to Receive Services

- I give consent to provide the special education and related services as described in the Individual Education Program (IEP) developed by the Admissions and Release Committee (ARC). I have received a copy of the Conference Summary/Action Notice informing me in writing of the reasons for this action. I understand that my consent is voluntary and that I may revoke consent at any time. Should I revoke consent, it is not retroactive. I have been informed in my native language or other mode of communication as explained in the procedural safeguards notice that I have received. I understand that the IEP will be reviewed periodically but no less than annually. I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency as described in the sending district's policies and procedures.

Revocation/Denial of Consent to Receive Services

- I, as a parent, guardian, student of age of majority or emancipated youth, was given the opportunity for specially designed instruction and related services for my child/myself. However, I refuse services for my child/myself at this time.

Parent/Student Signature

Date

*Person providing or revoking consent must be the verified student representative.

Student Full Name: _____

SSID: _____

Birth Date: _____

ARC Date: _____

IEP Developed/Reviewed/Revised

(A new IEP must be developed at least annually for continued eligibility.)

- An Individual Education Program has been developed, reviewed or revised.
- An Individual Education Program has been reviewed and remains appropriate until Annual Review.
- An Individual Education Program has NOT been developed, reviewed or revised.

Placement Options And Decisions

Based on the review of assessment data and the completed IEP, the ARC discussed the following placement option(s):

Placement Option Considered	Accepted	Reason Accepted/Rejected
Full time general education environment <i>(Participation only in the regular education environment, including classes with co-teaching)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	X
Part-time general education and Part-time special education environment <i>(Participation in regular education, which may include co-teaching, and special education environments; any time the student is removed from regular education, regardless of the amount of time)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Full-time special education environment <i>(Participation only in a special education environment; no participation with non-disabled peers for any part of school day)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Consideration of Potential Harmful Effects

- There are no potential harmful effects of the placement on the child or on the quality of services needed by the child.
- Potential harmful effects identified and modifications to compensate are outlined below:

*Required for Locking

USE AT MANIFESTATION REVIEW

Student Full Name:

SSID:

Birth Date:

ARC Date:

**Disciplinary Review
Manifestation Determination**

Step 1:

The ARC reviews all relevant information including the IEP, current data, teacher observations, teacher-collected data, any relevant information provided by the parents to answer the following questions:

1. Was the conduct in question caused by or have a direct and substantial relationship to the student's disability?

- No. Proceed with Step 1, Question 2.
- Yes. Follow Step 2 to conduct a manifestation review.

2. Was the conduct in question the direct result of the failure to implement the IEP?

- No. Proceed with Disciplinary Action.
- Yes. Follow Step 2 to conduct a manifestation review.

Disciplinary Action: Behavior is NOT a Manifestation of the Disability

If the ARC determines the student's behavior is *not* a manifestation of the disability, the ARC determines appropriate educational services the student will receive in the disciplinary setting.

Step 2: Behavior is a Manifestation of the Disability

1. Has a functional behavior assessment (FBA) been conducted?

- No. The ARC completes an FBA.
- Yes. Proceed to Step 2, Question 2. Date of FBA:

2. Has a Behavior Intervention Plan (BIP) been developed, including strategies for instruction and management of behaviors?

- No. The ARC develops a BIP.
- Yes. Proceed to Step 3. Date of BIP:

Step 3: Determining Services and Placement

- The ARC reviewed/revised the IEP to determine appropriate educational services.
- The ARC determined an appropriate placement for implementation of the IEP.

Notice of Graduation or Aging Out

• (for students beginning at age 16 or younger if appropriate):

- The ARC anticipates the student will NOT require longer than 4 years of high school to graduate.
- The ARC anticipates the student will require longer than 4 years of high school to graduate.
- The ARC anticipates that the student will graduate within the next twelve (12) months.

Eval Date: _____

Student Full Name:

SSID:

Birth Date:

ARC Date:

- The student has been provided with a summary of academic and functional performance including recommendations on how to assist the student in meeting his or her post secondary goal(s).
- Based on the student's birth date, the student will age-out and no longer be eligible for services on:

Medicaid

- Annual written notice was provided to the parent in order to submit claims for Medicaid Reimbursement.
- In addition to covered services on the student's IEP and/or covered evaluations outlined through evaluation planning, collateral services will be provided by qualified providers as needed.
- Student is not eligible for Medicaid.

Other Factors Relevant to the Action

Identified factors relevant to the action as follows specified below:

- None identified
- Identified factors relevant to the action as follows:
None

*Required for Locking

Student Full Name: _____

SSID: _____

Birth Date: _____

ARC Date: 09/22/20

Eval Meeting Notes

Along with all other required information, add this information from the editors that are missing for this Eval meeting.

Only add the information you need but make sure you fully explain each with detail. Captured below is what the print editor looks like in Infinite Campus.

Basis of ARC decisions and Parent Input

DESCRIPTION OF EACH EVALUATION PROCEDURE, TEST, RECORD, OR REPORT USED AS A BASIS FOR THE ARC DECISIONS. The following items were considered. (See 'Evaluator Assessments' section for explanation of evaluation procedures.):

*Required for Locking

<input type="checkbox"/>	Written Assessment Report Date:	<input type="checkbox"/>	Student Progress in Achieving IEP Goals
<input type="checkbox"/>	Intervention Data	<input type="checkbox"/>	Referral
<input type="checkbox"/>	Developmental History	<input type="checkbox"/>	Educational History
<input type="checkbox"/>	Vision Screening	<input type="checkbox"/>	Hearing Screening
<input type="checkbox"/>	Health Screening	<input type="checkbox"/>	Communication Screening
<input type="checkbox"/>	Cognitive Screening	<input type="checkbox"/>	Academic Performance Screening
<input type="checkbox"/>	Motor Screening	<input type="checkbox"/>	Social/Emotional Competence Screening
<input type="checkbox"/>	Health/Medical Evaluation or Statement	<input type="checkbox"/>	Motor Abilities
<input type="checkbox"/>	Physical Therapy Assessment	<input type="checkbox"/>	Occupational Therapy Assessment
<input type="checkbox"/>	Assistive Technology Evaluation	<input type="checkbox"/>	Cognitive/Intellectual Assessment
<input type="checkbox"/>	Perceptual Abilities Assessment	<input type="checkbox"/>	Developmental Assessment
<input type="checkbox"/>	Academic Performance Assessment	<input type="checkbox"/>	Behavior Observations
<input type="checkbox"/>	Vision Evaluation	<input type="checkbox"/>	Braille Skills Inventory
<input type="checkbox"/>	Functional Vision/Learning Media Assessment	<input type="checkbox"/>	Orientation and Mobility Assessment
<input type="checkbox"/>	Communication Assessment	<input type="checkbox"/>	Receptive Language Assessment
<input type="checkbox"/>	Expressive Language Assessment	<input type="checkbox"/>	Speech Sound Production Assessment
<input type="checkbox"/>	Oral Mechanism Evaluation	<input type="checkbox"/>	Fluency Evaluation
<input type="checkbox"/>	Voice Evaluation	<input type="checkbox"/>	Hearing Evaluation
<input type="checkbox"/>	Augmentative Communication Assessment	<input type="checkbox"/>	Social/Cultural Factors
<input type="checkbox"/>	Behavior Rating Scales	<input type="checkbox"/>	Adaptive Behavior Scale
<input type="checkbox"/>	Social Competence Assessment	<input type="checkbox"/>	Behavioral Data/Logs
<input type="checkbox"/>	Discipline Referral(s)	<input type="checkbox"/>	Functional Behavior Assessment (FBA)
<input type="checkbox"/>	Individual Family Service Plan (IFSP)	<input type="checkbox"/>	Technical/Vocational Assessment
<input type="checkbox"/>	Multi-Year Course of Study	<input type="checkbox"/>	Individual Learning Plan (ILP)
<input type="checkbox"/>	Other Data: (Specify Below if Any)		

Eval Date: _____

Student Full Name: _____

SSID: _____

Birth Date: _____

Date: 09/22/2015

Eval Admissions and Release Committee Members

I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student's school or the Director of Special Education.

Name(s) of Student Representative(s)*: _____ Parent participated via alternate means.

Typed/Printed Name(s): XXX

*(if age 18 or older or younger if appropriate)

Parents did not attend meeting. A copy of Parent Rights, if necessary, and appropriate Due Process forms were:

Date: _____

- Mailed Delivered by school personnel Sent home with student
- Emailed Sent by fax

Parent/Guardian signature below confirms receipt of documentation concerning the district's policies regarding:

- The amount and nature of the student performance data that is collected and the general education services that are provided
- Strategies for increasing the child's rate of learning, and

• The parent's right to request an evaluation			
Printed Names with Titles of ARC Members	Signatures	*Agree	*Disagree
		*SLD Eligibility Only	
		<input type="checkbox"/>	<input type="checkbox"/>

Student Full Name: _____

SSID: _____

Birth Date: _____

Date: 09/22/2015

EVALUATION, PROCEDURE, TEST, RECORD, OR REPORT

Academic Performance Assessment is a systematic appraisal and analysis of a student's educational achievement in such areas as basic and content reading; reading comprehension; mathematics calculation, reasoning and application; written expression; oral expression; listening comprehension, learning preference and style, and work samples.

Adaptive Behavior Scales provides information relating to the attainment of skills that lead to independent functioning as an adult.

Assistive Technology Evaluation may include a functional evaluation in a child's customary environment, a determination of the type of technology required, and/or the need for instruction in the use of the assistive technology.

Augmentative Communication Assessment evaluates the need for an alternative system to support, enhance, or supplement the communication of a student.

Behavioral Data/Logs is a systematic method of documenting problematic behaviors over an extended period of time.

Behavioral Observations provide written documentation of a current pattern of behavior over time and across settings, including targeted behaviors, and are conducted in the environment in which the targeted behaviors occur.

Braille Skills Inventory is an assessment of a student's potential for reading and writing in Braille.

Cognitive/Intellectual Assessment gives an appraisal of the mental processes by which an individual acquires knowledge, including thinking, reasoning, and problem solving skills.

Communication Assessment measures any means (e.g., speech, sign language, gestures, and writing) by which a student relates experiences, ideas, knowledge, and feelings to another.

Developmental Assessment (Early Childhood) measures a preschool student's educational/developmental abilities in the areas of cognition, social-emotional, adaptive behavior, language, and motor.

Developmental History provides written documentation from parent/guardian regarding health or medical information; family factors; developmental milestones; relationships with peers/family and others; and parental observations and expectations of the child in the home, community, and school.

Discipline Referral(s) is a written report of behavior violation that is submitted to a principal or other school administrator for a decision of disciplinary action, if classroom discipline measures do not correct the misconduct or if the behavior is a serious offense.

Educational History may include school(s) attended, patterns of attendance, current level or grade placement, achievement data and grades, programs attended, and other relevant data.

Expressive Language Assessment measures the ability to process and express thought through language as well as same age peers of same community and examines the skills in the area of speaking.

Fluency Evaluation measures the flow or smoothness of connected speech.

Functional Behavior Assessment (FBA) analyzes the student's behavior to determine the function the behavior serves for the student. An FBA is a problem solving approach that enables the examiner to determine what is triggering and maintaining the inappropriate behavior.

Functional Vision/Learning Media Assessment includes formal and informal evaluation of the student's use of vision in performing a variety of activities throughout the school day (e.g., completion of tasks presented at a distance, travel through school). It is an objective process of systematically selecting learning and literacy media (e.g. effective print size and contrast and lighting requirements).

Health/Medical Evaluation or Statement refers to a report/documentation of (an) examination(s) by a licensed physician or other qualified health-care professional that verifies the diagnosis and nature of an illness or impairment and any limitations resulting from the illness or impairment.

Hearing Evaluation may include assessments of hearing acuity, speech discrimination, speech perception, and auditory processing. When the individual uses amplification, assessments may be conducted in both the unaided and aided conditions.

Individual Family Service Plan (IFSP) is a written plan based on family concerns that the parent(s) and those who provide First Steps services to a child develop to show what services the child will receive and how those services will help the child's developmental needs.

Intervention Data is a collection of ongoing progress monitoring data that provides objective information to determine which students are making adequate progress toward a specific goal and benefiting from the current intervention. These data assist with the decision to continue, modify, stop, or begin a different instructional intervention. Intervention data is collected weekly, biweekly, bimonthly or monthly, depending on the intensity of the intervention that is being provided. Sufficient data should be gathered to reliably determine progress.

Motor Abilities involve the capacity to execute any movement by maneuvering one's body and/or limbs, which is necessary and essential to basic learning for a student's growth and development. (May include Occupational Therapy and/or Physical Therapy Assessments related to educational performance.)

Multi-Year Course of Study is a description of coursework from the student's current school year to the anticipated exit year designed to achieve the student's desired post-school goals.

Student Full Name: _____

SSID: _____

Birth Date: _____

Date: 09/22/2015

EVALUATION, PROCEDURE, TEST, RECORD, OR REPORT

Oral Mechanism Evaluation measures the ability of the oral motor structure and function to support speech.

Orientation and Mobility Assessment measures the ability of the student with visual limitations to travel safely and efficiently in familiar and unfamiliar environments.

Perceptual Abilities Assessment measures the student's visual-motor integration abilities.

Rating Scales measure a student's behavior in a variety of areas such as hyperactivity, inattention, impulsivity, depression and inappropriate behaviors across settings.

Receptive Language Assessment measures the ability to process and understand language as well as same age peers of the same community and examines the skills in the area of listening.

Referral means information about a student suspected of having a disability that is used by the ARC to help determine the need for an evaluation.

Screening means a systematic effort to identify physical and mental health barriers impacting the learning of an individual student.

Social Competence Assessment (emotional/behavioral) measures the student's adaptive behaviors in social situations and social skills that enable the student to meet environmental demands and to assume responsibility for his/her own welfare.

Social/Cultural Factors include relationships with peers, family, and others; dominant language of the student and the family and any cultural factors; expectations of the parents for the student in the home, school and community environments; services received in the community; economic influences; and the impact of home, school, and community.

Speech Sound Production is a disorder of the phonological system and/or its articulatory aspect and is characterized by speech that is difficult to understand or that calls attention to the production of speech. An evaluation includes but is not limited to administration of norm-referenced measure and functional procedures which assess use of speech sounds in conversation.

Student Progress in Achieving IEP Goals refers to data collected related to the performance of the student toward mastery of the IEP objectives.

Technical/Vocational Assessment may include general work habits; dexterity; following directions; working independently or with job support or accommodation(s); job interests or preferences; abilities (aptitude); other special needs; job-specific work skills; interpersonal relationships and socialization; and related work skills.

Vision Evaluation may include vision screening, functional vision evaluation, visual examination, and/or medical examination.

Voice Evaluation measures respiration, phonation and resonance regarding vocal quality and the appropriate use of voice throughout the day. This also includes a physical examination of the oral structure and a medical examination conducted by an appropriate medical professional (e.g. otolaryngologist).

Written Assessment Report includes interpretations of each test or procedure used and gives an analysis of the student's strengths and weaknesses as they relate to his or her educational needs.