

ETR Evaluation Team Report

CHILD'S INFORMATION:

CHILD'S NAME: _____ ID NUMBER: _____

STREET: _____ GENDER: _____ GRADE: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

DISTRICT OF RESIDENCE: _____

DISTRICT OF SERVICE: _____

TYPE OF EVALUATION:

INITIAL EVALUATION REEVALUATION

DATES

DATE OF MEETING: _____

DATE OF LAST ETR: _____

REFERRAL DATE: _____

DATE PARENT

CONSENT RECEIVED: _____

PARENT/GUARDIAN INFORMATION

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

PLANNING FORM (required):

School Age Preschool

ETR FORM STATUS

PART 1: INDIVIDUAL EVALUATOR'S ASSESSMENT

(Separate assessment from each evaluator)

PART 2: TEAM SUMMARY

PART 3: DOCUMENTATION FOR DETERMINING THE EXISTENCE OF A SPECIFIC LEARNING DISABILITY

PART 4: ELIGIBILITY

PART 5: SIGNATURES

INSTRUCTIONS

Evidence of planning for the evaluation process is a requirement. Using one of the two planning forms (preschool or school age) that are included with this ETR form is required (Prior to PR-05 Parent Consent for Evaluation).

There are five parts to this form, i.e., Part 1, 2, 3, 4 and 5. Parts 1, 2 and 4,5 must be completed for all initial evaluations and reevaluations. Part 3 must be completed for initial evaluations if the suspected area of disability is Specific Learning Disability. Part 3 must be completed for reevaluations if the child is currently a child identified as having a specific learning disability or if the team is considering a change in the child's disability category to Specific Learning Disability.

In Part 1, each member of the evaluation team will list in the "Areas of Assessment" box the area or areas that they will be assessing, i.e., vision, hearing, fine motor, gross motor, emotional/behavioral or intellectual ability. The evaluator will also provide, in Part 1, the evaluation method and strategies used to conduct the assessment by checking the appropriate boxes. A detailed summary of the results of the assessment or assessments will be provided in the "Summary of Assessment Results" section. The evaluator will sign their assessment page and include his or her position title. The date on this section will be the date the evaluator completed his or her assessment.

Part 2 will be completed by the team chair or district representative by gathering all team members' assessments (Part 1) and summarizing them in the boxes provided in Part 2. Complete the interventions summary for both initial evaluations and reevaluations per the instructions found on the form. The reason(s) for the evaluation is also completed for both initial and reevaluations. The summary of information provided by the parents of the child will include information from the referral form as well as any information provided by the parent through behavioral checklists, interviews or meetings and outside evaluations.

Once all assessment information is gathered and summarized, the team will meet and review all information. The team will then describe the child's educational needs based on the information gathered, and state the implications for instruction and progress monitoring in the appropriate text box.

The team will then consider whether or not the child may have a specific learning disability based on the elements found in Part 3. If no one suspects a disability under this category, the team may skip Part 3 and move into Part 4.

In Part 4, the team determines whether or not the child is eligible for special education and related services by addressing each of the statements found in this section. Complete the final text box in this section with the information that supports the team's eligibility determination.

In Part 5, all members of the team sign the report at the conclusion of this section. If any team member disagrees with the team's determination, the team member must attach a written statement of disagreement to the report.

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CHILD'S NAME: _____

ID NUMBER: _____

DATE OF BIRTH: _____

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Part 1 to be completed by each individual evaluator

EVALUATOR NAME: _____

POSITION: _____

AREAS OF ASSESSMENT

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.

OBSERVATIONS

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)

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

DESCRIPTION OF EDUCATIONAL NEEDS

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING

EVALUATOR'S SIGNATURE: _____

DATE: _____

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DATE OF BIRTH:

2 TEAM SUMMARY

Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary

INTERVENTION(S) SUMMARY

Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations provide a summary of interventions routinely provided to this child.

Initial Evaluation:

Reevaluation:

REASON(S) FOR EVALUATION

SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD

SUMMARY OF OBSERVATIONS

MEDICAL INFORMATION

SUMMARY OF ASSESSMENT RESULTS

DESCRIPTION OF EDUCATIONAL NEEDS

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

3 SPECIFIC LEARNING DISABILITY DOCUMENTATION FOR DETERMINATION

REQUIRED NOTIFICATION

If the child has participated in a **process that assesses the child's response to scientific, research based intervention**, indicate if the parents were notified about the following prior to the evaluation:

The state's policies regarding the amount and nature of student performance data that would be collected and the general services that would be provided

YES NO

Strategies for increasing the child's rate of learning

YES NO

The parents' right to request an evaluation

YES NO

Section A must be completed

Either Section B **OR** Section C must be completed.

A. IDENTIFIED AREAS

Identify one or more of the following areas in which the team has determined that the child is not achieving adequately for the child's age or state-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards.

Oral Expression

Reading Fluency Skills

Written Expression

Mathematics Calculation

Listening Comprehension

Reading Comprehension

Basic Reading Skill

Mathematics Problem Solving

B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION

Assessment information should be summarized in this section if the evaluation team used a process based on a child's response to scientific, research-based interventions to determine whether the child has a specific learning disability in one or more of the areas identified in Section A.

C. PATTERNS OF STRENGTHS AND WEAKNESSES

Assessment information should be summarized in this section, if the evaluation team used alternative research-based procedures to determine if the child exhibited a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards or intellectual development that the team determined to be relevant to the identification of a specific learning disability in one or more of the areas identified in Section A.

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CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

D. EXCLUSIONARY FACTORS

The evaluation team has determined that its findings are NOT primarily the result of:

- | | |
|---|---|
| <input type="checkbox"/> A Visual, Hearing, or Motor Disability | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Environmental or Economic Disadvantage |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Cultural Factors |

E. DOCUMENTATION - UNDERACHIEVEMENT NOT DUE TO LACK OF APPROPRIATE INSTRUCTION

Regardless of the process used to identify a child as having a specific learning disability, the team must ensure that the child's underachievement is not due to a lack of appropriate instruction in reading or math by considering the following information:

1. Data that demonstrate that prior to, or as part of the referral process, a qualified personnel delivered appropriate instruction to the child in general education settings.

Summarize the data the team used to document this requirement:

2. Data-based documentation that the child's parent received about repeated formal assessments of student progress during instruction, done at reasonable intervals. Summarize the data-based information the team used to document this requirement:

F. OBSERVATION

Summarize the child's academic performance and behavior in the areas of difficulty as observed in the child's learning environment including the general classroom setting.

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CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

G. MEDICAL FINDINGS

Describe the educationally-relevant medical findings, if any:

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CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

4 ELIGIBILITY

ELIGIBILITY DETERMINATION

It is the determination of the team that:

The determining factor for the child's poor performance is not due to a lack of appropriate instruction in reading or math or the child's limited English proficiency. For the preschool-age child, the determining factor for the child's poor performance is not due to a lack of preschool pre-academics.

YES NO

The child meets the state criteria for having a disability (or continuing to have a disability) based on the data provided in this document.

YES NO

The child demonstrates an educational need that requires specially designed instruction.

YES NO

If the response is **NO** to any question, then the child is **NOT** eligible for special education.

If the response to all three questions is **YES**, then the child **IS** eligible for special education.

The child is eligible for special education and related services in the category of: _____

BASIS FOR ELIGIBILITY DETERMINATION (or Continued Eligibility)

Provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in OAC Rule 3301-51-01 (B)(10) (Definitions) and OAC Rule 3301-51-06 (Evaluations). **Include** how the disability affects the child's progress in the general education curriculum.

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CHILD'S NAME: _____

ID NUMBER: _____

DATE OF BIRTH: _____

5 SIGNATURES

DATES

DATE OF MEETING: _____

DATE OF LAST ETR: _____

REFERRAL DATE: _____

EVALUATION TEAM

The names, titles and signatures below identify the members of the evaluation team and indicate whether or not each team member is in agreement with the conclusions of the report.

NAME	TITLE	SIGNATURE	DATE	STATUS
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

STATEMENT OF DISAGREEMENT

If a team member is not in agreement with the team's determination, the team member shall attach to this report a written statement explaining his or her reason for disagreeing with the team's determination.

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SCHOOL AGE EVALUATION PLANNING FORM *(Required)*

DATE OF PLAN: _____

INITIAL EVALUATION REEVALUATION

CHILD'S NAME: _____

ID NUMBER: _____ DATE OF BIRTH: _____

TEAM CHAIRPERSON: _____

TEAM MEMBERS: _____

SUSPECTED DISABILITY(IES): _____

ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY(IES)	Data for Review	PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT
Information Provided by Parent		
General Intelligence		
Academic Skills		
Classroom-based Evaluations and Progress in the General Curriculum		
Data from Interventions		
Communicative Status		
Vision		
Hearing		
Social Emotional Status		
Physical Exam/General Health		
Gross Motor		
Fine Motor		
Vocational/Transition		
Background History		
Observations		
Behavior Assessment		
Adaptive Behavior		
Braille Needs		
Audiological Needs		
Assistive Technology Needs		
Other:		

The team has taken into consideration limited English proficiency in planning this assessment.

The team has taken into consideration possible sources of racial or cultural bias in planning this assessments.

SIGNATURES

School District Representative (Date) Parent/Guardian (Date)

General Education Teacher (Date) Intervention Specialist (Date)

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PRESCHOOL EVALUATION PLANNING FORM *(Required)*

CHILD'S NAME: _____
 ID NUMBER: _____ DATE OF BIRTH: _____
 TEAM CHAIRPERSON: _____

DATE
OF
PLAN

- INITIAL EVALUATION
- REEVALUATION
- TRANSITION FROM PART C

SUSPECTED DISABILITY CATEGORY (may check more than one)

- Autism
- Emotional Disturbance
- Multiple Disabilities
- Specific Learning Disability
- Deaf-Blindness
- Hearing Impairment
- Orthopedic Impairment
- Speech or Language Impairment
- Deafness
- Intellectual Disability
- Other Health Impairment
- Traumatic Brain Injury
- Visual Impairment

Developmental Delay - If selecting only this category, the team has considered the disability categories above and determined that they are not applicable to the child. [See 3301-51-11\(C\)\(6\)\(b & d\)](#)

NOTE: Each developmental area must be assessed using one of the methods/data sources listed and all methods/data sources must be used at least once.

SEE OPERATING STANDARDS 3302-51-11 (C)(3)			ASSESSMENT METHOD/DATA SOURCES <i>(Indicate the position responsible for assessment and/or data collection, and report.)</i>				
DEVELOPMENTAL AREAS (Required for all)	EXISTING DATA AVAILABLE	ADDITIONAL DATA NEEDED	Structured Interview	Structured Observations *	Norm-Referenced Assessments	Criterion-Referenced Assessments	Data from Part C and/or Community or Preschool Program Provider**
ADAPTIVE BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>					
COGNITION (including pre-academic)	<input type="checkbox"/>	<input type="checkbox"/>					
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>					
HEARING	<input type="checkbox"/>	<input type="checkbox"/>					
VISION	<input type="checkbox"/>	<input type="checkbox"/>					
SENSORY/MOTOR FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
SOCIAL/EMOTIONAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
BEHAVIORAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
SPECIALIZED ASSESSMENTS: Required in some situations, see 3301-51-06 (E)(3)(i) and 3301-51-06 (H) .							
PHYSICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
VISION EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
AUDIOLOGICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

*Structured observations are required in more than one setting and during multiple activities. [3301-51-11 \(C\)\(1\)\(b\)](#)

**Data from Part C only applies if the child is transitioning from Part C Early Intervention. Data from community or preschool program providers is required if the child attends such program in the past 12 months. [3301-51-06 \(F\)\(1\)](#)

- The team has taken into consideration limited English proficiency in planning the assessments
- The team has taken into consideration possible sources of racial/cultural bias in planning the assessments.

SIGNATURES

 School District Representative (Date) _____ Parent/Guardian (Date)

Please select the appropriate planning form on the cover page.

OP-4 Agreement to Waive Reevaluation

Child's Name: _____ Student ID: _____ Grade: _____

Date of Meeting: _____

Agreements to Waive Reevaluation

Date Sent: _____

Name of Parent/Guardian/Surrogate: _____ Relationship to Student: _____

Street Address: _____

City: _____ State: _____ Zip: _____

RE: Reevaluation Not Necessary

Dear _____

The Individuals with Disabilities Education Improvement Act of 2004 (IDEA), requires that a reevaluation of every child with a disability be conducted at least once every three years, unless the parents and school district agree that a reevaluation is unnecessary.

The IEP team has determined that no additional data are needed to determine whether your child continues to be a child with a disability and to determine the child's educational needs. Based on this, the team is recommending that a reevaluation is NOT necessary and be waived for the following reasons:

Parental agreement to waiving the reevaluation must be in writing. If you have any questions about waiving the reevaluation, or if you need the services of an interpreter, please contact me.

Name: _____ Position: _____

Phone: _____ Email: _____

Directions for Parent/Guardian/Surrogate

Please check one and sign below.

- Yes, I agree that my child does not need to be reevaluated at this time; however, I understand that I may request a reevaluation at a later date.
- No, I do not agree to waive a reevaluation and would like to have my child reevaluated.

Parent/Guardian/Surrogate Signature

Date

DayTime Phone

Please return this Entire Form to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

A copy of the Procedural Safeguards Notice, A Guide to Parent Rights in Special Education, is available upon request from your child's school. Please contact the person listed on this form if you need a copy of this notice. This guide explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

ETR Evaluation Team Report

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

CONTINUATION OF _____

PR-04 Referral for Evaluation

CHILD'S INFORMATION

NAME: _____
ID NUMBER: _____ GRADE: _____
DATE OF BIRTH: _____ GENDER: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____

BUILDING OF CURRENT ATTENDANCE: _____

TEACHERS: _____

PARENTS'/GUARDIAN'S INFORMATION

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

STUDENT'S NATIVE LANGUAGE (if not English): _____

PARENT'S NATIVE LANGUAGE (if not English): _____

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

REASON FOR REFERRAL:

EDUCATIONAL HISTORY

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

Provide data from previous interventions, including interventions required by rule 3301-35-06 or; for the preschool child, data from early intervention, community or preschool providers:

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

Number of school districts attended: _____ Years at present school building: _____

List schools/early childhood programs and dates:

ATTENDANCE

Regular Irregular If Irregular, explain: _____

Is this student age-appropriate for grade level? YES NO

If No, check all that apply: Retained (specify grade) _____ Enrolled late in school Held out of school by parent Unknown

BACKGROUND INFORMATION

A. Health Data

Do you suspect problems with Vision Hearing
Does the student Wear Glasses Use hearing aid(s)
Does the student take medication YES NO

If Yes, specify type and purpose:

Does the student have any health/developmental/physical problems of which you are aware? YES NO

If Yes, please explain:

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school

For Preschool Children Only (Please check the area(s) of concern):

PR-04 Referral for Evaluation

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Dressing | <input type="checkbox"/> Toileting | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Receptive Communication | <input type="checkbox"/> Expressive Communication | <input type="checkbox"/> Hearing | <input type="checkbox"/> Gross Motor |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Play | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Social/Emotional Behavior | <input type="checkbox"/> Other _____ | | |

Describe any other pertinent information not previously described:

SIGNATURES

Signature of Person Initiating the Referral

Signature of Person Receiving the Referral

Position or Relationship to Student

Title

Date

Date Received

Date District Suspects a Disability

PR-05 PARENT CONSENT FOR EVALUATION

TYPE OF EVALUATION Initial Evaluation Reevaluation (if additional assessment is to be conducted)

PART 1: TO GRANT CONSENT

I HEREBY GIVE MY PERMISSION for _____ to receive an evaluation(s) by designated personnel. I understand the evaluation information will be shared by teachers, principals, and other appropriate school personnel, and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

I have received a copy of my procedural safeguards and I understand the information provided.

Signature of Parent/Legal Guardian/Custodian, or Student (if age 18 or older) Relationship to Child Date

PART 2: TO REFUSE CONSENT (Do NOT complete Part II if you completed Part I)

I have received a copy of my procedural safeguards and I understand the information provided.

I DO NOT GIVE MY PERMISSION for an evaluation for _____

Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving your permission for an evaluation.)

Signature of Parent/Legal Guardian/Custodian, or Student (if age 18 or older) Relationship to Child Date

PART 3 (To be completed by the school)

Date District Received consent or Refusal of Consent _____

Information about the evaluation and a copy of the procedural safeguards notices were presented/sent by:

Signature of School District Representative Date

The parent's native language is: _____

If not English, was the information provided in the native language or other mode of communication of the parents? YES NO
If no, explain:

If the native language or other mode of communication is not a written language, attach documentation of the steps taken to ensure that the notice was explained and that the parent understands the content of the notice.