

ETR Evaluation Team Report

CHILD'S INFORMATION

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

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

EVALUATOR NAME: _____ POSITION: _____

AREAS OF ASSESSMENT BACKGROUND INFORMATION

ASSESSMENT INFORMATION

SUMMARY OF EDUCATIONAL HISTORY (including education in regular classroom setting):

DATA FROM ANY CURRENT OR PAST SUPPLEMENTAL PROGRAMS/SERVICES OR INTERVENTIONS:
(e.g., Title I, Early Intervention services, Pre-school, Reading Recovery, Individualized Interventions)

EVALUATOR SIGNATURE: _____ DATE: _____

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CHILD'S INFORMATION

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

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

EVALUATOR NAME: _____ POSITION: _____

AREAS OF ASSESSMENT COMMUNICATION SKILLS

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

GENERAL INFORMATION (regarding communications skills) FOR THIS STUDENT:

Select One: (yes, sometimes, no, not observed)	ORAL EXPRESSION (In comparison with same age typical peers)
	Uses age appropriate vocabulary
	Knows how to begin, maintain, and end a conversation
	Restates thoughts in an alternative form
	Tells stories or relates information in the proper sequence with beginning, middle, and/or end
	Uses speech rather than gestures to express self
	Speaks easily without seeming frustrated
	Formulates sentences correctly with correct word order and grammar
	Understands rules of conversation
Select One: (yes, sometimes, no, not observed)	LISTENING COMPREHENSION (In comparison with same age typical peers)
	Is able to ignore auditory distractions
	Responds after first presentation; does not often ask for things to be repeated
	Understands materials presented through the auditory channel (lecture)
	Demonstrates understanding of vocabulary
	Comprehends questions
	Understands concepts of time, space, quantity
Select One: (yes, sometimes, no, not observed)	WRITING - STRUCTURE (In comparison with same age typical peers)
---	Use conventions of print including the following:
	Left to right progressions
	Correct manuscript capital letter formation
	Correct manuscript lower-case letter formation
	Spacing
	Correct cursive capital letter formation
	Correct cursive lower-case letter formation
	Ending Punctuation
	Commas
	Apostrophes
	Quotation Marks
	Write own first name
	Write own last name
---	Use a variety of spelling strategies in written context including the following:
	Letter-sound correspondence in invented spelling
	Visual memory
	Word knowledge (structure of words such as syllables, root, compound words)
	Spell conventionally
	Write complete sentences
	Write two or more sentences related to a theme
	Use descriptive language in writing
	Web, list, outline, and/or cluster when preparing for writing
	Edit pieces of writing with peer and teaching assistance
	Vary sentence patterns when revising
	Use correct subject/verb agreement
	Use correct tense agreement

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	Experiment with word substitutions in writing to clarify meaning
	Use correct paragraphing
	Write legibly
---	Write for a variety of purposes including the following:
	To inform
	To narrate
	To describe (through narration or poetry)
	To explain a sequence such as a recipe, tying shoes, etc (expository)
	To persuade
Select One: (yes, sometimes, no, not observed)	WRITING – MEANING CONSTRUCTION (In comparison with same age typical peers)
	Participate in group pre-writing activities
	Dictate/write labels stemming from real life events
	Dictate/write sentences stemming from real life events
	Self-evaluate writing to determine if thoughts are complete and clear
	Use various technologies to construct and convey meaning
	Write on prompted and self-selected topic, demonstrating a sense of flow, organization, and clarity of thought
	Gather appropriate information to produce a piece of writing
Select One: (yes, sometimes, no, not observed)	WRITING – APPLICATION (In comparison with same age typical peers)
	Compose, draw, dictate, and/or write stories for a variety of purposes and audiences
	Write daily for a sustained period of time
	Maintain a writing portfolio with teacher support
	Develop pieces of writing which include a beginning, middle, and end
	Use various resources to expand vocabulary during the writing process
	Use keyboard with increased competence
	Use computers in writing activities

At or Above Expectation

Below Expectation

In comparison with same age typical peers, this student's skills are:

Oral Expression
Listening Comprehension
Written Expression

INTERPRETATIONS & INSTRUCTIONAL IMPLICATIONS (please check only one):

- The student's communication status **is not** believed to significantly interfere with academic performance.
 The student's communication status **is** believed to significantly interfere with academic performance.*

*If the student's communication status is believed to significantly interfere with academic performance, list specific activities which may benefit this student:

EVALUATOR SIGNATURE: _____

DATE: _____

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CHILD'S INFORMATION

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

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

EVALUATOR NAME: _____ POSITION: _____

AREAS OF ASSESSMENT FINE MOTOR

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

GENERAL INFORMATION (regarding fine motor skills) FOR THIS STUDENT:

Select One: (yes, sometimes, no, not observed)	(In comparison with same age typical peers)
	Adequately uses classroom supplies (scissors, etc) for fine motor tasks
	Draws/copies designs adequately
	Eye-hand coordination successful (opens doors, sharpens pencils, draws using a ruler)
	Uses one hand consistently for writing and other motor tasks
	Uses both hands together in a coordinated manner during an activity
	Holds pencil adequately and applies appropriate pressure and grip
	Written work is neat and legible (colors within lines, letters/words adequately spaced)
	Completes fine motor tasks without becoming frustrated
	Completes fine motor tasks within usual time limits
	Completes fine motor tasks in a coordinated and efficient manner

INTERPRETATIONS & INSTRUCTIONAL IMPLICATIONS (please check only one):

- Fine motor skills **are not** believed to significantly interfere with academic performance.
 Fine motor skills **are** believed to significantly interfere with academic performance (list & describe needs below).

DESCRIPTION OF EDUCATIONAL NEEDS

List and describe student's fine motor needs:

EVALUATOR SIGNATURE: _____

DATE: _____

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CHILD'S INFORMATION

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

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

EVALUATOR NAME: _____ POSITION: _____

AREAS OF ASSESSMENT GROSS MOTOR

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) _____

CURRENT PHYSICAL EDUCATION PROGRAM

- GENERAL ED. PHYSICAL EDUCATION HAS MET P.E. CREDIT REQUIREMENTS
 MODIFIED PHYSICAL EDUCATION OTHER _____

ASSESSMENT INFORMATION

GENERAL INFORMATION (regarding gross motor skills) FOR THIS STUDENT:

Select One: (yes, sometimes, no, not observed)	(In comparison with same age typical peers)
	Demonstrates adequate balance when walking, standing on one foot, jumping
	Demonstrates coordinated, efficient gross motor movements (does not run into/trip on objects or display unusual body alignment)
	Demonstrates adequate locomotor skills: walking, running, hopping, jumping
	Navigates stairs (up and down), ramps, and curbs independently
	Demonstrates hand/eye coordination adequate for throwing, catching, etc.
	Demonstrates lower limb coordination adequate for kicking a ball, jumping rope
	Demonstrates adequate endurance
	Demonstrates adequate strength
	Demonstrates adequate flexibility
	Demonstrates body awareness/control in the area of balance
	Demonstrates body awareness/control in the area of coordination
	Demonstrates body awareness/control in the area of directionality
	Demonstrates body awareness/control in the area of spatial judgment
	Demonstrates body awareness/control in the area of sequencing movements
	Performs gross motor tasks without unusual frustration

INTERPRETATIONS & INSTRUCTIONAL IMPLICATIONS (please check only one):

- Gross motor skills **are not** believed to significantly interfere with academic performance.
 Gross motor skills **are** believed to significantly interfere with academic performance (list & describe needs below).

DESCRIPTION OF EDUCATIONAL NEEDS

List and describe student's gross motor needs:

EVALUATOR SIGNATURE: _____ DATE: _____

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CHILD'S INFORMATION

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

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

EVALUATOR NAME: _____ POSITION: _____

AREAS OF ASSESSMENT HEARING

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) _____

TESTING BEHAVIOR OBSERVATION

TESTING RESULTS

NAME OF INSTRUMENT/PROCEDURE _____

DATE ADMINISTERED _____	RESULTS _____	RIGHT EAR	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		LEFT EAR	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		Tested at 20 db at 1000, 2000, 4000 Hz in both ears	

NAME OF INSTRUMENT/PROCEDURE _____

DATE ADMINISTERED _____	RESULTS _____	RIGHT EAR	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		LEFT EAR	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

HEALTH AND MEDICATIONS (related to hearing and/or ear conditions)

Please list any known concerns, physical conditions, and/or any current prescribed medications:

HEARING DEVICES (prescribed by audiologist and/or ENT physician)

HEARING AID	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	FM SYSTEM (individual)	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT
COCHLEAR IMPLANT	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	FM SYSTEM (classroom)	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT

INTERPRETATIONS & INSTRUCTIONAL IMPLICATIONS (please check only one)

- Hearing status **is not** believed to significantly interfere with academic performance
 Hearing status **is** believed to significantly interfere with academic performance
 When hearing devices are used, hearing status **is not** believed to significantly interfere with academic performance
 When hearing devices are used, hearing status **is** believed to significantly interfere with academic performance
 Other _____

DESCRIPTION OF EDUCATIONAL NEEDS

List and describe student's hearing needs:

EVALUATOR SIGNATURE: _____

DATE: _____

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CHILD'S INFORMATION

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

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

EVALUATOR NAME: _____ POSITION: _____

AREAS OF ASSESSMENT OBSERVATION

OBSERVATION SETTING _____

ACTIVITY OBSERVED _____ NUMBER OF PEERS IN SETTING _____

DATE _____ START/END TIME _____ NUMBER OF ADULTS IN SETTING _____

OBSERVATION (The following behaviors are noted as compared to the same age typical peer)

1. Interactions with peers:

2. Interactions with adults:

3. Attention:

4. Work habits and organizational skills:

5. Other:

EVALUATOR SIGNATURE: _____ DATE: _____

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CHILD'S INFORMATION

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

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

EVALUATOR NAME: _____ POSITION: _____

AREAS OF ASSESSMENT SOCIAL EMOTIONAL STATUS

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

GENERAL INFORMATION (regarding social emotional status) FOR THIS STUDENT:

Select One: (yes, sometimes, no, not observed)	(In comparison with same age typical peers)
	Able to work or play independently
	Transitions or adapts to new situations
	Cooperates and follows classroom rules
	Handles frustrations in an appropriate manner for his/her age level
	Resolves conflicts without verbal aggression
	Builds/maintains satisfactory interpersonal relationships with peers
	Builds/maintains satisfactory interpersonal relationships with adults

INTERPRETATIONS & INSTRUCTIONAL IMPLICATIONS (please check only one):

- Social/Emotional status **is not** believed to significantly interfere with academic performance.
 Social/Emotional status **is** believed to significantly interfere with academic performance (list & describe needs below).

DESCRIPTION OF EDUCATIONAL NEEDS

List and describe student's social/emotional needs:

EVALUATOR SIGNATURE: _____ DATE: _____

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CHILD'S INFORMATION

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

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

EVALUATOR NAME: _____ POSITION: _____

AREAS OF ASSESSMENT VISION

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) _____

TESTING BEHAVIOR OBSERVATION

TESTING RESULTS

NAME OF INSTRUMENT/PROCEDURE _____	RESULTS _____	RIGHT EYE _____
DATE ADMINISTERED _____		LEFT EYE _____
NAME OF INSTRUMENT/PROCEDURE _____	RESULTS _____	RIGHT EYE _____
DATE ADMINISTERED _____		LEFT EYE _____

HEALTH AND MEDICATIONS (related to eye conditions)

Please list any known concerns, physical conditions, and/or any current prescribed medications:

INTERPRETATIONS & INSTRUCTIONAL IMPLICATIONS (please check only one)

- Vision **is not** believed to significantly interfere with academic performance.
 Vision **is** believed to significantly interfere with academic performance (list & describe needs below).
 When corrective lenses are worn, vision **is not** believed to significantly interfere with academic performance.
 Other _____

DESCRIPTION OF EDUCATIONAL NEEDS

List and describe student's vision needs:

EVALUATOR SIGNATURE: _____ DATE: _____