

Keystone Learning Services
500 E. Sunflower, Ozawkie, KS 66070
(785) 876-2214



Initial Evaluation Team Report

CONFIDENTIAL: FOR PROFESSIONAL USE ONLY. The following information is strictly confidential and is to be made available only to authorized persons.

Student: _____

Grade:

Evaluation Date: 2/23/2011

School:

DOB: 09/01/1990

Parent(s): _____

Parent(s):

Reason for Referral:

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Response to Intervention:

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Relevant Background

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Health (including educationally relevant medical findings, if any):

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Hearing Screening Date: 00/00/00

Results:

Vision Screening Date: 00/00/00

Results:

Motor:

Communication:

Social/Emotional/Behavioral

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Adaptive Behavior

.

.

Cognitive

.

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Academics

Classroom Observations (include the relationship of relevant behavior to the student's academic functioning):

Eligibility is a two-prong decision involving:

(1) whether the child is a child with an exceptionality; and (2) whether the child has a need for special education and related services.

1. Do the results of this evaluation indicate the need for intense or sustained resources beyond those available through general education? YES NO

Discussion of how data led the team to this conclusion:

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If child is suspected of having a learning disability, the severe discrepancy:

- is is not NA primarily the result of a visual, hearing or motor impairment
- is is not NA primarily the result of mental retardation or emotional disturbance
- is is not NA primarily the result of environmental, cultural or economic disadvantage

Exclusionary Factors.

The determinant factor for eligibility:

- IS IS NOT due to a lack of instruction in reading or mathematics
- IS IS NOT due to Limited English Proficiency

2. Is the presence of an exceptionality supported by convergent data from multiple sources?
YES **NO**

Discussion of how data led the team to this conclusion:

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This student meets
the definition of

Secondary
Exceptionality:

Keystone Learning Services

It is the judgment of the undersigned members of the evaluation team, including parents, that an evaluation addressing all areas of concern has been completed and _____ DOES DOES NOT meet the criteria as a child with an exceptionality and special education services ARE ARE NOT needed.

Signature	Title	Date	Agree?	
			Yes	No*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Should a team member(s) of the multi-disciplinary team not agree with the conclusions of this report, they must submit a separate statement (minority report) presenting his or her conclusions. The statement shall be attached to this report and a copy must be provided to the parent.**

A copy of this Evaluation Report was given to parent(s) on: ___/___/___ .