

## NOTICE OF INITIAL EVALUATION

**DATE DUE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**Area of Suspected Disability:** \_\_\_\_\_

\_\_\_\_\_ **School Psych**      **WPPSI   WISC   WAIS   CTONI   Observation   BASC   ADOS-2**  
**BRIEF   WJ   Vineland   Other:** \_\_\_\_\_  
**File Review   Structured Student Interview   PKBS**

\_\_\_\_\_ **SpEd Teacher**      **Info. Processing   Observation   Teacher Interview**  
**Home & Family Interview   Student Interview   Review of records**  
**Ten Sigma   Enderle Severson   Assistive Tech. Screen**  
**Functional Behavior Assessment   Mental Health Screening**

\_\_\_\_\_ **School Nurse**      **Vision Screening   Hearing Screening   Review of vision/ hearing**

\_\_\_\_\_ **OHD Consultant**      **Observation   Review of Medical Records**  
**Functional Academic Skills Checklist**  
**Organizational & Work Skills Checklist   TBI Checklist**

\_\_\_\_\_ **EBD Consultant**      **Observation   Review of Medical Records   FBA**  
**Mental Health Screening   BASC**

\_\_\_\_\_ **Autism Consultant**      **GARS   Observation**

\_\_\_\_\_ **Social Worker**      **Developmental History Interview   Home and Family Interview**  
**Observations**

\_\_\_\_\_ **OT**      **Sensory Profile   Observation   Handwriting sample**  
**Peabody- Fine Motor   Bruininks-- Fine Motor**  
**Other:** \_\_\_\_\_

\_\_\_\_\_ **PT/ DAPE**      **Physical Fitness Test   Peabody: Gross Motor   Other:** \_\_\_\_\_  
**Bruininks- Gross Motor**

\_\_\_\_\_ **Speech**      **PLS   CELF   Language Sample   ROWVT   EOWVT**  
**Arizona   OWLS   Observation   Other:** \_\_\_\_\_

\_\_\_\_\_ **ECSE Teacher**      **Battelle: Areas:** \_\_\_\_\_  
**Developmental History Interview   Teacher Interview   PKBS**  
**Review of existing data   Assistive Technology Screener**  
**Observation   Review of Medical Records   Brigance   CDI**

\_\_\_\_\_ **Other (Low incidence)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete during Child Study. Highlight or Circle assessments to be given.

## NOTICE OF RE-EVALUATION

**DATE DUE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**Area of Suspected Disability:** \_\_\_\_\_

\_\_\_\_\_ **School Psych**                      **Review IQ, WJ, BASC, Vineland**  
**Other:** \_\_\_\_\_

\_\_\_\_\_ **SpEd Teacher**                      **Info. Processing    Observation    Teacher Interview**  
**Home & Family Interview    Student Interview    Review of records**  
**Review Ten Sigma    Enderle Severson    Assistive Tech. Screen**  
**Functional Behavior Assessment    Mental Health Screening**  
  
**Review:** \_\_\_\_\_ **Goals & Objectives**

\_\_\_\_\_ **School Nurse**                      **Vision Screening    Hearing Screening    Review of vision/ hearing**

\_\_\_\_\_ **OHD Consultant**                      **Observation (only if necessary)    Review of Medical Records**  
**Functional Academic Skills Checklist**  
**Organizational & Work Skills Checklist    TBI Checklist**

\_\_\_\_\_ **EBD Consultant**                      \_\_\_\_\_

\_\_\_\_\_ **Autism Consultant**                      \_\_\_\_\_

\_\_\_\_\_ **Social Worker**                      \_\_\_\_\_

\_\_\_\_\_ **OT**                      **Review goals & objectives; Other:** \_\_\_\_\_

\_\_\_\_\_ **PT/ DAPE**                      **Review goals & objectives; Other:** \_\_\_\_\_

\_\_\_\_\_ **Speech**                      **Review goals & objectives; Other:** \_\_\_\_\_

\_\_\_\_\_ **ECSE Teacher**                      **Battelle: Areas:** \_\_\_\_\_  
**Brigance    Other:** \_\_\_\_\_

\_\_\_\_\_ **Other**                      \_\_\_\_\_

**(Low incidence)**                      \_\_\_\_\_

\_\_\_\_\_

**Examples of data: MCA's, NWEA's, Grades, discipline reports, point sheets summary, goals and objectives, Moby Max,**

Complete during Child Study. Highlight or Circle assessments to be given.