

Evaluation Planning Meeting

Student:	ID#	DOB:
Teacher:	Grade:	Room:
Before the meeting, have available:		
Parent letter (if there is a parent letter)		
Teacher's referral packet		
Hearing and vision screening		
Two copies of D-4 Evaluation Planning D	ocument	
Two copies of Notice B-2: Notice Follow	ing an Identification/Evalua	ation Meeting-Evaluation Not Warranted
Student work samples		
Student classroom observation results		
Copy of student's report card/attendance	ce record (if appropriate)	
Educational Performance Outline		
D PRISE		
□ Additional community resources (Castle	Program info, Kennedy He	alth, Cooper Health, Weisman, etc.)
1. Introductions/Confirm Address		
2. The purpose of this meeting is to respond to you evaluation is needed at this time.	ur request for a Child Study	Team Evaluation and to determine if an

3. Please describe the problem that you see in ______. How is this problem affecting his ability to succeed in the classroom? Parent:

Teacher(s):

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Other Source of Info:

4. **<u>CST asks:</u>** Please describe the student's: **Reading level:**

Ability to decode:

Reading Comprehension:

Math level:

Mastery of basic facts (age appropriate):

Adult/peer relations:

Speech therapist says: Please describe the student's:

Articulation: [According to state law, a student must exhibit sound production errors beyond the age at which 90% of the population has achieved mastery (articulation chart) and must misarticulate these sounds consistently in a speech sample (speech sample).]

Fluency: [According to state law, a student must exhibit disfluency in 5% or more of words spoken (speech sample).]

Voice: [According to state law, a student must exhibit a problem with voice quality, pitch, resonance, loudness or duration on two separate occasions, three to four weeks apart, at different times.]

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[SLP, continued]

Language skills:

5. Based on the information we've discussed, _______ is/is not eligible to receive a CST/Speech Evaluation at this time.

*If the CST determines testing is not warranted at this time, the SLP <u>can</u> test for articulation, voice, or fluency. Without CST testing, the SLP <u>cannot</u> test for language.

*If he is not eligible right now and the problem persists, he can be re-referred during the next school year. Give parent alternate resources to address the problem. Use form B-2

*If he is eligible to be tested have parent sign consent. We have 90 days from today's date to complete the test, determine eligibility, and begin services if he qualifies. Use form D-4

- 6. Give and explain the PRISE.
- 7. Everyone signs signature page. Parent signs procedural safeguards page.
- 8. Give copy of notice D-4 OR B-2 to parent.
- 9. Do you have any other questions? Thank you for coming!

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