



Kristin Patterson-Maas

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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 Document
- ☐ Two copies of Notice B-2: Notice Following an Identification/Evaluation Meeting-Evaluation Not Warranted
- ☐ Articulation Development Chart
- ☐ Student's speech sample
- ☐ Copy of student's report card/attendance record (if appropriate)
- ☐ PRISE
- ☐ Additional therapy resources (Cooper Health/Weisman, etc.)

1. Introductions/Confirm Address

2. The purpose of this meeting is to respond to your request for a Speech/Language Evaluation and to determine if an evaluation is needed at this time.

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. **CST asks:** 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.]

Language skills:

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

*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 for B-2

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*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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