



**Kristin Patterson-Maas**

kpattersonmaas@gmail.com

## 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:

**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

\*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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