

ETR Evaluation Team Report

EVALUATION PLANNING FORM (Required)

School Age Disability Determination

CHILD'S NAME: _____

DATE OF PLAN: _____

ID NUMBER: _____

DATE OF BIRTH: _____

INITIAL EVALUATION

TEAM CHAIRPERSON: _____

REEVALUATION

SUSPECTED DISABILITY: _____

TEAM MEMBERS _____

ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY(IES)	DATA AVAILABLE ¹	FURTHER TESTING NEEDED ²	PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT
Information Provided by Parent		<input type="checkbox"/>	
General Intelligence		<input type="checkbox"/>	
Academic Skills		<input type="checkbox"/>	
Classroom Based Evaluations and Progress in the General Curriculum		<input type="checkbox"/>	
Data from Interventions		<input type="checkbox"/>	
Communicative Status		<input type="checkbox"/>	
Vision		<input type="checkbox"/>	
Hearing		<input type="checkbox"/>	
Social Emotional Status		<input type="checkbox"/>	
Physical Exam/General Health		<input type="checkbox"/>	
Gross Motor		<input type="checkbox"/>	
Fine Motor		<input type="checkbox"/>	
Vocational/Transition		<input type="checkbox"/>	
Background History		<input type="checkbox"/>	
Observations		<input type="checkbox"/>	
Behavior Assessment		<input type="checkbox"/>	
Adaptive Behavior		<input type="checkbox"/>	
Other: (circle) Braille needs as determined by VI teacher or appropriately trained/licensed personnel. Audiological needs as determined by certified/ licensed audiologist. Assistive Technology needs.		<input type="checkbox"/>	
Other:		<input type="checkbox"/>	

¹ Sufficient data to determine eligibility

² Additional data required to determine eligibility. Check if further testing is needed

The Team has taken into consideration limited English proficiency to plan this assessment

The Team has taken into consideration possible sources of racial or cultural bias in planning this assessment

SIGNATURES

School District Representative (Name/ Date)

Parents (Name/ Date)

Regular Education Teacher (Name/ Date)

Intervention Specialist (Name/ Date)

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CHILD'S INFORMATION:

CHILD'S NAME: _____ ID NUMBER: _____
STREET: _____ GENDER: _____ GRADE: _____
CITY: _____ STATE: OH ZIP: _____
DATE OF BIRTH: _____
DISTRICT OF RESIDENCE: _____
DISTRICT OF SERVICE: _____

TYPE OF EVALUATION:

INITIAL EVALUATION REEVALUATION

DATES

DATE OF MEETING: _____
DATE OF LAST ETR: _____
REFERRAL DATE: _____
DATE PARENTS
CONSENT RECEIVED: _____

PARENTS'/GUARDIAN INFORMATION

NAME: _____
STREET: _____
CITY: _____ STATE: OH ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____
NAME: _____
STREET: _____
CITY: _____ STATE: OH ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

ETR FORM STATUS

- PART 1: INDIVIDUAL EVALUATOR'S ASSESSMENT
(Separate Assessment from each Evaluator)
- PART 2: TEAM SUMMARY
- PART 3: DOCUMENTATION FOR DETERMINING THE
EXISTENCE OF A SPECIFIC LEARNING DISABILITY
- PART 4: ELIGIBILITY
- PART 5: SIGNATURES

INSTRUCTIONS

Evidence of planning for the evaluation process is a requirement. Using one of the two planning forms (early childhood or school age) that are included with this ETR form is required.

There are five parts to this form, i.e., Part 1,2,3, 4 and 5. Parts 1,2 and 4,5 must be completed for all initial evaluations and reevaluations. Part 3 must be completed for initial evaluations if the suspected area of disability is Specific Learning Disability. Part 3 must be completed for reevaluations if the child is currently a child identified as having a specific learning disability or the team is considering a change in the child's disability category to Specific Learning Disability.

In Part 1 each member of the evaluation team will list in the "Areas of Assessment" box the area or areas that they will be assessing, i.e., vision, hearing, fine motor, gross motor, emotional/behavioral or intellectual ability. The evaluator will also provide, in Part 1, the evaluation method and strategies used to conduct the assessment by checking the appropriate boxes. A detailed summary of the results of the assessment or assessments will be provided in the "Summary of Assessment Results" section. The evaluator will sign their assessment page and include his or her position title. The date on this section will be the date the evaluator completed his or her assessment.

Part 2 will be completed by the team chair or district representative by gathering all team members' assessments (Part 1) and summarizing them in the boxes provided in Part 2. The interventions summary is completed for both initial evaluations and reevaluations per the instructions found on the form and in Procedures and Guidance for Ohio Educational Agencies serving Children with Disabilities. The reason(s) for the evaluation is also completed for both initial and reevaluations. The summary of information provided by the parents of the child will include information from the referral form as well as any information provided by the parent through behavioral checklists, interviews or meetings, outside evaluations.

Once all assessment information is gathered and summarized, the team will meet and review all information. The team will then describe the child's educational needs based on the information gathered, and state the implications for instruction and progress monitoring in the appropriate text box.

The team will then consider whether or not the child may have a specific learning disability based on the elements found in Part 3. If no one suspects a disability under this category, the team may skip Part 3 and move into Part 4.

In Part 4 the team determines whether or not the child is eligible for special education and related services by addressing each of the statements found in this section. The final text box in this section is completed with the information that supports the team's eligibility determination.

In Part 5 all members of the team sign the report at the conclusion of this section. If any team member disagrees with the team's determination, the team member must attach a written statement of disagreement to the report.

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CHILD'S NAME: _____

ID NUMBER: _____

DATE OF BIRTH: _____

1

INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: _____

POSITION: _____

AREAS OF ASSESSMENT: _____

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

OBSERVATIONS

SCIENTIFIC, RESEARCH-BASED INTERVENTIONS

NORM-REFERENCED ASSESSMENTS

INTERVIEWS

CURRICULUM BASED ASSESSMENTS

CLASSROOM BASED ASSESSMENTS

REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)

OTHER (Specify)

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

DESCRIPTION OF EDUCATIONAL NEEDS:

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Evaluator's Signature: _____

Date: _____

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CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

2 TEAM SUMMARY

Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary

INTERVENTIONS SUMMARY

Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations provide a summary of interventions routinely provided to this child.

REASON(S) FOR EVALUATION:

SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD:

SUMMARY OF OBSERVATIONS: (only required for preschool and SLD)

ETR Evaluation Team Report

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

MEDICAL INFORMATION:

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SUMMARY OF ASSESSMENT RESULTS:

--

DESCRIPTION OF EDUCATIONAL NEEDS:

--

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

--

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CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

3 DOCUMENTATION FOR DETERMINING THE EXISTENCE OF A SPECIFIC LEARNING DISABILITY

REQUIRED NOTIFICATION

If the child has participated in a **process that assesses the child's response to scientific, research based intervention**, indicate if the parents were notified about the following prior to the evaluation:

The state's policies regarding the amount and nature of student performance data that would be collected and the general services that would be provided. (See Procedures and Guidance for Ohio Educational Agencies serving Children with Disabilities) YES NO

Strategies for increasing the child's rate of learning YES NO

The parents right to request an evaluation YES NO

Section A must be completed

Either Section B or Section C must be completed

A. IDENTIFIED AREAS

Identify one or more of the following areas in which the team has determined that the child is not achieving adequately for the child's age or state-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or state-approved grade level standards.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Reading Fluency Skills | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Mathematics Calculation |
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Basic Reading Skill | <input type="checkbox"/> Mathematics Problem solving |

B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION

Assessment information should be summarized in this section if the evaluation team used a process based on a child's response to scientific, research-based interventions to determine whether the child has a specific learning disability in one or more of the areas identified in Section A.

C. PATTERNS OF STRENGTHS AND WEAKNESSES

Assessment information should be summarized in this section, if the evaluation team used alternative research-based procedures to determine if the child exhibited a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards or intellectual development that the team determined to be relevant to the identification of a specific learning disability in one or more of the areas identified in Section A.

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DATE OF BIRTH:

D. EXCLUSIONARY FACTORS

The evaluation team has determined that its findings are NOT primarily the result of:

- | | |
|---|---|
| <input type="checkbox"/> A Visual, Hearing, or Motor Disability | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Environmental or Economic Disadvantage |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Cultural Factors |

E. DOCUMENTATION- UNDERACHIEVEMENT NOT DUE TO A LACK OF APPROPRIATE INSTRUCTION

Regardless of the process used to identify a child as having a specific learning disability, the team must ensure that the child's underachievement is not due to a lack of appropriate instruction in reading or math by considering the following information:

1. Data that demonstrate that prior to, or as part of the referral process, the child was provided appropriate instruction in general education settings, delivered by qualified personnel.

Summarize the data used by the team to document this requirement:

2. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, that was provided to the child's parent.

Summarize the data-based documentation used by the team to document this requirement:

F. OBSERVATION

Summarize the child's academic performance and behavior in the areas of difficulty as observed in the child's learning environment including the regular classroom setting.

G. MEDICAL FINDINGS

Describe the educationally relevant medical findings, if any:

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ID NUMBER:

DATE OF BIRTH:

4 ELIGIBILITY

ELIGIBILITY DETERMINATION

It is the determination of the team that:

The determining factor for the child's poor performance is not due to a lack of appropriate instruction in reading or math or the child's limited English proficiency. For the preschool-age child the determining factor for the child's poor performance is not due to a lack of preschool pre-academics.. YES NO

The child meets the state criteria for having a disability (or continuing to have a disability) based on the data provided in this document. YES NO

The child demonstrates an educational need that requires specially designed instruction YES NO

If the response is **NO** to any question, then the child is **NOT** eligible for special education.
If the response to all three questions is **YES**, then the child **IS** eligible for special education.

The child is eligible for special education and related services in the category of: _____

BASIS FOR ELIGIBILITY DETERMINATION: (or Continued Eligibility)

Provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in OAC 3301-51-01 (B)(10) (Definitions) and OAC 3301-51-06 (Evaluations). Include how the disability affects the child's progress in the general education curriculum.

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ID NUMBER: _____

DATE OF BIRTH: _____

5 SIGNATURES

DATES

DATE OF MEETING: _____

DATE OF LAST ETR: _____

REFERRAL DATE: _____

EVALUATION TEAM

The names, titles and signatures below identify the members of the evaluation team and indicate whether or not each team member is in agreement with the conclusions of the report.

NAME	TITLE	SIGNATURE	DATE	STATUS
	Parent			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

STATEMENT OF DISAGREEMENT

If a team member is not in agreement with the team's determination, the team member shall attach to this report a written statement explaining his or her reason for disagreeing with the team's determination.