

DATA FOR POSSIBLE INITIAL EDUCATIONAL EVALUATION

DUBOIS-SPENCER-PERRY EXCEPTIONAL CHILDREN'S CO-OP

1520 ST. CHARLES STREET, SUITE 2
JASPER, IN 47546
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Initial Referral: _____ School Initiated _____ Parent Initiated (Copy of written request attached)
Preschool Referral Source: _____ First Steps _____ Parent _____ Physician _____ Other _____

Has this student been previously referred for speech or other educational evaluation? _____ No _____ Yes _____
(date)

Student Name _____ DOB _____

Student Test Number _____ Gender _____ Male _____ Female

Race/Ethnic (Check one below)
_____ American Indian or Alaskan Native _____ Asian or Pacific Islander _____ Hispanic _____ Black _____ White _____ Multiracial

Student's Primary Language _____ Parent's Primary Language _____

Grade _____ School _____ Teacher _____

Parent/Legal Guardian Name & Address _____

Parent Home Phone _____ Parent Work Phone _____ Cell Phone _____

Address if not living with parents _____

Parent email address _____

List Medical, Mental Health or Social Services personnel who have evaluated and/or provided services to this student, such as: physicians, therapists, counselors, or case workers. **INCLUDE RELEASE OF INFORMATION FORM #13.**

<u>Name</u>	<u>Agency</u>
1. _____	_____
2. _____	_____
3. _____	_____

Please check Suspected Educational Disability(ies)

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Developmental Delay (Early Childhood) | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Blind or Low Vision | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Other Health Impairment | |

Please identify the specific problems and concerns that cause you to suspect the education disability(ies) checked above:

How does this adversely affect the student's academic or functional progress?

What were the student's universal screening scores as compared to his peers?

1. What scientific research based interventions have been utilized to remedy this specific problem? Attach additional information.

a. Intervention: _____

Date: _____ Results: _____

b. Intervention: _____

Date: _____ Results: _____

2. Has student ever been retained? _____ What grades? _____

3. ++ **Attach copy of Grades, ISTEP+ Reports, Group Test Results, Notes from Intervention Team Meetings**++

COMPLETE SECTION 4 AND SECTION 5:

4. Please write the appropriate number for each skill below. Please attach any additional information:

Never-- 0 Rarely (25%)--1 Sometimes (50%)--2 Usually (75%)--3 Always (100%)--4

Individual Achievement:

- _____ a. Reading--achieves on above grade level
- _____ b. Written Expression--achieves on/above grade level
- _____ c. Math--achieves on or above grade level
- _____ d. Spelling--achieves on or above grade level

Self-Help Skills:

- _____ a. Starts work without prompting
- _____ b. Attends to personal appearance and grooming
- _____ c. Organized papers and materials effectively
- _____ d. Seeks help when uncertain

Motor Skills:

- _____ a. Writes with legible handwriting
- _____ b. Can cut and color (appropriate for age)
- _____ c. Can copy (appropriate for age)
- _____ d. Age appropriate gross-motor skills (running, jumping)

Attention / Behavior:

- _____ a. Attends to instruction
- _____ b. Thinks carefully before acting

- _____ c. Complies with school/classroom rules
- _____ d. Shows activity level appropriate for age

Daily Classroom Performance:

- _____ a. Completes assignments during class
- _____ b. Follows directions on assignments
- _____ c. Participates/asks questions
- _____ d. Completes and turns in homework

Speech/Language:

- _____ a. Articulates clearly when speaking
- _____ b. Uses vocabulary appropriate for age
- _____ c. Understands oral instructions
- _____ d. Speaks in complete sentences

Socialization:

- _____ a. Interacts well with peers
- _____ b. Is accepted by peers
- _____ c. Interacts appropriately with adults
- _____ d. Shows positive attitude toward school

5. DEVELOPMENTAL / FUNCTIONAL INFORMATION

Communication

Self-help

Motor Skills / Sensory

Socialization

Behavior/Attention

This form was completed by:

GENERAL EDUCATION TEACHER SIGNATURE

DATE