1st Name of Student: 
Language(s): 
1st Names of Parents: Mr & Mrs. (last initial) 
Address: XXXX…… 
Phone: XXX-XXX-XXXX 
Home School: 
Name of the Assessor: Your name 
Chronological Age: 
Birthdate: 
Grade: 
Sex: 
Assessments Utilized: 
Date of Initial IEP: 
Type of Service: (RSP, SDC, VI) 

Reason for Assessment 
X was referred for an initial assessment by ....... due to concerns regarding ....... The purpose of this assessment is to explore her/her educational needs and to determine whether he/she meets criteria for special education classification. (3-4 sentences maximum)

General Background & Information (1 paragraph) 
Things to consider: who lives with the student, youngest/oldest, any siblings, language spoken at home; history of disability? Brief school history, if repeated a grade or how long they have received Special Ed services. Include any relevant health and developmental history. Include relevant and pertinent information from review of records.

Interview Summary & Team Input 
Condense into 1-2 paragraphs – relevant information

Informal Assessment: 
Information regarding student progress was collected in the following domains: 
_________________. Information includes 
● Observation of classroom performance 
● Evaluate work samples 
Based on these assessments ________________________________. (Include a brief 1 paragraph summary) 
Informal Academic Assessments Given

Formal Assessment: 
Student was assessed using (which protocol). This assessment measures 
_________________. The student was given the ___________________ (subtests). Below is description of how the student performed in each subtest as well as an overall summary of the students’ performance.

● Include a copy of the Academic Score Report Table 
● Describe how these scores impact learning and classroom performance? 
● Identify the areas of suspected weaknesses.
**Overall Assessment Summary**
Using empirical evidence from formal and informal assessments, identify specific areas of performance the student demonstrated.

**Instructional & Program Recommendations**
Based on your findings, summarize the subject’s area of strengths and challenges in a way that both the teachers and the parents are able to support the student in other learning environments. Include accommodations. Instructional recommendations & IEP Goal Recommendations.

The test results are considered valid for the purposes of this assessment and are not due to environmental, cultural, or economic disadvantage.

__________________________________________________________________________  __________
Your Signature                                           Date

__________________________________________________________________________
Print Name & Title