**DISTRICT:**

**CHILD’S INFORMATION**

NAME:       ID NUMBER:

STREET:       GENDER:       GRADE:

CITY:       STATE: OH ZIP:

DATE OF BIRTH:

DISTRICT OF RESIDENCE: DISTRICT OF SERVICE:

     

**PARENT/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:

**TYPE OF EVALUATION:**

INITIAL EVALUATION  REEVALUATION

**DATES**

DATE OF MEETING:

DATE OF LAST ETR:

REFERRAL DATE:

DATE PARENT

CONSENT RECEIVED:

**ETR FORM STATUS**

(Check when complete)

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 (preschool or school age) that are included with this ETR form is required (Prior to PR-05 Parent Consent for Evaluation).

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 if 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. Complete the interventions summary for both initial evaluations and reevaluations per the instructions found on the form. 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 and 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. Complete the final text box in this section 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.

**SCHOOL-AGE EVALUATION PLANNING FORM**

DATE OF PLAN:        INITIAL EVALUATION  REEVALUATION

CHILD’S NAME:       ID NUMBER:       DATE OF BIRTH:

TEAM CHAIRPERSON:

TEAM MEMBERS:

SUSPECTED DISABILITY(IES):

|  |  |  |
| --- | --- | --- |
| **ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY(IES)** | **DATA FOR REVIEW** | **PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT** |
| Information Provided by Parent |  |  |
| General Intelligence |  |  |
| Academic Skills |  |  |
| Classroom-based Evaluations and Progress in the General Curriculum |  |  |
| Data from Interventions |  |  |
| Communicative Status |  |  |
| Vision |  |  |
| Hearing |  |  |
| Social Emotional Status |  |  |
| Physical Exam/General Health |  |  |
| Gross Motor |  |  |
| Fine Motor |  |  |
| Vocational/Transition |  |  |
| Background History |  |  |
| Observations |  |  |
| Behavior Assessment |  |  |
| Adaptive Behavior |  |  |
| Braille Needs |  |  |
| Audiological Needs |  |  |
| Assistive Technology Needs |  |  |
| Other: |  |  |

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) Parent/Guardian (Name/Date)

General Education Teacher (Name/Date) Intervention Specialist (Name/Date)

**PRESCHOOL EVALUATION PLANNING FORM**

DATE OF PLAN:        INITIAL EVALUATION  REEVALUATION  TRANSITION FROM PART C

CHILD’S NAME:       ID NUMBER:       DATE OF BIRTH:

TEAM CHAIRPERSON:

**SUSPECTED DISABILITY CATEGORY** (may check more than one)

|  |  |  |  |
| --- | --- | --- | --- |
| Autism | Emotional Disturbance | Multiple Disabilities | Specific Learning Disability |
| Deaf-blindness | Hearing Impairment | Orthopedic Impairment | Speech or Language Impairment |
| Deafness | Intellectual Disability | Other Health Impairment | Traumatic Brain Injury |
|  | | | Visual Impairment |
| Developmental Delay – If selecting only this category, the team has considered the disability categories above and determined that they are not applicable to the child. [See 3301-51-11 (C) (6) (b & d)](https://codes.ohio.gov/ohio-administrative-code/rule-3301-51-11) | | | |

**Note:** Each developmental area must be assessed using one of the methods/data sources listed and all methods/data sources must be used at least once.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SEE OPERATING STANDARDS** [**3301-51-11 (C) (3)**](https://codes.ohio.gov/ohio-administrative-code/rule-3301-51-11) | | | **ASSESSMENT METHODS/DATA SOURCES**  **(Indicate the position responsible for assessment and/or data collection, and report)** | | | | |
| **DEVELOPMENTAL AREAS**  **(Required for all)** | **EXISTING DATA AVAILABLE** | **ADDITIONAL DATA NEEDED** | Structured Interview | Structured Observations\* | Norm-Referenced Assessments | Criterion-Referenced Assessments | Data from Part C and/or Community or Preschool Program Provider\*\* |
| ADAPTIVE BEHAVIOR |  |  |  |  |  |  |  |
| COGNITION (including pre-academic) |  |  |  |  |  |  |  |
| COMMUNICATION |  |  |  |  |  |  |  |
| HEARING |  |  |  |  |  |  |  |
| VISION |  |  |  |  |  |  |  |
| SENSORY/MOTOR FUNCTIONING |  |  |  |  |  |  |  |
| SOCIAL/EMOTIONAL FUNCTIONING |  |  |  |  |  |  |  |
| BEHAVIORAL FUNCTIONING |  |  |  |  |  |  |  |
| **SPECIALIZED ASSESSMENTS:** Required in some situations, see [3301-51-06 (E)(3)(i)](https://codes.ohio.gov/ohio-administrative-code/rule-3301-51-06) and [3301-51-06 (H)](https://codes.ohio.gov/ohio-administrative-code/rule-3301-51-06) | | | | | | | |
| PHYSICAL EXAMINATION |  |  |  |  |  |  |  |
| VISION EXAMINATION |  |  |  |  |  |  |  |
| AUDIOLOGICAL EXAMINATION |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*\*Structured observations are required in more than one setting and during multiple activities.* [*3301-51-11 (C)(1)(b)*](https://codes.ohio.gov/ohio-administrative-code/rule-3301-51-11)

*\*\*Data from Part C only applies if the child is transitioning from Part C Early Intervention. Data from community or preschool program providers is required if the child attends such program in the past 12 months.* [*3301-51-06 (F)(1*](https://codes.ohio.gov/ohio-administrative-code/rule-3301-51-06)*)*

The Team has taken into consideration limited English proficiency in planning the assessments.

The Team has taken into consideration possible sources of racial or cultural bias in planning the assessments.

**SIGNATURES**

School District Representative (Name/Date) Parent/Guardian (Name/Date)

1

**INDIVIDUAL EVALUATOR’S ASSESSMENT**

Part 1 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  NORM-REFERENCED ASSESSMENTS

INTERVENTIONS

INTERVIEWS  CURRICULUM-BASED ASSESSMENTS  CLASSROOM-BASED ASSESSMENTS

REVIEW OF RECORDS AND RELEVANT  OTHER (Specify)

TREND DATA (SCHOOL RECORDS, WORK

SAMPLES, EDUCATIONAL HISTORY)

**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:

**Click the  for additional pages**

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.

**INITIAL EVALUATION:**

|  |
| --- |
|  |

**REEVALUATION:**

|  |
| --- |
|  |

**REASON(S) FOR EVALUATION:**

|  |
| --- |
|  |

**SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD:**

|  |
| --- |
|  |

**SUMMARY OF OBSERVATIONS:**

|  |
| --- |
|  |

**MEDICAL INFORMATION:**

|  |
| --- |
|  |

**SUMMARY OF ASSESSMENT RESULTS:**

|  |
| --- |
|  |

**DESCRIPTION OF EDUCATIONAL NEEDS:**

|  |
| --- |
|  |

**IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:**

|  |
| --- |
|  |

3

**SPECIFIC LEARNING DISABILITY**

**DOCUMENTATION FOR DETERMINATION**

**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 | 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Oral Expression | Reading Fluency Skills | Written Expression | Mathematics Calculation |
| Listening Comprehension | Reading Comprehension | Basic Reading Skill | 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 the 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.

|  |
| --- |
|  |

**D. EXCLUSIONARY FACTORS**

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

|  |  |
| --- | --- |
| A Visual, Hearing, or Motor Disability | Limited English Proficiency |
| Intellectual Disability | Environmental or Economic Disadvantage |
| Emotional Disturbance | Cultural Factors |

**E. DOCUMENTATION OF 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, a qualified personnel delivered appropriate instruction to the child in general education settings. Summarize the data the team used to document this requirement:

|  |
| --- |
|  |

2. Data-based documentation that the child's parent received about repeated formal assessments of student progress during instruction, done at reasonable intervals. Summarize the data-based information the team used 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 general classroom setting.

|  |
| --- |
|  |

**G. MEDICAL FINDINGS**

Describe the educationally relevant medical findings, if any.

|  |
| --- |
|  |

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 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 ELIGIBILTY 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 Rule 3301-51-01 (B)(10)](https://codes.ohio.gov/ohio-administrative-code/rule-3301-51-01) (Definitions) and [OAC Rule 3301-51-06](https://codes.ohio.gov/ohio-administrative-code/rule-3301-51-06) (Evaluations).

**Include** how the disability affects the child's progress in the general education curriculum.

|  |
| --- |
|  |

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 (Print)** | **TITLE**  **(No Abbreviations)** | **SIGNATURE** | **DATE** | **STATUS** |
|  |  |  |  | Agree  Disagree |
|  |  |  |  | Agree  Disagree |
|  |  |  |  | Agree  Disagree |
|  |  |  |  | Agree  Disagree |
|  |  |  |  | Agree  Disagree |
|  |  |  |  | Agree  Disagree |
|  |  |  |  | Agree  Disagree |
|  |  |  |  | Agree  Disagree |
|  |  |  |  | Agree  Disagree |
|  |  |  |  | Agree  Disagree |

**STATEMENT OF DISAGREEMENT**

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