ETR Evaluation Team Report

CHILD'S INFORMATION:			TYPE OF EVALUATION:
CHILD'S NAME:	ID NUMBER:		☐ INITIAL EVALUATION ☐ REEVALUATION
STREET:	GENDER:	GRADE:	DATES
CITY:	STATE: OH ZIP:		— DATES
DATE OF BIRTH:			DATE OF MEETING:
			DATE OF LAST ETR:
DISTRICT OF RESIDENCE:			REFERRAL DATE:
DISTRICT OF SERVICE:			DATE PARENTS CONSENT RECEIVED:
PARENTS'/GUARDIAN IN			
NAME:STREET:		ETI	R FORM STATUS
			PART 1: INDIVIDUAL EVALUATOR'S ASSESSMENT
	STATE: OH ZIP:		
HOME PHONE:	STATE: OH ZIP: WORK PHONE:		(Separate Assessment from each Evaluator)
HOME PHONE:	WORK PHONE:		
CELL PHONE:	WORK PHONE:EMAIL:		(Separate Assessment from each Evaluator) PART 2: TEAM SUMMARY PART 3: DOCUMENTATION FOR DETERMINING THE
	WORK PHONE:EMAIL:		(Separate Assessment from each Evaluator) PART 2: TEAM SUMMARY
CELL PHONE:	WORK PHONE:EMAIL:		(Separate Assessment from each Evaluator) PART 2: TEAM SUMMARY PART 3: DOCUMENTATION FOR DETERMINING THE EXISTENCE OF A SPECIFIC LEARNING DISABILITY
CELL PHONE: NAME: STREET:	WORK PHONE: EMAIL: STATE: OH ZIP:		(Separate Assessment from each Evaluator) PART 2: TEAM SUMMARY PART 3: DOCUMENTATION FOR DETERMINING THE EXISTENCE OF A SPECIFIC LEARNING DISABILITY PART 4: ELIGIBILITY

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.

E	ΓR	Evaluation	Team	Report
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EVALUATION PLANNING FORM (Required) School Age Disability Determination CHILD'S NAME: DATE OF PLAN: **ID NUMBER:** DATE OF BIRTH: REEVALUATION **TEAM CHAIRPERSON:** SUSPECTED DISABILITY: **TEAM MEMBERS FURTHER** ASSESSMENT AREAS RELATED TO SUSPECTED DATA PERSON RESPONSIBLE FOR ASSESSMENT AND **TESTING** AVAILABLE1 DISABILITY(IES) **REPORT** NEEDED2 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 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. Other: 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)

E^{T}	ΓR	Evaluation	Team	Report
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Preschool Eligibility Detern	nination				- · · · · ·	DI ANI	
CHILD'S NAME:ID NUMBER:					DATE OF	PLAN:	
DATE OF BIRTH:] INITIAL EVALUATI	ON
						REEVALUATION	
ΓΕΑΜ CHAIRPERSON:				_		TRANSITION FRO	OM PART C
SUSPECTED DISABILITY:							
EAM MEMBERS							
IOTE:							
Each domain must be assessed of The areas related to the suspect om "Help Me Grow"**). Refer to the	ed disabili	ty must b	e assessed using all th	ne methods listed (data	from early intervention	on only applies if the c	hild is transitionii
ASSESSMENT AREAS	EXISTING DATA AVAILABLE	ADDITIONAL DATA NEEDED	STRUCTURED INTERVIEW	STRUCTURED OBSERVATIONS *	STANDARDIZED NORM- REFERENCED ASSESSMENTS	CRITERION- REFERENCED/ CURRICULUM- BASED ASSESSMENTS	DATA FROM PART C**
ACKGROUND (PR-04)							
ADAPTIVE BEHAVIOR							
COGNITION							
COMMUNICATION							
HEARING							
/ISION							
RE ACADEMIC SKILLS							
GROSS/FINE MOTOR							
OCIAL/EMOTIONAL EHAVIORAL							
MEDICAL/HEALTH							
Observations are in more than o	ne setting	and in m	ultiple activities.	•			•
The team has taken into c child with a disability.	onsiderat	tion limit	ed English proficie	ncy in planning this	assessment and det	ermining eligibility	as a preschool
The team has taken into c	onsiderat	tion poss	sible sources of raci	al/cultural bias in pla	anning the assessme	ents.	
SIGNATURES							
School District Representa	tive (Nam	e/ Date)		Parent (Na	me/ Date)		
 General Preschool/Regular				_	Special Education T		

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PRESCHOOL EVALUATION PLANNING FORM (Required)

Preschool Eligibility Determination

The following chart can assist the team **planning for assessments and determining eligibility**. Additional data beyond what is necessary for eligibility may be collected and reviewed for programming purposes

Suspected Disability:														
Autism (AUT)	Cognitive				isability	(CD)		Deaf- Blindness (DB)						
☐ Deaf	Emotional Dist				Disturba	ance (ED) Hearing Impairment (HI)								
Multiple Disabilities (MD)			Ort	hopedic	Impair	ment (Ol	⊣)		Otl	ner Healt	th Impai	irment (0	OHI)	
Speech or Language Impair	ment (S	/L)	Spe	ecific Lea	rning D	isability	(SLD)		Tra	umatic E	Brain Inj	ury (TBI)		
Visual Impairment (VI)			De De	velopme	ntal De	lay (DD)								
Based upon the suspected disability	, the follo	owing are	eas shoul	d be cons	idered ir	n planning	g the eva	luation. T	he team	determin	es the as	sessment	plan.	
	Related	d to disa	ability o	ategory	, [Other a	areas re	comme	ended				
ASSESSMENT AREAS	AUT	CD	D/B	DEAF	ED	НІ	MD	ОН	ОНІ	SLD	S/L	TBI	VI	DD ²
PREVIOUS INTERVENTIONS														
COGNITION ¹				0	0	0	0	0	0				0	
PREACADEMIC SKILLS ³														
HEARING ⁴	0	0			0		0	0	0	0	0		0	
AUDIOLOGICAL				0							0			
VISION ⁴	0	0		0	0	0	0	0	0	0				
ADAPTIVE BEHAVIOR					0		0	0						
COMMUNICATION		0			0		0	0						
ORAL EXPRESSION														0
LISTENING COMPREHENSION														0
WRITTEN EXPRESSION										0			0	
GROSS MOTOR SKILLS		0			0	0	0		0				0	
FINE MOTOR SKILLS		0			0	0	0		0					
SOCIAL FUNCTIONING							0			0		0		
EMOTIONAL STATUS	0											0		
BEHAVIORAL STATUS	0						0		0			0		
PHYSICAL/MENTAL/HEALTH	0	0			0									

A preschool child is determined eligible because of a disability that (1) adversely affects the child's performance and ability to participate in developmentally appropriate activities and therefore, (2) the child is in need of special education and related services.

Eligibility in a disability category other than developmental delay must be determined first. If the child is eligible with a disability category of speech/language impairment, cognitive disability or emotional disturbance, the team may choose to use the term developmental delay without any further assessments. If the child does not meet the criteria for any of these disability categories, the team is to consider developmental delay. Developmental Delay means the child has a disability in one or more of the following areas of development: physical, cognitive, communication, social or emotional, or adaptive. A developmental delay is substantiated by a delay of 2.0 standard deviations below the mean in one area of development or 1.5 standard deviations below the mean in two areas of development. The standard deviation cannot be the sole factor in determining the child has a disability. If a child does not meet the standard deviation requirement, the team can still determine that the child has a developmental delay; this does not mean that norm-referenced assessments can be bypassed.

A preschool child with a disability is at least age three and not of compulsory school age. A child's age is determined as of the district entry date. Eligible children who are age three can enter the program on the third birthday whenever that occurs during the year. A child who will be three as of December 1 of the school year can begin earlier than the third birthday. The IEP team must consider kindergarten for a child who will be age five as of December 1. If a child is age six as of district's entry date, the child is no longer a preschooler and must be enrolled in kindergarten (compulsory attendance begins at age six and children are required to have developmentally appropriate kindergarten experience before first grade).

There are different types of assessments that may be used for different reasons. IDEA (P.L.108-448, 2004) does not permit screening to be used for evaluation purposes or for eligibility determinations. Screenings however can indicate a need for further assessment.

¹Intelligence quotient required for a cognitive disability only.

 $[{]f 2}$ All possible areas for developmental delay are noted. The team will decide the areas to be assessed for eligibility.

³Preacademic skills are related to content standards and basic functional skills for preschoolers and provide information on current level of performance.

⁴Vision and hearing screening are part of the basic requirements for entry into program, just like kindergarten, and are part of the Early Learning Program Guidelines,

CHILD'S NAME:	ID NUMBER:	DATE OF BIRTH:
1 INDIVIDUAL EVALUATOR'S Section to be completed by each indivi		
EVALUATOR NAME:		
DOCUTION		
AREAS OF ASSESSMENT:		
ndicate the area(s) that were assessed by the ev	aluator in accordance with the evaluation pla	n.
EVALUATION METHODS AND STRA ndicate the types of assessment strategies		ild'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)	
DESCRIPTION OF EDUCATIONAL NEEDS:		
IMPLICATIONS FOR INSTRUCTION AND PRO	DGRESS MONITORING:	
Evaluator's Signature:		Date:

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

2	TEAM SUMMARY
	Camabina all Dant 1 aliani

INTERVENTIONS SUMMARY	
Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part	of t

Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary
INTERVENTIONS 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:		
SUMMARY OF ASSESSMENT RESULTS:		
DESCRIPTION OF EDUCATIONAL NEEDS:		
IMPLICATIONS FOR INSTRUCTION AND PRO	GRESS MONITORING:	

	ID NUMBER:	DAT	E OF BIRTH:	
DOCUMENTATIO A SPECIFIC LEARI	N FOR DETERMINING THE NING DISABILITY	EXISTENCE OF		
		ild's response to scientific, resea aluation:	ırch base	d intervention, indica
would be collected an	garding the amount and nature c nd the general services that would o Educational Agencies serving C	•	∐YES	□NO
Strategies for increasi	ng the child's rate of learning		□YES	□NO
The parents right to re	equest an evaluation		∐YES	□NO
ction A must be completed her Section B or Section C n				
ild's age or state-approved Oral Expression	grade level standards. Reading Fluency Skills	Written Expression	☐ Math	nematics Calculation
Listening Comprehension		Basic Reading Skill	_	nematics Problem solving
sessment information shou		if the evaluation team used a pro er the child has a specific learning		

D'S NAME:	IDI	NUMBER:	DATE OF BIRTH:
EXCLUSIONARY FACE evaluation team has det	CTORS termined that its findings a	are NOT primarily the res	ult of:
☐ A Visual, He	aring, or Motor Disability	Limited English	Proficiency
☐ Mental Reta	nrdation	Environmental of	or Economic Disadvantage
☐ Emotional □	Disturbance	Cultural Factors	
ardless of the process us	ed to identify a child as ha	ving a specific learning o	ACK OF APPROPRIATE INSTRUCTION disability, the team must ensure that the child's math by considering the following information
general education s	rate that prior to, or as par settings, delivered by qual a used by the team to doc	ified personnel.	the child was provided appropriate instruction i
assessment of stud	entation of repeated asses ent progress during instru a-based documentation u	ction, that was provided	
	emic performance and beh regular classroom setting.	avior in the areas of diffi	culty as observed in the child's learning
marize the child's acade		avior in the areas of diffi	culty as observed in the child's learning
marize the child's acade		navior in the areas of diffi	culty as observed in the child's learning
marize the child's acade		navior in the areas of diffi	culty as observed in the child's learning

ETR Evaluation Team Report			
CHILD'S NAME:	ID NUMBER:	DATE OF BIRTH:	

4	ELIGIBILITY
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ELIGIBILITY DETERMINATIONIt 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:

Provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility

BASIS FOR ELIGIBILITY DETERMINATION: (or Continued Eligibility)

ria as defined in OAC 3301-51-01 (B)(10) (Definitions) and OAC 3301-51-06 (Evaluations). Include how the disability affect s progress in the general education curriculum.					anect	

ETR Evaluation Team Report				
CHILD'S NAME:	ID NUMBER:	DATE OF BIRTH:		
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
	Doront			Agree
	Parent			Disagree
				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 shall attach to this report a written statement explaining his or her reason for disagreeing with the team's determination.