

# ETR Evaluation Team Report

DISTRICT: \_\_\_\_\_

## PRESCHOOL EVALUATION PLANNING FORM (Required)

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 \(C\) \(6\) \(b & d\)](#)

**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 <a href="#">3301-51-11 (C) (3)</a>			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	<input type="checkbox"/>	<input type="checkbox"/>					
COGNITION (including pre-academic)	<input type="checkbox"/>	<input type="checkbox"/>					
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>					
HEARING	<input type="checkbox"/>	<input type="checkbox"/>					
VISION	<input type="checkbox"/>	<input type="checkbox"/>					
SENSORY/MOTOR FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
SOCIAL/EMOTIONAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
BEHAVIORAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
<b>SPECIALIZED ASSESSMENTS:</b> Required in some situations, see <a href="#">3301-51-06 (E)(3)(i)</a> and <a href="#">3301-51-06 (H)</a>							
PHYSICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
VISION EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
AUDIOLOGICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

\*Structured observations are required in more than one setting and during multiple activities. [3301-51-11 \(C\)\(1\)\(b\)](#)

\*\*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 \(F\)\(1\)](#)

- 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)