DISTRICT:       NAME:       ID NUMBER:       DATE OF BIRTH:

 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: