

ETR Evaluation Team Report

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

- | | | |
|--|---|--|
| <input type="checkbox"/> OBSERVATIONS | <input type="checkbox"/> SCIENTIFIC, RESEARCH-BASED INTERVENTIONS | <input type="checkbox"/> NORM-REFERENCED ASSESSMENTS |
| <input type="checkbox"/> INTERVIEWS | <input type="checkbox"/> CURRICULUM-BASED ASSESSMENTS | <input type="checkbox"/> CLASSROOM-BASED ASSESSMENTS |
| <input type="checkbox"/> REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY) | <input type="checkbox"/> OTHER (Specify) _____ | |

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: _____