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)](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)