

Evaluation Team Report (ETR) Part 2 – Summaries and Eligibility

Opening slide: This is the School Age Essential ETR Module, Part 2. This presentation provides an overview of the requirements for summaries of assessments on the Evaluation Team Report and determining eligibility for special education services under IDEA.

All determinations of eligibility must be based upon multiple assessments and whether the child can access the general education curriculum without special education services. Lack of progress in the curriculum, poor behavior, or a medical diagnosis are not reasons to determine eligibility.

Slide 2: Summary of Interventions

All previous interventions used, including strategies used in a childcare environment, should be included. The summary of interventions is required for preschool children if the child, previously received services under Part C and/or Part B of IDEA or is being evaluated under the suspected disability category of specific learning disability.

This part is very important for initial evaluations. The ETR must contain a summary of the specific interventions provided to the child. If interventions have not been provided prior to referral, interventions can be done at the same time as the evaluation is being conducted.

Remember: Interventions may continue to be provided once the initial evaluation process has begun, but the ETR may not be delayed in order to complete interventions. The 60-day timeline from the receipt of the written parental consent to the completion of the initial evaluation may not be exceeded due to the desire to complete current interventions.

The data from interventions provided in an initial evaluation will be documented on the PR-04.

This area in Part 2 must also be included in reevaluations if interventions were implemented. There are separate spaces for the initial evaluation summaries and the reevaluation intervention summaries on the ETR form.

Slide 3 –Summary of Interventions

Using the information provided on the PR-04, Referral for Evaluations, you can complete the summary of intervention for an initial evaluation, this summary must include:

1. The specific research-based or evidence-based intervention(s) provided.
2. The length of time the interventions were provided -- the number of weeks or months during which each intervention protocol was provided.
3. The intensity refers to **how often** interventions were applied and **how many minutes** each intervention session lasted.
4. The results of the intervention(s) **compared to the baseline** at the beginning of the interventions, or the pre-test. For instance, on a timed reading fluency test, the student read

an average of 33 words per minute at the start of the intervention compared to an expected grade level performance of 80 words per minute. At the end of the intervention period (6 weeks), the student was reading an average of 46 words per minute.

5. The decision made as a result of the interventions includes adequate progress or lack of progress based upon all data collected. Then, did the team decide to refer the child for an evaluation or to continue the interventions in some other form, and why the team made that decision.

Slide 4: Summary of Interventions – Reevaluations

Specially designed instruction as described in the IEP does not need to be summarized in this Part. However, this summary does need to be completed for all reevaluations ***if a child is receiving other specific interventions*** that are not documented in the IEP.

A child who is receiving specially designed instruction for an identified area of disability may receive additional interventions in other subject areas where specially designed instruction is not indicated but where the student has needs. These interventions must also be summarized on the reevaluation.

Please note: if no interventions were provided, there must be a statement to that effect in this Part.

Slide 5: Reason(s) for Evaluation

The reason for an evaluation should be more than a statement that a reevaluation must occur every three years by law. It should refer to the need to determine a continued qualification as a child with a disability or to determine if the child qualifies through an initial evaluation based upon referral information.

Slide 6: Summary of Parent Information

The next area summarizes information provided by the parent.

The Operating Standards state: *Data and information provided by the parent of the child are required to be addressed and may become a component of any initial evaluation or reevaluation upon team agreement.*

If information provided by the parent is listed on the ETR planning page, the information must appear in Part 1 and be summarized in Part 2 of the ETR. It should list relevant content relating to the student's background, medical history, strengths and needs for the purpose of the evaluation process. If this information is provided through an interview, checklist or questionnaire, the relevant information must be summarized in the Summary of Assessment in Part 1 by the person responsible for gathering that data.

Slide 7: Observations

Summaries of observations by teachers and related service providers are required for all initial evaluations and reevaluations for all disability categories as identified on the planning form. The data should quantify the child's performance in terms of frequency, duration and intensity.

The observation should include a summary of the child's academic performance and behavior in the areas of suspected disability as observed in the child's learning environment, including the general education setting. Each observation conducted must be documented in Part 1 of the ETR by a licensed teacher or related service provider.

Preschoolers or children who are out of school for medical or disciplinary reasons should be observed in an environment appropriate for a child of that age and familiar to the child.

Observations for initial evaluations and reevaluations cannot be conducted without informed parental consent (PR-05).

Classroom based observations should take place in the typical learning environment and not in an assessment situation (such as in the psychologist's office during standardized testing). Ideally, they would be conducted by someone other than the person delivering instruction so the observer can take clear notes on both the instruction and the student's behaviors. It is also ideal if observations occur in multiple situations (subject/setting/instructor)

Observations **may not** occur during actual testing or assessment procedures. Observations must be done in the setting where the behavior or skill in question is most likely to occur or present itself. The observation must be relevant to the suspected disability. They must occur in the child's natural learning environment and be current.

Slide 8: Current Observations

"Current" classroom-based observations and observations by teachers and related service providers may already exist for a child, since many teachers and related service providers use observations as a method to collect progress monitoring data for annual goals.

The word "current" is not defined in the state or federal rules, but, in general, would be considered by the IEP team to be an observation conducted during the current school year, or at least done within the past 12 months. IEP teams should always use the most current assessment data for evaluations, and must consider the relevancy and validity of older assessments.

Slide 9: Medical Information

The focus in this Part is on information that is educationally relevant and current.

It may be important to reference medical history if it impacts current functioning (For example, traumatic brain injury), or will require related services support (for example, orthopedic support or other devices).

If the child has a history of hospitalization or out-patient treatment, this information should be included in the medical information as it potentially affects behavior or learning.

Information about the child's medical condition should include concerns or conditions that could affect the child's ability to participate in the general education curriculum and in any other type of school activity such as recess, lunch time, emergency drills or extra-curricular activities.

Include any medications or over-the-counter substances that may be administered during the school day or at home that may impact educational performance.

Any medical procedures that may be required during the school day must be addressed to include a specific description of the procedure requirements, what medications or equipment are required, who is authorized and trained to provide the medical procedure or assistance, when it is to be provided – how often or under what circumstances, and any other pertinent details related to the student's medical needs.

This part would also explain any specific needs for medically related assistive technology.

Please note: A medical diagnosis alone is not sufficient to support an eligibility determination. All determinations of eligibility must be based upon multiple assessments and whether the child can access the general education curriculum without special education services.

Educationally relevant medical information must be summarized in Part 1 and in Part 2.

Slide 10: Classroom-Based Evaluations

Classroom-based evaluations and Progress in the General Curriculum Part 1s can be completed by General education teachers as well as any intervention specialist who is working with the student to provide the needed information for this assessment. This information must be completed in a Part 1 using the title of the assessments as Classroom based evaluation and Progress in the general Curriculum.

If this information is provided through an interview, checklist, or questionnaire, you must provide a summary of all the answers, comments or areas checked off on the checklist.

Descriptions of educational needs as well as Implication for instruction and progress monitoring will also need to be completed.

This form is very beneficial to the member of the team who is requesting it, so timely completion and proper documentation is paramount.

Slide 11: Data from Interventions

Data from interventions must be noted for every evaluation. Any student being assessed for an initial evaluation should be receiving interventions. The interventions should be noted as to what is working and not working. This will guide the IEP team in what interventions to continue or not use as part of the Specially Designed Instruction or accommodation. If a student already has an IEP and is making adequate progress, during the reevaluation, interventions can include the services/ interventions (Specially Designed Instruction, other services or accommodations) the student receives under the current IEP with evidence that they are enough to assist the student in making adequate progress in the curriculum, along with the statement: “No Additional interventions are needed at this time beyond the current IEP services since the student continues to make adequate progress in the curriculum given these interventions.” However, if the student is not making adequate progress additional interventions should be put into place and monitored. In this case the additional interventions to be trialed should be noted in the ETR along with interventions that have been trialed but unsuccessful.

Slide 12: Summary of Assessment Results

The summary of all assessment results should include:

- A summary of the key findings across all areas assessed or reported – those should not be just a re-statement of every assessment/observation result from Part 1;
- The relationship of the results to the referral and suspected disability; and
- A description of the child’s performance compared to specific and measurable baseline data, as appropriate

The summary needs to be stated in language that is understandable to all team members, including the parent.

The summary should describe the child’s strengths and areas of concern to develop effective interventions and describe conditions or limitations that impact the validity of the results identified.

Limit the use of percentile scores, stanine scores, standard scores, along with charts and graphs.

Slide 13: Description of Educational Needs

This is a summary of how the child qualifies for special education services and/or related services. The needs in this section will tie directly to the implications for instruction. The description needs to contain enough specific information about the child that will allow accurate supports and services to be identified.

This description should:

- Include relevant strengths and weaknesses from all Part 1s completed (see previous module for detailed information);

- Be clear and concise;
- Include the child’s current skills and functional levels;
- Explain how the child may experience difficulty in accessing or making progress in the general education curriculum;
- Be in language that is understandable to all team members including the parent;
- Provide direction for access to the general education curriculum; and
- Consider the results of the interventions provided to the child prior to the initial evaluation.

Please remember: These are suggested educational needs. Be careful not to predetermine services.

Slide 14: Implications for Instruction and Progress Monitoring

The Implications for Instruction and Progress Monitoring section should be clearly described in this section of the ETR. This must include how progress will be monitored in relation to goals and services.

This section provides a summary of proposed supports and services to address the child’s educational and functional needs.

It is important to describe the instruction or services individualized to the student’s needs, not just a standard list of accommodations or modifications.

The ETR team must include suggestions or recommendations for progress monitoring and data collecting procedures. Consider using words such as “may benefit”, “might”, “might need”, when suggesting implications for instruction so they may not be interpreted as predetermination.

Slide 15: A Qualified Team

For Initial Evaluations, this group includes:

1. Parent
2. A group of qualified professionals that includes;
 - The child’s general education teacher.
 - Person qualified to conduct individual assessments and interpret the results of those assessments. (Such as a School Psychologist)
 - District Representative, who is;
 - i. Qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - ii. Knowledgeable about the general education curriculum; and
 - iii. Knowledgeable about the availability of resources of the school district.
3. Additional group members for determining a specific learning disability (SLD) would include:
 - The child’s general education teacher; or If the child does not have a general education teacher, a general education classroom teacher qualified to teach a child of his or her age; or

- For a child of less than school age, an individual qualified by the State Educational Agency (SEA) to teach a child of his or her age; and
 - At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist or remedial reading teacher, and finally
5. When appropriate, the child.

Slide 16: Qualified Team – Reevaluations

For Reevaluations, the IEP team is the Qualified Team, which includes:

1. Parent
2. General Education Teacher
3. Special Education Provider
4. An individual who can interpret the instructional implications of evaluation results
5. District Representative who is:
 - Qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - Knowledgeable about the general education curriculum; and
 - Knowledgeable about the availability of resources of the school district
6. At the discretion of the parent or the school district, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
7. Whenever appropriate, the child with a disability

If the child does not have a general education teacher during the school day, a general education teacher is not a required team member. This should be noted on the ETR signature page.

If related services are provided to the child or are indicated in the ETR, the related service personnel should be part of the ETR team.

Any team member who is not in agreement with the team's determination of disability shall submit a statement of disagreement.

Slide 17: Part 4 – Eligibility Determination

A group of qualified professionals and the parent determine whether the child is a child with a disability.

The team must verify that the determining factor for the child's poor performance is NOT the result of a lack of appropriate instruction in reading or math, or limited English proficiency. The team has determined that the presence of the disability adversely affects the child's progress in the general education curriculum.

The child must meet the eligibility criteria for the disability category under consideration, and the child must require specially designed instruction, not just accommodations, to access the general education curriculum.

Slide 18: Basis for Eligibility Determination

The team must provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in the Operating Standards.

This cannot be just a copy and paste from the disability category description. This is a culmination of all the components within the ETR to create a final summary describing how the student meets or does not meet the eligibility criteria as defined in OAC Rule 3301-51-01 (B)(10) (Definitions) and OAC Rule 3301-51-06 (Evaluations). The summary ***must also include*** how the disability affects the child's progress in the general education curriculum.

Slide 19: Part 5 – Signatures

This is where the team members sign the ETR. The ETR signature page must include the date of the meeting, the date of the last ETR (for reevaluations) and the date of the referral for evaluation.

All team members must indicate agreement with the determination or submit a statement of disagreement.

The school district must provide a copy of the evaluation team report and the documentation of determination of eligibility or continued eligibility to the parents prior to the next IEP meeting and in no case later than **14 days** from the date of eligibility determination (Operating Standards 3301-51-06 (G)(1)(b)).

Slide 20: IEP Reviewed after a Reevaluation

The language in 3301-51-07, sections (L)(1) and (L)(2) for the development, review and revision of the IEP state that the IEP team must review and revise the IEP, as appropriate, to address the results of any reevaluation.

The rule does not define a specific time frame for completing this review¹ and revision (as appropriate) of the IEP after a reevaluation. However, OEC guidance, founded upon continuous practice over many years, recommends that this review and revision be conducted within 30 calendar days of the date of the most recent reevaluation. And this would include sending a prior written notice (PR-01) to the parents explaining why the review was done, what was considered in this IEP review and the date it was done.

Of course, if the district decides that the IEP should be ***revised*** as a result of the reevaluation, then an IEP team meeting or an IEP amendment process must take place to address the proposed revision.

Slide 21

Closing Slides

For more information, please visit:

<https://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/Operational-Standards-and-Guidance>

<https://education.ohio.gov/Topics/Special-Education>

For further support, contact your State Support Team (SST). To find your SST, please visit:

<http://education.ohio.gov/Topics/District-and-School-Continuous-Improvement/State-Support-Teams>