

Aiken County Public Schools

Evaluation Plan and Prior Written Notice of Evaluation/Reevaluation

Child's Full Name _____ School _____

Is the child currently identified as disabled and receiving special education services? _____

I. Description/explanation of proposed action – The school district proposes to conduct an individual evaluation of this child. The purpose of the evaluation is to determine the child's educational needs and whether the child is, or continues to be, a child with a disability.

II. Review of existing information – Listed below is each evaluation procedure, assessment, record, or report this team has reviewed and used in determining whether additional information is necessary in order to conduct the evaluation.

- Documentation of English proficiency
- Grades
- Work samples
- Local and state assessments
- Classroom-based assessments
- Attendance record
- Educational history
- Demographic, developmental, medical history (*attach notes from this meeting if form not completed*)
- Medical records (*specify date and source*) _____

- Vision screening
- Hearing screening
- Speech-language screening
- Discipline record
- Behavior log / Anecdotal records
- Functional behavior assessment
- Observations (*attach written documentation or notes from this meeting*)
- Interviews (*attach written documentation or notes from this meeting*)
- Documentation of interventions
- 504 Plan
- Individualized Education Program
- Individualized Family Service Plan
- Existing evaluations (*specify date and source*) _____

Other parental input _____

- Other _____
- Other _____
- Other _____

III. Description of any other actions or choices the team considered and the reasons why those choices were rejected: _____

IV. Description of other reasons why the school district proposes to conduct an evaluation:

V. The review of existing information indicates that there are concerns in the following areas:

- Cognitive/intellectual processing skills
- Academic achievement
- Functional academic skills
- Behavioral, social, and/or emotional functioning
- Adaptive functioning
- Physical health
- Development
- Vision
- Hearing
- Speech, language, and/or communication skills
- Motor skills
- Sensory functioning
- Lack of appropriate instruction
- English proficiency
- Transition and/or vocational skills
- Other _____

VI. Determination of need for additional information - After reviewing existing information, team members have determined that: *(check only one)*

- No additional information is needed in order to conduct an evaluation. Existing information will be used to complete the evaluation and to determine eligibility and needs. Proceed to section VIII.
- Additional information is needed in order to conduct an evaluation. See next section.

VII. Additional Information Needed / Evaluation Plan

<i>Need</i>	<i>Evaluation Component / Area of Evaluation</i>	<i>Title of Team Member Responsible for Obtaining</i>
	School records:	
	Demographic, health, developmental and education history	Parent/Caregiver
	Documentation or assessment of English language proficiency:	
	Medical records:	
	Existing evaluations:	

	Observation:	
	Interview:	
	Vision screening	
	Hearing screening	
	Speech-language screening	Speech therapist
	Documentation of appropriate instruction in reading:	
	Documentation of appropriate instruction in math:	
	Documentation of academic interventions and results of progress monitoring:	
	Functional behavioral assessment (determining what causes or maintains a behavior)	
	Behavior log/Anecdotal records:	
	Documentation of behavioral interventions and results of progress monitoring:	
	Comprehensive developmental evaluation (cognition, communication, motor, activities of daily living, social/emotional maturity)	
	Intelligence assessment (problem solving and processing)	Psychologist
	Adaptive behavior assessment (personal and functional skills necessary for independence)	
	Behavior rating scales (social, emotional, behavioral functioning):	
	Personality measure	Psychologist
	Preacademic, academic, or functional academic achievement OR developmental skills assessment Areas: ___ Preacademic skills ___ Functional academic skills ___ Developmental skills assessment ___ Oral expression ___ Listening comprehension ___ Written expression ___ Basic reading skill ___ Reading fluency skills ___ Reading comprehension ___ Mathematics calculation ___ Mathematics problem solving ___ Other:	
	Autism rating scale	
	Written report of audiological evaluation	
	Medical history documenting chronic middle ear infection	
	Receptive and expressive communication skills in preferred mode	Hearing teacher
	Written report of visual examination	
	Functional vision (use of vision in environment)	Vision teacher
	Literacy media and braille skills	Vision teacher
	Vision specific skills (developmental visual skills)	Vision teacher

	Functional communication (communication skills in the school setting)	Speech therapist
	Oral peripheral examination (structure and function of mouth)	Speech therapist
	Articulation (production of sounds)	Speech therapist
	Language (receptive, expressive, social)	Speech therapist
	Speech fluency (rhythm, rate, fluency)	Speech therapist
	Voice (pitch, intensity, quality, resonance)	Speech therapist
	Language pragmatics (language in social situations)	Speech therapist
	Documentation of physical functioning (for TBI)	
	Behavior assessment (for TBI)	
	Assessment of language processing and use, memory, attention, reasoning, abstract thinking, judgment, problem-solving skills, auditory perception, visual perception (for TBI)	Psychologist and Speech therapist
	Visual-motor skills	
	Fine motor skills (small muscle movements)	Occupational therapist
	Sensory functioning (processing information from the environment taken in by the senses)	Occupational therapist
	Self-care skills	Occupational therapist
	Gross motor skills (large muscle movements)	Physical therapist
	Assessment of communication, adaptive, and social skills to determine need for applied behavior therapy or social behavior therapy	
	Assessment of child's need for assistive technology (devices and services that assist the child in adapting to and/or accessing educational instruction and settings)	
	Assessment of child's need for orientation and mobility training (services for children with visual impairment that assist them in navigating the educational environment)	
	Assessment of child's interests and preferences regarding postsecondary outcomes for the purpose of determining transition needs	
	Other:	

VIII. Evaluation Schedule (check only one)

_____ This is an initial evaluation and will be completed within 60 days of receipt of written parental consent to evaluate.

_____ This is an evaluation for transition from Part C to Part B and will be completed prior to the child's third birthday.

_____ This is a reevaluation. The team has decided that the evaluation will be completed by

_____ Date

