

OCR Partnership Agreement Monitoring 2010-11

Form revised August 25, 2010

Complete this form for each student who between 7-1-10 and 6-30-11 is:

1. Newly classified as having a Mild Mental Disability, whether through initial evaluation or reevaluation
2. Classified as Mild MD and is receiving his/her first triennial reevaluation since initial classification as Mild MD

Child's Last, First Name: _____ Age: _____ Race: _____ Sex: _____

Grade: _____ School: _____

Date of Eligibility Determination: _____ Psychologist Who Attended Eligibility Meeting: _____

Was this child already identified as disabled at the time of this evaluation? No Yes

If yes, list all disabilities at the time this evaluation was planned: _____

Did the child's disabilities change as a result of this evaluation? No Yes

If yes, list all disabilities identified following the evaluation: _____

If evaluation resulted in initial or continued placement as Mild MD, the eligibility team verified that there is documentation that the mental disability adversely affects educational performance: No Yes

INTELLECTUAL FUNCTIONING

Assessment Instrument:

Composite/FS IQ: _____ \pm SEM

Verbal IQ: _____ \pm SEM

Nonverbal IQ: _____ \pm SEM

(Type in here other factor/area scores and SEMs if given, or delete this line)

If both verbal and nonverbal scales are not at least two standard deviations below the mean (+/- SEM), a supplementary measure of intellectual functioning must be administered, and the results must support placement. Report scores of supplementary measure below.

Supplementary Assessment Instrument:

Composite/FS IQ: _____ \pm SEM

Verbal IQ: _____ \pm SEM

Nonverbal IQ: _____ \pm SEM

(Type in here other factor/area scores and SEMs if given, or delete this line)

Results of Previous IQ Measures:

Instrument: _____ Date Administered: _____

Composite/FS IQ: _____ \pm SEM

Verbal IQ: _____ \pm SEM

Nonverbal IQ: _____ \pm SEM

OCR DATA FORM 08-09

ACHIEVEMENT

Assessment Instrument(s):

- Basic Reading SS: ± SEM
- Reading Comprehension SS: ± SEM
- Reading Fluency SS: ± SEM
- Math Calculation SS: ± SEM
- Math Problem Solving SS: ± SEM
- Written Expression SS: ± SEM
- Oral Expression SS: ± SEM
- Listening Comprehension SS: ± SEM

(Type in any other results here, or delete this line)

If all scores are not consistently, significantly subaverage, provide explanation/rationale of IEP team to support placement. Attach written documentation from the eligibility meeting (statement on MDT report or in conference minutes.)

ADAPTIVE BEHAVIOR

Assessment Instrument:

Respondent Name and Relationship to Child:

Composite score: ± SEM

If composite score is not at least two standard deviations (+/- SEM) below the mean, provide justification/rationalization from the IEP team for gathering additional information:

Additional Assessment Instrument:

Respondent Name and Relationship to Child:

Composite score: ± SEM

If the parent/primary caregiver was not the informant, provide justification:

OCR DATA FORM 08-09

Folder Review - At Risk for Disproportionality

Aiken County has been determined to be at risk for disproportionate representation of black students as Mild MD. For any black child newly identified as Mild MD (whether through initial evaluation or reevaluation), you must verify whether the following evaluation requirements were met. Write yes or no in each blank and sign at the bottom.

- _____ The district used a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information including information provided by the parent that may assist in the determination of eligibility.
- _____ The district did not use any single measure or assessment as the sole criterion for the determination of eligibility.
- _____ The district used technically sound instruments that assessed the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
- _____ Assessments and other evaluation materials used to assess the child were selected and administered so as not to be discriminatory on a racial or cultural basis.
- _____ Assessments and other evaluation materials used to assess the child were provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it was clearly not feasible to do so, to provide, or to administer.
- _____ Assessments and other evaluation materials used to assess the child were used for the purposes for which the assessments or measures are valid and reliable.
- _____ Assessments and other evaluation materials used to assess the child were administered by trained and knowledgeable personnel.
- _____ Assessments and other evaluation materials used to assess the child were administered in accordance with any instructions provided by the producer of the assessments.
- _____ Assessments and other evaluation materials included those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.
- _____ Assessments were selected and administered so as best to ensure that if an assessment was administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflected the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflected the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure.) {Write "NA" on line if not applicable.}
- _____ The child was assessed in all areas related to the suspected disabilities, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

Signature of School Psychologist

Date