

CHILD'S INFORMATION:

CHILD'S NAME: _____ ID NUMBER: _____
STREET: _____ GENDER: _____ GRADE: _____
CITY: _____ STATE: OH ZIP: _____
DATE OF BIRTH: _____
DISTRICT OF RESIDENCE: _____ DISTRICT OF SERVICE: _____

TYPE OF EVALUATION:

INITIAL EVALUATION REEVALUATION

DATES

DATE OF MEETING: _____
DATE OF LAST ETR: _____
REFERRAL DATE: _____
DATE PARENT
CONSENT RECEIVED: _____

PARENT/GUARDIAN INFORMATION

NAME: _____
STREET: _____
CITY: _____ STATE: OH ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

NAME: _____
STREET: _____
CITY: _____ STATE: OH ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

PLANNING FORM (required):

School Age Preschool

ETR FORM STATUS

- PART 1: INDIVIDUAL EVALUATOR'S ASSESSMENT
(Separate assessment from each evaluator)
- PART 2: TEAM SUMMARY
- PART 3: DOCUMENTATION FOR DETERMINING THE
EXISTENCE OF A SPECIFIC LEARNING DISABILITY
- PART 4: ELIGIBILITY
- PART 5: SIGNATURES

INSTRUCTIONS

Evidence of planning for the evaluation process is a requirement. Using one of the two planning forms (preschool or school age) that are included with this ETR form is required (Prior to PR-05 Parent Consent for Evaluation).

There are five parts to this form, i.e., Part 1, 2, 3, 4 and 5. Parts 1, 2 and 4,5 must be completed for all initial evaluations and reevaluations. Part 3 must be completed for initial evaluations if the suspected area of disability is Specific Learning Disability. Part 3 must be completed for reevaluations if the child is currently a child identified as having a specific learning disability or if the team is considering a change in the child's disability category to Specific Learning Disability.

In Part 1, each member of the evaluation team will list in the "Areas of Assessment" box the area or areas that they will be assessing, i.e., vision, hearing, fine motor, gross motor, emotional/behavioral or intellectual ability. The evaluator will also provide, in Part 1, the evaluation method and strategies used to conduct the assessment by checking the appropriate boxes. A detailed summary of the results of the assessment or assessments will be provided in the "Summary of Assessment Results" section. The evaluator will sign their assessment page and include his or her position title. The date on this section will be the date the evaluator completed his or her assessment.

Part 2 will be completed by the team chair or district representative by gathering all team members' assessments (Part 1) and summarizing them in the boxes provided in Part 2. Complete the interventions summary for both initial evaluations and reevaluations per the instructions found on the form. The reason(s) for the evaluation is also completed for both initial and reevaluations. The summary of information provided by the parents of the child will include information from the referral form as well as any information provided by the parent through behavioral checklists, interviews or meetings and outside evaluations.

Once all assessment information is gathered and summarized, the team will meet and review all information. The team will then describe the child's educational needs based on the information gathered, and state the implications for instruction and progress monitoring in the appropriate text box.

The team will then consider whether or not the child may have a specific learning disability based on the elements found in Part 3. If no one suspects a disability under this category, the team may skip Part 3 and move into Part 4.

In Part 4, the team determines whether or not the child is eligible for special education and related services by addressing each of the statements found in this section. Complete the final text box in this section with the information that supports the team's eligibility determination.

In Part 5, all members of the team sign the report at the conclusion of this section. If any team member disagrees with the team's determination, the team member must attach a written statement of disagreement to the report.

PRESCHOOL EVALUATION PLANNING FORM *(Required)*

CHILD'S NAME: _____

ID NUMBER: _____

TEAM CHAIRPERSON: _____

DATE OF PLAN _____

- INITIAL EVALUATION
 REEVALUATION
 TRANSITION FROM PART C

SUSPECTED DISABILITY CATEGORY (may check more than one)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| | | | <input type="checkbox"/> 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\(C\)\(6\)\(b & d\)](#)

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)			ASSESSMENT METHODS/DATA SOURCES <i>(Indicate the position responsible for assessment and/or data collection, and report.)</i>				
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	<input type="checkbox"/>	<input type="checkbox"/>					
COGNITION (including pre-academic)	<input type="checkbox"/>	<input type="checkbox"/>					
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>					
HEARING	<input type="checkbox"/>	<input type="checkbox"/>					
VISION	<input type="checkbox"/>	<input type="checkbox"/>					
SENSORY/MOTOR FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
SOCIAL/EMOTIONAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
BEHAVIORAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
SPECIALIZED ASSESSMENTS: Required in some situations, see 3301-51-06 (E)(3)(i) and 3301-51-06 (H) .							
PHYSICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
VISION EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
AUDIOLOGICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

*Structured observations are required in more than one setting and during multiple activities. [3301-51-11 \(C\)\(1\)\(b\)](#)

**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 \(F\)\(1\)](#)

- The team has taken into consideration limited English proficiency in planning the assessments.
- The team has taken into consideration possible sources of racial/cultural bias in planning the assessments.

SIGNATURES

School District Representative (Name/Date)

Parent/Guardian (Name/Date)

SCHOOL AGE EVALUATION PLANNING FORM *(Required)*

DATE OF PLAN: _____

INITIAL EVALUATION REEVALUATION

CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

TEAM CHAIRPERSON: _____

TEAM MEMBERS: _____

SUSPECTED DISABILITY(IES): _____

ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY(IES)	Data for Review	PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT
Information Provided by Parent		
General Intelligence		
Academic Skills		
Classroom-based Evaluations and Progress in the General Curriculum		
Data from Interventions		
Communicative Status		
Vision		
Hearing		
Social Emotional Status		
Physical Exam/General Health		
Gross Motor		
Fine Motor		
Vocational/Transition		
Background History		
Observations		
Behavior Assessment		
Adaptive Behavior		
Other:		

The Team has taken into consideration limited English proficiency to plan this assessment

The Team has taken into consideration possible sources of racial or cultural bias in planning this assessment

SIGNATURES

School District Representative (Name/ Date)

Parent/Guardian (Name/ Date)

General Education Teacher (Name/ Date)

Intervention Specialist (Name/ Date)

CHILD'S 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) | <input type="text"/> |

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: _____

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

**TEAM SUMMARY**

Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary

INTERVENTIONS SUMMARY

Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations, provide a summary of interventions routinely provided to this child.

Initial Evaluation:

Reevaluation:

REASON(S) FOR EVALUATION:**SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD:****SUMMARY OF OBSERVATIONS:****MEDICAL INFORMATION:****SUMMARY OF ASSESSMENT RESULTS:****DESCRIPTION OF EDUCATIONAL NEEDS:****IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:**

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

3 SPECIFIC LEARNING DISABILITY DOCUMENTATION FOR DETERMINATION

REQUIRED NOTIFICATION

If the child has participated in a **process that assesses the child's response to scientific, research-based intervention**, indicate if the parents were notified about the following prior to the evaluation:

The state's policies regarding the amount and nature of student performance data that would be collected and the general services that would be provided YES NO

Strategies for increasing the child's rate of learning YES NO

The parents' right to request an evaluation YES NO

Section A must be completed
Either Section B **OR** Section C must be completed

A. IDENTIFIED AREAS

Identify one or more of the following areas in which the team has determined that the child is not achieving adequately for the child's age or state-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards.

- Oral Expression
- Reading Fluency Skills
- Written Expression
- Mathematics Calculation
- Listening Comprehension
- Reading Comprehension
- Basic Reading Skill
- Mathematics Problem solving

B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION

Assessment information should be summarized in this section if the evaluation team used a process based on the child's response to scientific, research-based interventions to determine whether the child has a specific learning disability in one or more of the areas identified in Section A.

C. PATTERNS OF STRENGTHS AND WEAKNESSES

Assessment information should be summarized in this section, if the evaluation team used alternative research-based procedures to determine if the child exhibited a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards or intellectual development that the team determined to be relevant to the identification of a specific learning disability in one or more of the areas identified in Section A.

D. EXCLUSIONARY FACTORS

The evaluation team has determined that its findings are NOT primarily the result of:

- A Visual, Hearing, or Motor Disability
- Limited English Proficiency
- Intellectual Disability
- Environmental or Economic Disadvantage
- Emotional Disturbance
- Cultural Factors

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E. DOCUMENTATION- UNDERACHIEVEMENT NOT DUE TO A LACK OF APPROPRIATE INSTRUCTION

Regardless of the process used to identify a child as having a specific learning disability, the team must ensure that the child's underachievement is not due to a lack of appropriate instruction in reading or math by considering the following information:

1. Data that demonstrate that prior to, or as part of the referral process, a qualified personnel delivered appropriate instruction to the child in general education settings.
Summarize the data the team used to document this requirement:

2. Data-based documentation that the child's parent received about repeated formal assessments of student progress during instruction, done at reasonable intervals. Summarize the data-based information the team used to document this requirement:

F. OBSERVATION

Summarize the child's academic performance and behavior in the areas of difficulty as observed in the child's learning environment, including the general classroom setting.

G. MEDICAL FINDINGS

Describe the educationally-relevant medical findings, if any.

CHILD'S NAME:

ID NUMBER:

DATE OF BIRTH:

4 ELIGIBILITY

ELIGIBILITY DETERMINATION

It is the determination of the team that:

The determining factor for the child's poor performance is not due to a lack of appropriate instruction in reading or math or the child's limited English proficiency. For the preschool-age child, the determining factor for the child's poor performance is not due to a lack of preschool pre-academics. YES NO

The child meets the state criteria for having a disability (or continuing to have a disability) based on the data in this document. YES NO

The child demonstrates an educational need that requires specially designed instruction. YES NO

If the response is **NO** to any question, then the child is **NOT** eligible for special education.

If the response to all three questions is **YES**, then the child **IS** eligible for special education.

The child is eligible for special education and related services in the category of: _____

BASIS FOR ELIGIBILITY DETERMINATION: (or Continued Eligibility)

Provide a justification for the eligibility determination decision, 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). **Include** how the disability affects the child's progress in the general education curriculum.

CHILD'S NAME: _____

ID NUMBER: _____

DATE OF BIRTH: _____

5 SIGNATURES

DATES

DATE OF MEETING: _____

DATE OF LAST ETR: _____

REFERRAL DATE: _____

EVALUATION TEAM

The names, titles and signatures below identify the members of the evaluation team and indicate whether or not each team member is in agreement with the conclusions of the report.

NAME	TITLE (No Abbreviations)	SIGNATURE	DATE	STATUS
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

STATEMENT OF DISAGREEMENT

If a team member is not in agreement with the team's determination, the team member will attach to this report a written statement explaining his or her reason for disagreeing with the team's determination.