



EVALUATION REVIEW AND PLAN
Lewis Cass Intermediate School District, Cassopolis, Michigan

Student Name _____ Age _____ Initiation Date for Evaluation Review _____
 Birthdate _____ U.I.C. # _____ School _____ Home Phone _____
 Parent/Guardian _____ Address _____ City/State _____

PARTICIPANT SIGNATURES

Parent/Guardian _____ Eval Team Rep _____
 General Ed Teacher _____ School District Rep _____
 Special Ed Provider _____ Other/Title _____

PURPOSE

The purpose of this process is to determine the information we have and what is needed by the IEP Team to decide: *(Check all that apply)*

- An **ongoing eligibility** for special education
- A **change in eligibility** for special education
- A **change in programs or services** in special education
- Other _____

EVALUATION REVIEW / PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

For the purpose(s) indicated above, the following information must be reviewed: *(Check and specify all)*

- Previous evaluation team findings _____
- Classroom-based assessments and observations _____
- Input from teachers/providers of related services _____
- Evaluations and information provided by parents _____
- Health, physical, and medical needs _____

EVALUATION NEEDS

In determining **eligibility** for special education, is additional information or evaluation needed?

- Yes No *(Explain)* _____

The assessment area(s) indicated **may** be included in the observation and/or evaluation of your child:

- Achievement Level — The skill level in school subjects such as math, reading and writing
- Adaptive Skills — The skills used in the school or home environment
- Cognitive Ability — The capacity to think and learn
- Motor Ability — The ability to move in a coordinated, purposeful manner (Please indicate those that apply: Fine Motor Gross Motor)
- Personality — The accuracy with which one perceives self, others and the environment
- Social/Emotional Adjustment — The skills to build and maintain appropriate interpersonal relationships
- Speech and Language Skills — The ability to use and understand verbal and nonverbal communication
- Other *(Explain)* _____
- Other *(Explain)* _____

CONSENT

I, as parent/guardian, 1) have received a copy of the *Special Education Parent Handbook*, 2) understand the contents of this plan, 3) understand that I may request a comprehensive evaluation related to the disability of my child and: *(Check one)*

- I **consent** to the proposed evaluation plan.
- I **do not consent** to the proposed evaluation plan. *(Explain concerns)* _____

Parent/Guardian Signature _____ Date of Consent _____

Tentative IEP Date _____