Complete Relevant Sections

Name:

Date of Birth:

Parent/Guardian:

Has student been previously evaluated under IDEA or Section 504?

[ ]  Yes [ ]  No

I. Sources of Information Reviewed (if applicable):

Cumulative File Data

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is the student's hearing normal? |[ ] [ ]
| Is the student's vision normal? |[ ] [ ]
| Are there any physical or mental health problems? |[ ] [ ]
| Has the attendance been regular? |[ ] [ ]
| Has the student frequently changed schools? |[ ] [ ]

A. Evaluation Results (fill in only applicable areas):

1. Regular Classroom Performance:

Reporting Teacher:

Concerns:

2. Medical or other relevant health professional diagnosis:

Medical or other relevant health professional name:

Date of Diagnosis:

3. Social/Emotional/Behavioral Observation Results:

Observer:

Date of Observation:

Observation Results:

4. Other Assessment/Observation Results: Type

 Observer/Evaluator:

Date of Evaluation/Observation:

Evaluation/Observation Results:

B. Does behavior seriously impede participation in educational programs, or other school district programs? If so, explain below:

II. Other Sources Considered

1. Parent Data/Developmental History [ ]  Report Attached

2. Informal Inventories [ ]  Report Attached

3. Student Work Samples [ ]  Report Attached

4. Interviews/Documentation with counselors, teachers, medical/health [ ]  Report Attached

professionals, other professionals

Signature Date

HCSD Official