

EVALUATION PLANNING

Student Name: _____ Age/Grade: _____

This evaluation planning is being conducted as part of:

- An initial evaluation
- A reevaluation
- Other

Student's Primary Disability: _____

REVIEW OF EXISTING DATA

AREA/DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION
ACADEMIC		
Current Grades		
Progress Monitoring Data		
GAP Analysis/Rate of Improvement (ROI)		
Running Records		
Book Level		
Classroom Observation		
Parent Report		
Teacher Report		
Work Samples		
Academic History		
Intervention Strategies		
Classroom Assessments		
NSWEA/MAPS (Circle One)		
CSAP		
CELA/Woodcock Munoz (For Ell Students)		
Norm-Referenced Assessments		
Other (list below)		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment Instruments	

AREA/DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION
COGNITIVE		
Intelligence Quotient		
Classroom Observation		
Parent Report		
Teacher Report		
Other (list below)		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment Instruments	
AREA/DATA SOURCE	DESCRIPTION OF DATA REVIEWED	SUMMARY OF INFORMATION
SPEECH/LANGUAGE		
Progress Monitoring Data		
Classroom Observation		
Parent Report		
Teacher Report		
Informal Assessments		
Formal Assessments		
Other (list below)		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment Instruments	