DISTRICT:       NAME:       ID NUMBER:       DATE OF BIRTH:

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**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

OBSERVATIONS  SCIENTIFIC, RESEARCH-BASED  NORM-REFERENCED ASSESSMENTS

INTERVENTIONS

INTERVIEWS  CURRICULUM-BASED ASSESSMENTS  CLASSROOM-BASED ASSESSMENTS

REVIEW OF RECORDS AND RELEVANT  OTHER (Specify)

TREND DATA (SCHOOL RECORDS, WORK

SAMPLES, EDUCATIONAL HISTORY)

**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:**

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| --- |
|  |

**DESCRIPTION OF EDUCATIONAL NEEDS:**

|  |
| --- |
|  |

**IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:**

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| --- |
|  |

Evaluator’s Signature:       Date: