

# ETR Evaluation Team Report

DISTRICT: \_\_\_\_\_

## CHILD'S INFORMATION

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

STREET: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: OH ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DISTRICT OF RESIDENCE: \_\_\_\_\_ DISTRICT OF SERVICE: \_\_\_\_\_

## 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: \_\_\_\_\_

## 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.

## TYPE OF EVALUATION:

INITIAL EVALUATION  REEVALUATION

## DATES

DATE OF MEETING: \_\_\_\_\_

DATE OF LAST ETR: \_\_\_\_\_

REFERRAL DATE: \_\_\_\_\_

DATE PARENT

CONSENT RECEIVED: \_\_\_\_\_

## ETR FORM STATUS

(Check when complete)

- 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

# ETR Evaluation Team Report

DISTRICT: \_\_\_\_\_ NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## SCHOOL-AGE EVALUATION PLANNING FORM

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		
Braille Needs		
Audiological Needs		
Assistive Technology Needs		
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)

# ETR Evaluation Team Report

DISTRICT: \_\_\_\_\_ NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## PRESCHOOL EVALUATION PLANNING FORM

DATE OF PLAN: \_\_\_\_\_  INITIAL EVALUATION  REEVALUATION  TRANSITION FROM PART C

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEAM CHAIRPERSON: \_\_\_\_\_

### SUSPECTED DISABILITY CATEGORY (may check more than one)

- Autism  Emotional Disturbance  Multiple Disabilities  Specific Learning Disability  
 Deaf-blindness  Hearing Impairment  Orthopedic Impairment  Speech or Language Impairment  
 Deafness  Intellectual Disability  Other Health Impairment  Traumatic Brain Injury  
 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 <a href="#">3301-51-11 (C) (3)</a>			ASSESSMENT METHODS/DATA SOURCES (Indicate the position responsible for assessment and/or data collection, and report)				
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"/>					
<b>SPECIALIZED ASSESSMENTS:</b> Required in some situations, see <a href="#">3301-51-06 (E)(3)(i)</a> and <a href="#">3301-51-06 (H)</a>							
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 or cultural bias in planning the assessments.

### SIGNATURES

\_\_\_\_\_  
School District Representative (Name/Date)

\_\_\_\_\_  
Parent/Guardian (Name/Date)

# ETR Evaluation Team Report

DISTRICT: \_\_\_\_\_

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) _____                    |  |

### 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: \_\_\_\_\_

Click the  for additional pages

# ETR Evaluation Team Report

DISTRICT:

NAME:

ID NUMBER:

DATE OF BIRTH:

2

## 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:

# ETR Evaluation Team Report

DISTRICT:

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.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Oral Expression         | <input type="checkbox"/> Reading Fluency Skills | <input type="checkbox"/> Written Expression  | <input type="checkbox"/> Mathematics Calculation     |
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Reading Comprehension  | <input type="checkbox"/> Basic Reading Skill | <input type="checkbox"/> 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:

- |   |   |
|---|---|
| <input type="checkbox"/> A Visual, Hearing, or Motor Disability | <input type="checkbox"/> Limited English Proficiency            |
| <input type="checkbox"/> Intellectual Disability                | <input type="checkbox"/> Environmental or Economic Disadvantage |
| <input type="checkbox"/> Emotional Disturbance                  | <input type="checkbox"/> Cultural Factors                       |

### E. DOCUMENTATION OF 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:

# ETR Evaluation Team Report

DISTRICT:

NAME:

ID NUMBER:

DATE OF BIRTH:

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.

# ETR Evaluation Team Report

DISTRICT:

NAME:

ID NUMBER:

DATE OF BIRTH:



## 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.



# ETR Evaluation Team Report

DISTRICT:

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 (Print)	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
				<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.