

ETR Evaluation Team Report

DISTRICT: _____

PRESCHOOL EVALUATION PLANNING FORM (Required)

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 3301-51-11 (C) (3)			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"/>					
SPECIALIZED ASSESSMENTS: Required in some situations, see 3301-51-06 (E)(3)(i) and 3301-51-06 (H)							
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)