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| **PURPOSE:** Districts are required to provide the parent with prior written notice describing any proposed evaluation procedures after they have determined through a review of existing data that additional assessments are required (WAC 392-172A-03020 and -03025). Districts may either: (1) describe the proposed assessments within the prior written notice form, or (2) use an assessment plan such as this one to describe the proposed assessments and include it with the prior written notice. If this form is used, the district must still complete the other required portions of the prior written notice and request consent for evaluation from the parent. |

# ASSESSMENT PLAN

Initial Evaluation

Triennial Evaluation

Other

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | | Student ID: | | |  | | | Date: | |  | |
| Student’s Language: | |  | | Birthdate: |  | | Grade: |  | | Age: | |  |

| **Reason for Assessment/Area(s) of Concern:** |
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| The following assessments are proposed to assist in determining your child’s initial or continuing educational needs. All assessments will be given by appropriately qualified personnel. The assessment(s) will be in the areas checked below and may also include: student observation in a group setting, classroom work samples, district or statewide group assessments, individualized testing, teacher interview(s), and/or an interview with you. It will include a review of reports you have authorized us to request or that already exist in current records. Assessments will be non-discriminatory, and alternative means of assessment may be used in situations when standardized assessments are inappropriate. After the evaluation is complete, you will be invited to attend a meeting to review assessment results and participate in determining your child’s educational needs and eligibility for special education services. | | |

**PRE-ACADEMIC/ACADEMIC ACHIEVEMENT:** Special Education Teacher School Psychologist

Other: Other Personnel

**Purpose:** To determine the student’s current reading, writing, and math skills or pre-academic skills such as matching or sorting.

**SOCIAL/EMOTIONAL BEHAVIOR:** School Psychologist Infant/Preschool Specialist Other: Other Personnel

**Purpose:** To evaluate how the student handles feelings and emotions and how he/she gets along with other people.

**SELF HELP/ADAPTIVE SKILLS:** School Psychologist  Other: Other Personnel

**Purpose:** To evaluate how the student functions in daily life activities.

**PSYCHO-MOTOR DEVELOPMENT:** School Psychologist Infant/Preschool Specialist Other: Other Personnel

**Purpose:** To determine how well the student coordinates body movements in both small and large muscle activities or to evaluate visual perceptual skills.

**LANGUAGE/SPEECH/COMMUNICATION:** Speech-Language Pathologist Infant/Preschool Specialist

Other: Other Personnel

**Purpose:** To determine the student’s ability to understand, relate to, and use language and speech clearly and appropriately.

**INTELLECTUAL DEVELOPMENT:** School Psychologist Preschool Specialist Other: Other Personnel

**Purpose:** To determine the student’s ability to remember what he/she has seen and heard, how well he/she can use that information to solve problems, and to assist in predicting the student’s learning rate. Verbal and performance instruments may be used.

**HEALTH ASSESSMENT:** School Nurse Preschool Specialist Other: Other Personnel

**Purpose:** To evaluate the student’s development patterns and current health status as they relate to school functioning.

**VOCATIONAL/PREVOCATIONAL:** Special Education Teacher School Psychologist Other: Other Personnel

**Purpose:** To determine the student’s interests and/or aptitudes as they relate to future job and life skill areas.

**OTHER:** Other Responsible Personnel: Responsible Personnel

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| --- | --- | --- | --- |
| If you have any questions, contact: |  |  |  |
|  | *Name/Title* |  | *Phone* |

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