Today’s Date______________

Coos Bay Schools

STUDENT ASSESSMENT PLAN FOR SPECIAL EDUCATION
(Please complete all sections)

☐ Initial Referral ☐ Approved by District Rep.
☐ Re-Evaluation Date of Approval: ___________

Re-Eval Due Date: ___________ ☐ Date of SST: ___________
☐ Re-Eval Due Date: ___________ ☐ Date of SST: ___________
☐ Revised Assessment Plan ☐ Date of Initial IEP: __________

Date of Revision: ___________ ☐ Date to SCESD ___

Student’s LEGAL Name: Birthdate: Age: Gender:

Attending School: Resident District: Grade: Teacher: Phone:

Case Manager: Phone: E-mail:

Parent or Guardian Name: Address: City: State: Zip:

Home Phone: Work Phone: Father: Mother: Cell Phone: Father: Mother: E-mail:

Primary Language – Home: Primary Language – Student: Other Info:

1. Previously Identified or Suspected Disabilities:

2. Check Specific Area(s) of Concern:

☐ Intelligence ☐ Autism ☐ Sensorimotor Skills: Gross ___ Fine ___
☐ Behavioral/Emotional/Social ☐ Medical/Health ☐ Speech/Language/Communication
☐ Functional Skills ☐ Vision ☐ Transition
☐ Academic/Achievement ☐ Hearing ☐ Other:
☐ Written Language ☐ Math ☐ Reading

3. Interventions Attempted:

4. Previous testing results (State assessments and prior Special Education testing):

For ESD referrals—Screening Instruments Administered and Results (Include Standard Scores):
For ESD referrals—Other Relevant Information (Statewide Assessment, Attendance, Grades, Retention, Number of Schools Attended, Attached Work Samples, Behavior Referrals, Student Attitude/Motivation, etc.):
5. Health and Development History (Including medical issues and medication use; may include Physician’s Statement):

6. Date of Vision Screening: _____________ Date of Hearing Screening: ____________
   - Passed □ Failed □
   - Passed □ Failed □

7. The following area(s) may be assessed with indicated evaluation instrument(s). (Circle those which may be used in part or whole.) In “Assigned To” column indicate the agency assigned to each evaluation area (i.e., ESD, LEA, etc). Do not use individual evaluator name(s) or initials.

Assigned To:
   - Achievement Tests □
     - measure general abilities in academic areas such as reading, math written language, and spelling, and may include such tests as: Wechsler Individual Achievement Test-II, Woodcock-Johnson-III, Woodcock-Munoz Spanish Psych-Ed. Battery, Other: ________________________________
   - Adaptive Scales □
     - are used to measure how well a student functions in his/her environment, and may include tests such as: Occupational Aptitude Survey and Interest Schedule, Scales of Independent Behavior: Pt. IV, Street Survival Skills Questionnaire (SSSQ), Vineland Adaptive Behavior Scales, Other: ________________________________
   - Autism Scales □
     - are scales and checklists used to measure the behavioral characteristics of students suspected of having autism. These scales may include such scales or checklists as: Adolescent and Adult Psychoeducational Profile (AAPEP), Asperger’s Syndrome Screening Questionnaire (ASSQ), Australian Scale for Asperger’s Syndrome, Autism Behavior Checklist, Autism Diagnostic Observation Schedule (ADOS), Childhood Autism Rating Scale (CARS), Psychoeducational Profile-Revised (PEP-R), Other: ________________________________
   - Behavior/Personality Scales □
     - are an account of specific student behaviors observed by the rater, and may include tests such as: Achenbach, Behavior Assessments System for Children (BASC-2) Behavior Evaluation Scale, Burks’, Conners’, Piers Harris, Other: ________________________________
   - Speech/Language/Communication □
     - measures how the student receives and comprehends information, and how that information is expressed orally, and may include test such as: Clinical Evaluation of Language Fundamentals –IV, Goldman Fristoe Test, Hearing Screening, Language Samples, Oral and Written Language Scales, Oral Peripheral Examination, Peabody Picture Vocabulary Test-III, Phonological Awareness Test, Speech Sample, Test of Language Development, Test of Pragmatic Language, Test of Problem Solving, The Comprehensive Assessment of Spoken Language, WORD Test, Other: __________
   - Hearing Impaired/Deaf Assessments □
     - measure academic achievement, the ability to understand and use language, social/emotional adjustment, problem solving, listening, auditory comprehension and career awareness. Many of these tests are normed on the hearing impaired population, and may include such tests as: Audiological Evaluation, Auditory Perception Test for Hearing Impaired, Carolina Picture Vocabulary Test, Language Attitudes and Awareness Test, Rhode Island Test of Language Structure, Scales of Early Communication Skills for HI, Teacher Assessment of Grammatical Structures, Test of Auditory Comprehension, Test of Language Competence, Test of Problem Solving-Adolescent & Elementary, Test of Reading Comprehension, Other: ________________________________
   - Functional Skills Assessments □
     - may include: Independent Functional Life Skills Assessment, Community Skills Assessment, Parent Interview and Observation, Other: ________________________________
   - Intelligence Tests □
     - measure a student’s general intelligence or potential to learn, and may include test such as: Differential Ability Scales, Wechsler Adult Intelligence Scale IV, Wechsler Intelligence Scale for Children IV, Universal Nonverbal Intelligence Test, Wechsler Nonverbal Scale of Ability, Woodcock-Johnson Cognitive III, Other: ________________________________
Sensorimotor Skills (Orthopedic Department Assessment) assess such abilities as speed and agility, balance, coordination, strength, visual-motor integration, sensory processing skills, and dexterity, and may include tests such as: Bruininks-Oseretsky (B&O), Developmental Test of Visual Perception-2 (DVTP-2), Evaluation Tool of Children’s Handwriting (ETCH), Gross Motor Function Measure, Hand Skills Observation, Motor Free Visual Perception Test-R (MVPT-R), Motor Opportunities Via Education (MOVE), Oregon Regional Eligibility Screening Tool (OREST), Oralmotor Assessment, Peabody Developmental Motor Scale-2 (PDMS-2), School Function Assessment (SFA), Sensory Integration Inventory, Sensory Profile, Test of Gross Motor Development/Clinical Assessment (TGMD-2), Test of Visual Motor Skills (TVMS-R), Test of Visual Perception Skills (TVPS), Visual-Motor Integration Berry (VMI). Visual Skills Assessment (VSA), Other: ___________________________________________

Vision (MUST include report from most recent exam by ophthalmologist/optometrist that includes Best Corrected Visual Acuity) may include instruments such as: Functional Skills Observation, Learning Media Assessment, Lighthouse Acuity Test Cards, Motor Free Visual Perception Test, Neitz Test of Color Vision, Oregon Project for Blind & Visually Impaired Preschool Children, Peabody Blind Scales, Visual Efficiency Scale, Other: ___________________________________________

Visual-Motor Perception Tests primarily focus on visual perception, visual-motor integration, and fine-motor proficiency, and may include such tests as: Developmental Test of Visual Motor Integration/Beery (VMI), Jordan, Other: ___________________________________________

Other, to include: Alternative Means of Assessment (which may include: Braille, Large Print, Sign Language, Augmentative Communication, use of a Bilingual Interpreter) Parent Interview, Student Interview, File Review, Classroom Observation, Manifestation Hearing, Functional Behavior Assessment, Feeding Evaluation, Other: ___________________________________________

The above information will be used to assist the eligibility team to determine the student’s educational needs and, if necessary, eligibility for special education and individualized planning. I understand that an evaluator may need to substitute one instrument for another within the same category in order to adequately evaluate my child.

As a parent/guardian, my signature indicates that I have participated in the planning of this evaluation. I have received an explanation and understand my rights regarding the identification, the evaluation and individual testing, the placement process, and have received a copy of The Procedural Safeguards.

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<thead>
<tr>
<th>Student</th>
<th>Date</th>
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<tbody>
<tr>
<td>Parent/Guardian</td>
<td>Date</td>
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<tr>
<td>Special Education Administrator/Coordinator</td>
<td>Date</td>
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<tr>
<td>School Psychologist</td>
<td>Date</td>
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<tr>
<td>Speech/Language Pathologist</td>
<td>Date</td>
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<td>Occupational Therapist</td>
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<td>Physical Therapist</td>
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<tr>
<th>Case Manager</th>
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<tr>
<td>Regular Education Teacher</td>
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<td>Principal/District Representative</td>
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<td>Counselor</td>
<td>Date</td>
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<td>Autism Specialist</td>
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<td>Other</td>
<td>Date</td>
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Required Signatures by a team represented by:

- At least two professionals, at least one of whom is a specialist in evaluating and educating children with disabilities.
- The parent or
- The student if he/she is 18 years or older