**valuation Planning**

[ ]  **Initial ~or~** [ ]  **Re-Eligibility**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student:** |  | **Birthdate:** |  | **Age:** |  | **Grade:** |  | **School:** |  |
| **Possible Disabilities:** |  | **IEP Date:** |  | **Eligibility Date:** |  | **Completed By:** |  |
|  |  | **Planning Meeting Date:** |  | **Case Manager:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment** | **Needed For** | **Conducted By** | **Name of Measure(s)/Assessments** | **Description of Measure(s)/Assessments** |
| **File Review** | All |  |  |  |
| **Developmental History**  | ASD, ID, EBD, TBI |  |  |  |
| **Guided Credible History Parent Interview** | TBI |  |  |  |
| **House Bill 4140 TBI Accommodations Form** | TBI |  |  |  |
| **Cognitive** | ID, DD, TBI, as impacted for other |  |  |  |
| **Preinjury Performance** | TBI |  |  |  |
| **Medical Statement** | ASD, EBD, HI, ID, OI, OHI, TBI, VI |  |  |  |
| **Adaptive Rating** | ASD, DD, ID, TBI |  |  |  |
| **Observation(s) in the classroom** | ASD (1 of 3), DD, EBD (1 of 2), SLD, TBI (1 of 2) |  |  |  |
| **Observation(s) in another setting** | ASD (2 of 3), DD, EBD (2 of 2), SLD, TBI (2 of 2) |  |  |  |
| **Observation(s) with Interaction** | ASD (3 of 3) |  |  |  |
| **Academic** | DD, OHI, SLD, as impacted for other |  |  |  |
| **Motor Assessments** | OI, possibly: DD & TBI, as impacted for other |  |  |  |
| **Behavior Rating** | ASD, DD, EBD (2), OHI, TBI, as impacted for other |  |  |  |
| **Social-Emotional** |  EBD |  |  |  |
| **Speech** | ASD, CD, possibly: DD & TBI, as impacted for other |  |  |  |
| **Autism Rating Scale** | ASD |  |  |  |
| **Vision / Hearing** | CD, HI, VI, ASD |  |  |  |
| **Additional Assessments** | As needed to determine the impact of the suspected disability |  |  |  |
| **Signed Informed Consent** | All | Attach a copy of the signed informed consent.  |  |

**Minutes**

**In attendance:**

**\_\_, School Psychologist**

**\_\_, SpEd Teacher**

**\_\_, Parent/ Guardian**

**\_\_, Gen Ed Teacher**

**\_\_, Administrator**

**\_\_, SLP**

**\_\_, ASD Specialist**

**\_\_, Teacher of the Deaf and Hard of Hearing**

**\_\_, Teacher of the Visually Impaired and Orientation & Mobility Specialist**

**Gen Ed Teacher Input:**

**Parent Input:**

**SpEd Teacher Input:**

**Other Team Member Input:**

[ ]  **The Procedural Safeguards booklet was offered to the parent.**