

Parent/Guardian Consent For Evaluation/Reevaluation

Identification of Needed Assessments

Name of Student:

Date:

This form must be completed by the IEP Team

DOMAIN	RELEVANT YES/NO ?	EXISTING INFORMATION ABOUT THE CHILD	ADDITIONAL EVALUATION DATA NEEDED	SOURCES FROM WHICH DATA WILL BE OBTAINED
Health Current or past medical difficulties affecting educational performance.	<input type="checkbox"/>			
Hearing/Vision Auditory/visual problems that would interfere with testing or educational performance. Date and results of last hearing/vision test.	<input type="checkbox"/>			
Social/Emotional Status Information regarding how the environment affects educational performance (life history, adaptive behavior, independent functioning, personal and social responsibility, cultural background).	<input type="checkbox"/>			
Cognitive Functioning Data regarding cognitive ability, how the child takes in information, understands information and expresses information.	<input type="checkbox"/>			
Academic Achievement Current or past academic functioning data pertinent to current educational performance.	<input type="checkbox"/>			
Functional Performance Current or past functional performance data pertinent to current functional performance.	<input type="checkbox"/>			
Communication Status Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance.	<input type="checkbox"/>			
Motor Abilities Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance.	<input type="checkbox"/>			
Transition Assessment	<input type="checkbox"/>			