

**Team Evaluation Report**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Reason for referral:

2. Educationally relevant medical findings:

Hearing:

Vision:

3. Relevant behavior noted during the observation of the student AND the relationship of the observation to the student's academic functioning:

4. Information gathered from record review:

5. Parent and teacher report / interview:

6. Test data:

7. For students evaluated for a specific learning disability, is there a severe discrepancy between achievement and ability that is not correctable without special education and related services?

8. Is the failure to learn attributable to the effects of environmental, cultural, or economic disadvantage? If so, explain.

9. Does the student have an exceptionality as defined in Federal State statues and regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Eligibility Determination**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Does the response of the presenting concern to general education interventions indicate the need for intense or sustained resources?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Team considers:
  - Student Strengths:
  
  - Specific Areas of Concern:
  
  - What the General Education Expectations are:
  
  - What has been tried:
  
  - What has worked and not worked:
  
  - General Directions for the next step(s):
  
3. Are the resources needed to support the student to participate and progress in the general education curriculum beyond those available through general education or other resources? (Data needed to answer this question include: Specific needs related to progressing in the general education curriculum or participating in appropriate activities; resources needed to improve or maintain learning; and intervention strategies).
  
4. Is there an evidence of a severe discrepancy between the performance of the student and his/her peers or evidence of a severe discrepancy between the student's ability and performance in the areas of concern:  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. Is the presence of an exceptionally substantiated by convergent data from multiple sources?  
Yes \_\_\_\_\_ No \_\_\_\_\_

List sources:

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Information:**

**Signatures:**

<u>Name</u>	<u>Position</u>	<u>Date</u>	<u>Circle One</u>
_____	_____	_____	Agree/Disagree
_____	_____	_____	Agree/Disagree
_____	_____	_____	Agree/Disagree
_____	_____	_____	Agree/Disagree
_____	_____	_____	Agree/Disagree
_____	_____	_____	Agree/Disagree
_____	_____	_____	Agree/Disagree
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_____	_____	_____	Agree/Disagree