

## Assessment Plan

Student Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Initial  Annual  Triennial  Transition  Interim  Other \_\_\_\_\_

To parent/guardian of \_\_\_\_\_

Assessment Plan Date \_\_\_/\_\_\_/\_\_\_

LEA/District \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Native Language \_\_\_\_\_

English proficiency level \_\_\_\_\_

The student has been referred and/or recommended for an assessment by the following individual(s):

Parent

Nurse

Teacher

Special Ed Teacher

Other

**This notice is to inform the parent(s) regarding the local educational agency's (LEA)/district's proposal to initiate or change the:**  Identification  Evaluation of the above named student:

This prior written notice includes a description of the proposed evaluation, an explanation of why the LEA/district proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child to determine initial or continued eligibility for special education services. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of a meeting to discuss the results of the evaluation. If your child is found eligible for special education services, a full range of program options will be discussed.

**Description of the proposed assessment:**

The assessment will be conducted by qualified staff, and when appropriate, interpreters of the individual's primary language may be used. Tests conducted pursuant to these assessments may include, but are not limited to classroom observations, rating scales, one-on-one testing or some other types or combination of tests. No single procedure may be used as the sole criterion for determining appropriate educational program. Following the completion of the assessment, at the IEP meeting; you will receive a copy of the assessment findings. The results of this assessment may be a recommendation for special education services or maintenance or change of the current special education service(s). A student will not be placed in special education without consent of the parent or guardian. All information and assessment results are confidential.

**Reason(s) for proposed assessment:**

**Description of other options considered and reasons for rejecting them:**

**Other factors relevant to the proposal:**

**Description of evaluation procedures, tests, records, or reports used in deciding to propose this assessment:**

The LEA/district proposes to assess your child to determine his/her eligibility for special education services or continued eligibility and present levels of academic performance and functional achievement. Your child will be assessed in all areas of suspected disability as needed.\* To meet your child's individual education needs, this assessment will consist of an evaluation in only the areas checked by the LEA/district. \*Tests and procedures conducted pursuant to these assessments may include, but are not limited to, classroom observations, rating scales, interviews, record review, one-on-one testing, or some other types or combination of tests.

**Evaluation Area**

**Examiner Title**

<input type="checkbox"/> <b>Academic Achievement</b> These assessments measure reading, arithmetic, oral and written language skills, and/or general knowledge	_____
<input type="checkbox"/> <b>Health</b> Health information and testing is gathered to determine how your child's health affects school performance	_____
<input type="checkbox"/> <b>Intellectual Development</b> These assessments measure how well your child thinks, remembers, and solves problems.	_____
<input type="checkbox"/> <b>Language/Speech Communication Development</b> These assessments measure your child's ability to understand and use language and speak clearly and appropriately.	_____
<input type="checkbox"/> <b>Motor Development</b> These assessments measure how well your child coordinates body movements in small and large muscle activities. Perceptual motor skills may also be measured.	_____
<input type="checkbox"/> <b>Social Emotional/Behavior</b> These assessments indicate how your child feels about him/herself, gets along with others, takes care of personal needs at home, school and in the community.	_____

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<input type="checkbox"/>	<b>Adaptive Behavior</b> These assessments indicate how your child takes care of personal needs at home, school and in the community.	
<input type="checkbox"/>	<b>Post-Secondary Transition</b> These assessments provide information related to transition training, education, employment, and where appropriate, independent living skills.	
<input type="checkbox"/>	<b>Other</b> _____	
<input type="checkbox"/>	<b>Alternative Means of Assessment</b> (Describe alternative methods of assessing the child, if applicable) _____	

Parents/Guardians have protections under state and federal procedural safeguard provisions. Please refer to the enclosed NOTICE OF PROCEDURAL SAFEGUARDS for an explanation of these rights. If you would like further information about your rights or the proposed action and/or referral please contact:

Print Name of Contact	Position	Phone	E-mail Address
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- I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent.
- I do not consent to the proposed assessment described above.
- I would like the following assessment information to be considered by the IEP team \_\_\_\_\_

Signature \_\_\_\_\_

- Parent   
  Guardian   
  Surrogate   
  Adult Student

Date \_\_\_/\_\_\_/\_\_\_

Date Received by LEA/District \_\_\_/\_\_\_/\_\_\_