

Assessment Report

Student's Name: _____	Date: _____
Residence School: _____	Grade: _____
Service County: _____	
Service School: _____	
Local Student ID: _____	Date of Birth: _____
SASID: _____	
Parent(s) Name: _____	
Examiner: _____	Title: _____

Background (including referral information)

Test(s) and/or Procedure(s) Administered

Assessment Findings

Relevant test behavior:

Description of student's overall performance in comparison to developmental milestones, achievement levels and/or behavior patterns of typical peers:

Instructional Implications for Student's Participation in General Curriculum

Documentation of Assessment Validity

Does the student have Limited English Proficiency? Yes No

If yes, what language or mode of communication was used for assessment?

In the opinion of the evaluator, is this assessment an accurate reflection of the student's performance at this time?

Yes No

Is this assessment felt to be culturally and linguistically valid for its intended purpose and for this student?

Yes No

Examiner's Signature _____

Date _____