

School-Age Planning Form: INITIAL MULTIFACTORED EVALUATION (MFE)

Student's Name: _____ Date of Birth: _____ Age: _____

Step 1: List area(s) of suspected disability: _____

Step 2: In column (C), record the assessments within the past year by listing the assessment date and the position of the individual or agency that conducted the assessment.

Step 3: In the methods columns (D), indicate the position of the individual assigned to conduct the assessments listed in Column (A).

(A) Assessment Areas	(B) Required to Determine Eligibility For:	(C) Completed by:	(D) Methods		
			Interview/Records	Observation	Direct Assessment
Physical (medical) Examination	MD, HI, VI, OH, OHI, ED, TBI, Autism				
Health and Nutrition	As needed				
General Intelligence	All, except S/L				
Academic/Preacademic Skills	All				
Educational Functioning	S/L				
Vision Abilities	All, except S/L & VI				
Eye Condition by Specialist	VI				
Braille Needs	VI				
Hearing Abilities	All except HI				
Audiological Status	HI				
Communicative Status	All				
Communication Mode	HI				
Adaptive Behavior	MD, CD				
Social and Emotional Status	MD, HI, VI, OH, OHI, SLD				
Classroom Observations	SLD				
Informal Behavioral	ED				
Informal Behavioral	ED				
Behavior/Personality Measure	ED				
Background Information	ED				
• Reading and Math Instruction	All				
• Social and Cultural	CD				
• English Proficiency	All				
Teacher Recommendations	CD				
Motor Abilities	All, except S/L				
Vocational/Occupational and Transition Needs • Aptitudes • Interests • Preferences • Employability	When needed, And as required By age 14 and age 16				
Assistive Technology Needs	As Needed				
Other:					

The team has taken into consideration possible sources of racial/cultural bias in planning these assessments.

Team Members:

(Signature of Evaluation Team Chairperson) Date of Plan: _____