

# ETR Evaluation Team Report

Ironton City Schools

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## SCHOOL AGE EVALUATION PLANNING FORM *(Required)*

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF PLAN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TEAM CHAIRPERSON: \_\_\_\_\_

INITIAL EVALUATION

REEVALUATION

TEAM MEMBERS: \_\_\_\_\_

SUSPECTED DISABILITY(IES): \_\_\_\_\_

ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY(IES)	DATA FOR REVIEW	PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT
Information Provided by Parent		
General Intelligence		
Academic Skills		
Classroom-based Evaluations and Progress in the General Curriculum		
Data from Interventions		
Communicative Status		
Vision		
Hearing		
Social Emotional Status		
Physical Exam/General Health		
Gross Motor		
Fine Motor		
Vocational/Transition		
Background History		
Observations		
Behavior Assessment		
Adaptive Behavior		
Braille Needs		
Audiological Needs		
Assistive Technology Needs		

The Team has taken into consideration limited English proficiency to plan this assessment

The Team has taken into consideration possible sources of racial or cultural bias in planning this assessment

### SIGNATURES

\_\_\_\_\_  
School District Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Education Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intervention Specialist

\_\_\_\_\_  
Date