

CHILD'S NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

## 1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

**AREAS OF ASSESSMENT:** Vision Abilities, Hearing Abilities

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

### EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

 OBSERVATION SCIENTIFIC, RESEARCH-BASED INTERVENTIONS NORM-REFERENCED ASSESSMENTS INTERVIEWS CURRICULUM BASED ASSESSMENTS CLASSROOM BASED ASSESSMENTS REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY) OTHER (Specify) Screening

### ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

#### SUMMARY OF ASSESSMENT RESULTS

VISION:

\_\_\_\_\_ Screening

\_\_\_\_\_ Eye Condition Report

Summary and interpretation:

HEARING:

\_\_\_\_\_ Screening

\_\_\_\_\_ Ear Condition Report

Summary and interpretation:

#### DESCRIPTION OF EDUCATIONAL NEEDS:

#### IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_