

Meeting Date \_\_\_\_\_

**Evaluation Planning – Initial/Reevaluation  
Newberg School District**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Grade \_\_\_\_\_ Parent Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
 SSID Number \_\_\_\_\_ School \_\_\_\_\_  
 Initial Eligibility \_\_\_\_\_ Eligibility Due \_\_\_\_\_  
 Eligibility Category(s): \_\_\_\_\_

**Participants:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Team  
 Concern** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Review of existing information (file review, teacher reports, informal observations, progress on current IEP goals, parent information, work samples, test data, developmental history, goals, informal assessments):**

<b>GENERAL INFORMATION</b>	
<b>STRENGTHS</b>	
<b>VISION</b>	
<b>HEARING</b>	
<b>MOTOR</b>	
<b>CURRENT HEALTH</b>	

<b>STATUS</b>	
<b>COMMUNICATION</b>	
<b>ACADEMIC LEVELS AND/OR PERFORMANCE</b>	<p>Math:</p> <p>Reading:</p> <p>Written Language:</p> <p>Study Skills/Habits:</p>
<b>SOCIAL EMOTIONAL</b>  <b>Developmental History</b>  <b>Physician Statement</b>	
<b>ADAPTIVE</b>	
<b>VOCATIONAL</b>	
<b>BEHAVIOR</b>  <b>ATTENDANCE</b>  <b>FBA</b>	

<b>Manifestation Determination</b>	
<b>COGNITIVE</b>	Date Tested - results
<b>OTHER CONCERNS EXPRESSED</b>	

**Other Support services the student receives:**

ELL \_\_\_\_\_ Title 1 (Reading or Math) \_\_\_\_ - Counseling \_\_\_\_\_ TAG \_\_\_\_\_  
 RTI Interventions Attached \_\_\_\_\_  
 Other \_\_\_\_\_

**ACTION:**

**Is additional information needed to determine eligibility or develop an IEP?**

\_\_\_YES \_\_\_NO

**Parent is given opportunity to request evaluation and/or provide input (Initial and reevaluation) \_\_\_\_\_**

**Action to be taken/rationale:**

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<b>Assessment</b>	<b>Who's Responsible</b>	<b>Expected Completion Date</b>
