

Capistrano Unified School District  
San Juan Capistrano, California

Assessment Documentation-Teacher

Initial  
 Annual  
 Triennial

Student Name \_\_\_\_\_ School \_\_\_\_\_  
Date(s) Tested \_\_\_\_\_ Teacher \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

1. List diagnostic procedures, instruments employed and scores (including a statement of validity):

2. Indicate conclusions reached through assessment:

3. Recommendations:

Assessment results to be shared with I.E.P. Team, which will determine educational needs and placement.

Name of Person Assessing \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_