

**Capistrano Unified School District
San Juan Capistrano, California
Multidisciplinary Team Assessment Report**

Name of Student _____ School _____
Date(s) Tested _____ Teacher _____
D.O.B. _____ Age _____ Grade 1st

- 1 . Indicate the specific disability, that makes special education necessary. Indicate the basis for making this determination.

2. Indicate relevant behavior noted during observation and the relationship of that behavior to the pupil's academic and social functioning.

3. Note any educationally relevant medical findings, including dates of current vision and hearing screenings.

4. Indicate the effects of environmental, cultural or economic disadvantage, if appropriate

5. For Specific Learning Disability only: indicate whether there is a discrepancy between ability and achievement that cannot be corrected without special education and related services. For other disabilities: indicate whether the disability necessitates special education.

Persons completing report:

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date