

Capistrano Unified School District
San Juan Capistrano, California

Manifestation Determination Psychoeducational Evaluation Report

STUDENT INFORMATION:

Student Name _____ Birthdate _____ Age _____ M ___ F ___ Grade _____
Address _____ City _____ State _____ ZIP _____
Student Residence Home Foster LCI Other _____ Ethnicity _____
Parent/Guardian Names _____ Phone _____ Work _____
District/School of Residence _____ District/School of Attendance _____
Current Placement _____ Teacher _____ Soc.Sec.# _____
Student's Language _____ Home Language _____ English Proficiency Level _____ Interpreter Required: Yes No

Reason for Assessment:

Educational History: (Include discipline background and behavioral issues)

Current School Program and Progress: