

Student: _____

Birthdate: _____

Assessment Report

Evaluator's Name _____ Title _____ Date of Assessment _____ Purpose of Assessment _____

Tests Administered	Scores Obtained	Description of Scores

Summary of Assessment Results: (include educationally relevant health development, and medical findings if any)

Validity of Assessment Results: (include behavior noted during observations and effects of environmental, cultural, or economic disadvantage, where appropriate)

Does the student need special education and related services to address the area (s) assessed by this evaluator?

For a student with a learning disability, see Section C of the IEP.
For a student with a low incidence disability, see Section D of the IEP.

Signature

Date