

**Sample Independent School District**

# Department of Special Education

**FULL AND INDIVIDUAL EVALUATION (FIE)**

**CONFIDENTIAL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:**  Xxx Yyy | **Date of Birth:** | **ID No.** | | **Age:** | **Sex:** | **Grade:** |
| **Parents:** | **Address:** | | | **City:**  Houston | **State:**  TX | **ZIP:**  770 |
| **Home Phone:** | **Work Phone:** | | | **Work Phone:** | | **Medicaid #:** |
| **Home School:** | | | **Attending School:** | | | |
| **Date of Report:** | | | | | | |

# REASON FOR REFERRAL

Xxx was referred for an evaluation due to concerns in the areas of (*list*). Specifically, Xxx’s teacher/parent indicated that …. (*if a re-eval note current disabilities and what the REED committee recommended and why*)

The purpose of the evaluation is to determine the presence of a disability condition, describe present levels of functioning across several domains, identify strengths and weaknesses and educational needs, and make recommendations for intervention that would lead to improvement in the educational setting.

# SOURCES OF DATA/INSTRUMENTS

| **Tests/Procedures**  (formal and informal measurements) | **Name of Examiner/Informant** | **Dates**  ***(mm/dd/yyyy)*** |
| --- | --- | --- |
| Parent Input Form |  |  |
| Home Language Survey | File review |  |
| Interview with (*name of parent*), parent |  |  |
| Nurse’s Information Form |  |  |
| Referral documentation *or* Review of Existing Evaluation Data (REED) documentation | File review |  |
| Teacher Request for Consultation |  |  |
| Classroom Competencies |  |  |
| Classroom Observation |  |  |
| Teacher Information Form |  |  |
| Report Cards | File review |  |
| TAKS results | File review |  |
| DRA/EDL results |  |  |
| Interviews with school personnel: (*list names and roles*) |  |  |
| Interview with student |  |  |
| *Add all other assessment instruments/methods used including*  *Cognitive, achievement, language, etc.* |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# REVIEW OF PREVIOUS EVALUATIONS

*(If the student has been evaluated previously, then a synopsis of those evaluations should be included here. This can be done in a brief narrative or table. Delete heading if student has no previous evaluations.)*

# ASSESSMENT CONDITIONS

(*Create a paragraph discussing assessment conditions. Refer to resources for examples.)*

# SOCIOLOGICAL

(*Create a paragraph that includes information about who the child lives with, such as parents and siblings; important changes in the family; school history and attendance, including retention, and summer school. You can also include information about attendance from STAT documentation*.)

Based on current data, sociological variables do/do not appear to adversely affect Xxx’s learning and behavior patterns.

# PHYSICAL

According to a vision and hearing screening (*date*):

|  |  |
| --- | --- |
| Vision:  within normal limits  without glasses/contacts  with glasses/contacts  not within normal limits | Hearing:  within normal limits  unaided  aided  not within normal limits |

(*Explain as needed*)

Xxx’s developmental milestones reportedly were/were not met at expected ages. For example, … *(guidelines for developmental stages are: sitting up: 5-9 months; crawling 6-11 months; walking 9-17 months; first words by 12-18 months; combines 2-3 words by age 2½ years).*

By parental report, this child’s medical history is unremarkable */ or if significant indicate why, for example: surgery, seizure, loss of consciousness, concussion, or other serious illness.*

Xxx is/is not under the care of a physician for a medical problem. (*If yes, explain*) He/She is/is not currently taking medication. (*If yes, explain*)

*(Include OT,PT, ADHF, medical evaluation if relevant)*

Based on information collected, no concerns are indicated in the areas of fine and gross motor skills. Xxx  to participate in physical education  modifications.

*(If not, explain here and follow-up may be needed, e.g., review a work sample, observation, interview, or test)*

This student does not have a physical condition that affects his/her ability to benefit from the educational process. *OR* \*Xxx’s physical condition of (*condition*) must be considered in the provision of an appropriate education.

# LANGUAGE

The assessment of an individual's language consists of formal and/or informal evaluations of language proficiency. *Insert appropriate speech/language information.*

# EMOTIONAL/BEHAVIORAL

The assessment of an individual’s emotional and behavioral functioning consists of identifying those behavioral characteristics manifested in school and/or out-of-school that may influence learning.

*[When psychological testing is part of the referral, insert psychological information here and move entire emotional/behavioral section after adaptive behavior OR include information from STAT documents – see resource guide for suggestion.]*

An examination of the student's report card indicates conduct as needs improvement/satisfactory/excellent.

This student's behavior does/does not impede his/her learning or the learning of others. (*If it does, explain*)

# EDUCATIONAL HISTORY

*(Describe general instructional strategies and the student’s progress in the classroom. For example: Differentiated directions or assignments, reinforcement charts, and/or the student’s progress on repeated assessments given within the curriculum – grades on tests given in class, universal screening results, district benchmarks, classroom unit tests, etc.)*

The Student Teacher Assistance Team (STAT) / ARD committee has recommended the following strategies to support Xxx in the classroom. *(Describe* *strategies/accommodations from STAT/ARD documentation and the results)*

Xxx has participated in more intensive interventions in the area/areas of (*list*). [*Enter specific intervention provided outside the classroom such as Tutoring, OEY, LLI, STAAR tutoring, etc. Indicate:*

*(a) The name and/or description of the intervention implemented, including how often the student attended.*

*(b) The student’s baseline data or instructional level.*

*(c) The goal or expected rate of improvement.*

*(d) Progress monitoring data taken at specified intervals.*

*(e) An analysis of the student’s progress as compared to expectations – this is the learning rate issue*]

A review of Xxx’s report card indicates the following year-end grades/averages.

| Academic Subject | Grade Level | Grade Level | Grade Level |
| --- | --- | --- | --- |
| Reading/Language Arts |  |  |  |
| Math |  |  |  |
| Science |  |  |  |
| Social Studies |  |  |  |
| Art/Music/PE |  |  |  |
| Elective: |  |  |  |
|  |  |  |  |

*Discuss trends in report card data*

The following table represents Xxx’s performance on state assessment.

| Subject | Grade Level | Grade Level | Grade Level |
| --- | --- | --- | --- |
| Reading | Test/Score/passing standard |  |  |
| Math |  |  |  |
| Writing |  |  |  |
| Science |  |  |  |
| Social Studies |  |  |  |
|  |  |  |  |

*Discuss trends in state assessment data*

# ACADEMIC ACHIEVEMENT

*[Insert appropriate tables or if speech only use this statement]* Based on all sources of information reviewed, there is no indication that academic achievement warrants further assessment at this time.

# CLASSROOM OBSERVATION

To gather additional information regarding the student’s performance in the classroom, a classroom observation was conducted by (*name*), (*title*). *[Summarize observation; observations are required for LD eligibility including relevant behavior noted and the relationship of that behavior to the child’s academic functioning; when there is a Psychological Evaluation, additional observations will be summarized in the emotional/behavioral section]*

# COGNITIVE PERFORMANCE

*(Insert appropriate tables or if speech only use this statement):*  Based on all sources of information reviewed, there is no indication that Xxx’s cognitive performance warrants further assessment at this time.

# ADAPTIVE BEHAVIOR

*(Insert appropriate paragraph; see resources for examples)*

# ASSISTIVE TECHNOLOGY

This student’s needs for assistive technology devices and/or services were considered and the assessment team concluded: *(insert appropriate paragraph describing conclusions; see resource document for examples)*

# CONDITION REPORTS (Include all applicable condition reports here)

# RECOMMENDATIONS

***Once a disability condition has been identified, determination of eligibility for special education, educational programming and services are the responsibility of the Admission, Review, and Dismissal Committee***

It is recommended that the ARD committee consider eligibility for special education in the following areas:

*List*

*Repeat the following section for each area of need.*

Assessment data in the area of …. indicate the student:

* *List specific strengths*

Due to identified deficits in ….., the student will need:

* *List specific recommendations that address the student’s needs*

# ASSURANCES

The multidisciplinary team provides the following assurances:

* The testing, evaluation materials, and procedures used for the purpose of evaluation were selected and administered so as not to be racially or culturally discriminatory;
* The tests and other evaluation materials have been validated for the specific purposes for which they were used; and
* The tests and other evaluation materials were administered by trained personnel in conformance with the instructions provided by the producers.

# MULTIDISCIPLINARY TEAM

*(Refer to FIE Report Writing: Required Signatures handout to ensure correct signatures)*

|  |
| --- |
|  |
| *Name* |
| *Position/Title* |
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|  |
|  |
| *Name* |
| *Position/Title* |
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| *Name* |
| *Position/Title* |
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