

**Sonoma County
Special Education Local Plan Area**

PSYCHO-EDUCATIONAL ASSESSMENT REPORT FORM

Student: _____ Evaluation Date(s): _____
Birth Date: _____ Age at Evaluation: _____
District/School: _____ Date of Report: _____
Grade/Teacher: _____ Evaluator: _____
Major Area(s) of Testing: _____

Parents/Guardians: The following summarizes the assessments conducted by the above named evaluator(s) with your son/daughter. Included in this report is information that may assist in making appropriate educational recommendations. The components of this report meet the requirements of Education Code, Section 56327. The Individualized Educational Program (I.E.P.) meeting is held to discuss the assessment results; however, if you should have further questions regarding this report, please do not hesitate to contact the evaluator(s). This report is made a part of your child's school records and you may request a copy through the school's administrator.

1. REASON FOR REFERRAL:

2. BACKGROUND INFORMATION: Must include educationally relevant health, developmental, medical, and educational findings; determination of effects of environmental, cultural, and economic disadvantages; language, and family information, and school attendance:

3. ASSESSMENT RESULTS: Review previous results, if any: (Note: no standardized tests of intelligence may be used or reported for African-American children referred for assessment.) Please indicate if:

	Yes	No
Tests administered in student's primary language	<input type="checkbox"/>	<input type="checkbox"/>
Test administered with translator	<input type="checkbox"/>	<input type="checkbox"/>
Tests valid for purpose used	<input type="checkbox"/>	<input type="checkbox"/>
Tests accurately reflect student's present performance levels	<input type="checkbox"/>	<input type="checkbox"/>

If no, explain:

Copy 1-File Copy 2-Parent Copy 3-Other Copy 4-General Education Teacher

4. OBSERVATIONS: Include relationship to academic/social functioning:

5. INTERPRETATION:

6. DETERMINATION OF LEARNING DISABILITIES: Note discrepancy between ability and achievement, if any, and identify contributing learning disabilities; include a specific statement relating the discrepancy to the effects of environmental/economic disadvantage, and school attendance.

7. SUMMARY AND CONCLUSIONS:

8. RECOMMENDATIONS: Include statement of eligibility for special education services. As appropriate, address low incidence (VI, HOH, OH, Deaf/Blind) needs:

Name	Title	Phone #
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Copy 1-File	Copy 2-Parent	Copy 3-Other	Copy 4-General Education Teacher
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