

**Sonoma County
Special Education Local Plan Area**

ASSESSMENT REPORT FORM

Student: _____ Evaluation Date(s): _____
Birthdate: _____ Age at Evaluation: _____
District/School: _____ Date of Report: _____
Grade/Teacher: _____ Evaluator(s): _____
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 which 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:

3. ASSESSMENT RESULTS:

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

4. OBSERVATIONS:

5. INTERPRETATION:

6. SUMMARY AND CONCLUSIONS:

7. RECOMMENDATIONS (Include statement of eligibility for special education services based upon SELPA criteria):

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