



INITIAL/EVALUATION REQUEST SUMMARY

Attach to Request for Special Education Support Services Evaluation / Initial Service (89F)

Student: _____ Date of Birth: _____

Home School District: _____ Referred by: _____ Date: _____

Primary CSE Contact: _____ CSE Secretary: _____

Primary contact at school where student is attending, including contact information: _____

Anticipated CSE Date, or "no later than" timeline: _____

Please provide any additional information below to help identify and clarify primary concern(s). ONLY check those areas that BOCES 2 will be responsible for completing.

Will the Home School District and/or Receiving School be completing any additional evaluations?

No Yes, please list/explain:

Please Note – parental consent form should list major service area (e.g., Psychological Evaluation, Speech/Language Evaluation, etc.). Additional clarification of areas of concern should be indicated on this form (e.g., cognitive, articulation, etc.) but does not limit the evaluator; if a need should become apparent during info gathering/testing phase they can test within their domain in areas not checked, unless otherwise specified by home district (e.g., cognitive-only).

| | |
|---|--|
| <input type="checkbox"/> Social History | <input type="checkbox"/> Observation of the student in current program/classroom |
| <input type="checkbox"/> Psychological Review (Review of previous evaluations only, no new psychological testing) | |
| <input type="checkbox"/> Psychological evaluation that may assess IQ, memory, organization, learning and/or behavior; the following areas are indicated: <ul style="list-style-type: none"> <input type="checkbox"/> Assessment of Cognitive Function, IQ, preferred learning style <input type="checkbox"/> Assessment of Academic Achievement: <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> Behavior Rating Scales (e.g., Conners, BASC) <input type="checkbox"/> Adaptive Behavior (e.g., Vineland, ABAS) <input type="checkbox"/> Other (e.g., Autism rating scales, measures of executive functioning, visual-motor tests, measures of attention, etc.) SPECIFY: _____ | |
| <input type="checkbox"/> Functional Behavioral Assessment | |
| <input type="checkbox"/> Speech and Language evaluation to assess: <ul style="list-style-type: none"> <li style="width: 33%;"><input type="checkbox"/> Language (e.g., Receptive, Expressive) <li style="width: 33%;"><input type="checkbox"/> Pragmatic Language <li style="width: 33%;"><input type="checkbox"/> Articulation <li style="width: 33%;"><input type="checkbox"/> Voice <li style="width: 33%;"><input type="checkbox"/> Fluency | |
| <input type="checkbox"/> Occupational Therapy (OT) evaluation to assess: <ul style="list-style-type: none"> <li style="width: 50%;"><input type="checkbox"/> Fine Motor <li style="width: 50%;"><input type="checkbox"/> Perceptual Motor <li style="width: 50%;"><input type="checkbox"/> Sensory <li style="width: 50%;"><input type="checkbox"/> Adaptive/Self-Help skills | |
| <input type="checkbox"/> Physical Therapy (PT) evaluation to assess: <ul style="list-style-type: none"> <li style="width: 50%;"><input type="checkbox"/> Strength/Endurance <li style="width: 50%;"><input type="checkbox"/> Coordination <li style="width: 50%;"><input type="checkbox"/> Mobility/Locomotion <li style="width: 50%;"><input type="checkbox"/> Gross Motor | |



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|---|--|---|---------------------------------|
| <input type="checkbox"/> Assistive Technology (AT) evaluation: | <input type="checkbox"/> AT/AAC | <input type="checkbox"/> Writing/Literacy | <input type="checkbox"/> Access |
| <input type="checkbox"/> Audiology to assess: | <input type="checkbox"/> Audiology evaluation | <input type="checkbox"/> Central Auditory Processing (CAP) evaluation | |
| | <input type="checkbox"/> FM trial (4 weeks) | <input type="checkbox"/> FM Fitting evaluation | |
| <input type="checkbox"/> Autism Service evaluation, which includes summary of student observation/consult with teacher and recommendation of service hours, if any. | | | |
| <input type="checkbox"/> Music Therapy to assess: | <input type="checkbox"/> Academic concerns | <input type="checkbox"/> Communication | <input type="checkbox"/> Motor |
| | <input type="checkbox"/> Social/Behavioral concerns | SPECIFY: _____ | |
| <input type="checkbox"/> Art Therapy to assess: | <input type="checkbox"/> Academic concerns | <input type="checkbox"/> Communication | <input type="checkbox"/> Motor |
| | <input type="checkbox"/> Social/Behavioral concerns | SPECIFY: _____ | |
| <input type="checkbox"/> Deaf and Hard of Hearing: | <input type="checkbox"/> Teacher of the Deaf evaluation | <input type="checkbox"/> Note taker evaluation | |
| | <input type="checkbox"/> Sign Skills Coach evaluation | <input type="checkbox"/> Cued Speech Transliterater | |
| | <input type="checkbox"/> American Sign Language (ASL) Interpreter evaluation | | |
| <input type="checkbox"/> Vision evaluation | | | |
| <input type="checkbox"/> Orientation and Mobility evaluation | | | |
| <input type="checkbox"/> Vocational Assessment - Level II | | | |
| <input type="checkbox"/> Psychiatric Evaluation | | | |
| <input type="checkbox"/> Other - Please specify type and purpose: | | | |

Additional Comments:

Return form with Request for Special Education Support Services Evaluation/Initial Service (89F) to:
 Sue Leege sleege@monroe2boces.org, Betsy Armes earmes@monroe2boces.org, AND Cynthia Hazen-Williams chwillia@monroe2boces.org