

EVALUATION SUMMARY REPORT

Name:	Date:
DOB:	NHSEIS:
School:	Case Manager:
School Address:	School Phone:
Parent(s):	Parent Address:
Parent Phone:	

<input type="checkbox"/> Initial Evaluation	<input type="checkbox"/> 3 year Re-Evaluation	<input type="checkbox"/> Other
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This <u>Evaluation Summary Report</u> is based on reports of the evaluations listed in the <u>Evaluation Plan</u> Dated:	
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MEDICAL AND PHYSICAL FACTORS:

Evaluator:	Date of Evaluation:
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Summary: Hearing Screening: Vision Screening:

BACKGROUND / EDUCATIONAL HISTORY:

Evaluator:	Date of Evaluation:
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Summary:

INTELLECTUAL / COGNITIVE ABILITY:

Evaluator:	Date of Evaluation:
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Summary:

Recommendations:

COMMUNICATION / LANGUAGE CHARACTERISTICS:

Evaluator:

Date of Evaluation:

Summary:

Recommendations:

MOTOR ABILITY / OCCUPATIONAL THERAPY:

Evaluator:

Date of Evaluation:

Summary:

Recommendations:

MOTOR ABILITY / PHYSICAL THERAPY:

Evaluator:

Date of Evaluation:

Summary:

Recommendations:

ACADEMIC PERFORMANCE:

Evaluator:

Date of Evaluation:

Summary:

Recommendations:

SOCIAL EMOTIONAL / BEHAVIORAL FUNCTIONING:

Evaluator:

Date of Evaluation:

Kearsarge Regional School District
114 Cougar Court
New London, NH 03257

Summary:

Recommendations:

ADAPTIVE BEHAVIOR:

Evaluator:

Date of Evaluation:

Summary:

Recommendations:

VOCATIONAL:

Evaluator:

Date of Evaluation:

Summary:

Recommendations:

CLASSROOM OBSERVATION:

Evaluator:

Date of Evaluation:

Summary:

Recommendations:

CONCLUSION OF TEAM REGARDING ELIGIBILITY:

The Special Education Evaluation Team has determined, based on the tests and evaluations summarized above and the eligibility criteria established in the "The New Hampshire Standards for the Education of Students with Disabilities" that this student:

	DOES NOT HAVE an education disability and/or does not require special education
	HAS AN EDUCATIONAL DISABILITY as follows, and requires special education as a result of the disability:

Kearsarge Regional School District
114 Cougar Court
New London, NH 03257

Please complete all eligibility determination forms used to determine:

	Primary Disability:
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	Secondary Disability:
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	Third Disability:
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If you disagree with this evaluation, then you have the right to request an independent evaluation at public expense. Additional information about your right to request an independent evaluation at public expense may be found in the NH Procedural Safeguards. If you have any questions about the independent evaluation process, please contact your child's case manager.

A copy of the NH Procedural Safeguards was provided to and viewed with the parents by:

Name: _____ Date: _____
