

# SPECIAL EDUCATION EVALUATION TEAM EVALUATION SUMMARY REPORT

District:

## Individual Evaluation Results

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| TYPE OF TEST/EVALUATION:<br><br><ul style="list-style-type: none"> <li>Academic Achievement</li> </ul> NAME OF TEST(S) GIVEN:<br><br>EXAMINER (NAME AND TYPE):<br><br>DATE OF EVALUATION:  | SUMMARY OF FINDINGS: |
| TYPE OF TEST/EVALUATION:<br><br><ul style="list-style-type: none"> <li>Academic Achievement</li> </ul> NAME OF TEST(S) GIVEN:<br><br><ul style="list-style-type: none"> <li>Classroom observation (required for LD only)</li> </ul> EXAMINER (NAME AND TYPE):<br><br>DATE OF EVALUATION: | SUMMARY OF FINDINGS: |
| TYPE OF TEST/EVALUATION:<br><br>NAME OF TEST(S) GIVEN:<br><br>EXAMINER (NAME AND TYPE):<br><br>DATE OF EVALUATION:   | SUMMARY OF FINDINGS: |
| TYPE OF TEST/EVALUATION:<br><br>NAME OF TEST(S) GIVEN:<br><br>EXAMINER (NAME AND TYPE):<br><br>DATE OF EVALUATION:   | SUMMARY OF FINDINGS: |

