

ETR Evaluation Team Report

Logan-Hocking School District

CHILD'S NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: _____

POSITION: _____

AREAS OF ASSESSMENT: Academic, communication, motor, and social/emotional/behavioral skills

SUMMARY OF ASSESSMENT RESULTS:

Please comment on the student's current levels of performance as pertains to your class and the method used to determine skill levels. If skill is not used in your class, mark N/A.

ACADEMIC SKILL	Below Current Grade Level	At Current Grade Level	Above Current Grade Level	Evaluation Method Used (e.g. observations, classroom assessments, work samples, etc.)
Decoding (Reading Accuracy)				
Reading Comprehension				
Reading Fluency				
Spelling				
Writing Mechanics				
Written Expression				
Math Calculation				
Math Problem Solving				
Social Studies				
Science				
Other:				

Please comment on any area marked as "below" grade level: _____

Comment on current academic performance (grades, participation, homework completion, etc.): _____

LISTENING COMPREHENSION: Satisfactory Concerns noted as follows: _____

Does the student require repetition or clarification of directions? Not Usually Often Explain: _____

ORAL EXPRESSION: Satisfactory Concerns noted as follows: _____

FINE MOTOR SKILLS: Satisfactory Concerns noted as follows: _____

GROSS MOTOR SKILLS: Satisfactory Concerns noted as follows: _____

SOCIAL & PEER RELATIONSHIPS:

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Student relates well with peers. | <input type="checkbox"/> Student is popular with peers. |
| <input type="checkbox"/> Student works well in a group. | <input type="checkbox"/> Student relates well with adults. |
| <input type="checkbox"/> Student has the following difficulties with social/peer relationships: _____ | |

Any additional comments: _____

BEHAVIORAL/EMOTIONAL OBSERVATIONS:

Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Usually Happy | <input type="checkbox"/> Shows Confidence | <input type="checkbox"/> Puts Forth a Good Effort |
| <input type="checkbox"/> Responds Appropriately to Criticism/Correction | <input type="checkbox"/> Shows Respect to Others | <input type="checkbox"/> Is Often Sad |
| <input type="checkbox"/> Is Excessively Shy &/or Withdrawn | <input type="checkbox"/> Is Overly Sensitive | <input type="checkbox"/> Is Difficult to Motivate |

Comment on any other behavioral observations: _____

LIST ACCOMODATIONS, MODIFICATIONS, & INTERVENTIONS PROVIDED IN YOUR CLASSROOM:

DESCRIPTION OF EDUCATIONAL NEEDS:

Do you feel that the student's needs can be met within the general education setting without special education support?

Yes No Please Explain: _____

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

What, if any, changes would you recommend for this student? _____

Evaluator's Signature: _____ Date: _____