

**FSM DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM**

**Evaluation Plan**

<b>Name of Student:</b>	<b>Date Plan Development:</b>	<b>Suspected Area(s):</b>	<b>Developed by:</b>
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Area for Assessment	Recommended Areas for Assessment														Additional Information Needed	Responsible Person	Date Completed
	AUT	SLD	ED	OHI	OI	VI	HI	Deaf	DB	MR	MD	SP/LNG	TBI	DD			
Vision	√	√		√		√	√	√	√	√	√	√	√	√			
Hearing	√	√		√		√	√	√	√	√	√	√	√	√			
Health (Physical including motor)	√	√	√	√	√	√	√	√	√	√	√		√	√			
Intellectual Cognitive	√	√	√	√		√	√	√	√	√	√	√	√	√			
Academic Achievement (Reading, Math, Language Art)	√	√	√	√	√	√	√	√	√	√	√	√	√	√			
Work Samples	√	√	√	√	√	√	√	√	√	√	√	√	√	√			
Speech or Language	√	√					√	√	√	√	√	√	√	√			

**NOTE:** Use additional sheet if necessary

Codes:

AUT=Autism, SLD Specific Learning Disability, ED=Emotional Disabilities, OHI=Other Health Impairment, OI=Orthopedic Impairment, VI=Visual Impairment, HI=Hearing Impairment, Deaf=Deafness, DB=Deaf Blindness, MR=Mental Retardation, MD=Multiple Disabilities, SP/LNG=Speech or Language, TBI=Traumatic Brain Injury, DD=Developmentally Delayed

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Adaptive Behavior	√									√	√		√	√			
Social Emotional Behavior		√	√							√	√			√			
Observation	√	√	√	√	√	√	√	√	√	√	√	√	√	√			
Parent Interview	√	√	√	√		√	√	√	√	√	√	√	√	√			
Teacher Interview	√	√	√	√	√	√	√	√	√	√	√	√	√	√			
Review of School	√	√	√	√	√	√	√	√	√	√	√	√	√	√			
Other factors affecting educational performance	√	√	√	√	√	√	√	√	√	√	√	√	√	√			

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