Summary of Evaluation

Name of Student:	DOB:	Date::

Area (Need)	Date of Evaluation	Evaluator and Title	Assessment Materials/ Procedures Used	Results (Present levels of functioning)	Recommendations

Summary of Evaluation

Name of Student:	**DOB:**	**Date:**:

Strengths:
Interests:
Parent Information:
Child's ability to participate in the general curriculum:

Complete for all Students:
Primary language of Student: _____ (If primary language is not English, check the appropriate box.) ☐ The evaluation was conducted in the student's primary language or other mode of communication, OR ☐ The evaluation was not conducted in the student's primary language or other mode of communication. ☐ Other:

Summary of Evaluation Completed by:	
_____	_____
Name	Date