

STONINGTON PUBLIC SCHOOLS
Multidisciplinary Evaluation Report
for Students Suspected of Having a Learning Disability

Student: _____ Date of Birth: _____ Grade: _____
 School: _____ Date of Report: _____

The following information must be reviewed by the Planning and Placement Team and documented in the appropriate spaces.

1. EVALUATION REQUIREMENTS

A. Alternative strategies: Implementor(s): _____

Strategies <small><i>[Attach additional information, including math and reading worksheets, as appropriate]</i></small>	Results	Dates <small><i>[To/From]</i></small>
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B. Parental Input: _____

C. Educationally Relevant Medical Findings, if any _____

D. Regular Classroom Observation: _____

Academic activity(ies): _____ Date(s): _____

Observer(s) [team member(s) other than student's regular teacher]: _____

Behavior observed and the relationship to academic functioning: _____

E. Assessment information:

<u>Assessment</u>	<u>Evaluator (Name and Title)</u>
_____	_____
_____	_____
_____	_____
_____	_____