

**SECTION III – EVALUATION REVIEW**

Student Name: \_\_\_\_\_

**PRESCHOOL INFORMATION REVIEW**

**Current Individual Achievement and Skill Levels**

Teacher estimate based on classroom performance:  Yes  No

(Check and describe areas of concerns. Describe strengths and weaknesses.)

Communication: \_\_\_\_\_

\_\_\_\_\_

Social/Play: \_\_\_\_\_

\_\_\_\_\_

Motor: \_\_\_\_\_

\_\_\_\_\_

Self-Help: \_\_\_\_\_

\_\_\_\_\_

Pre-Vocational: \_\_\_\_\_

\_\_\_\_\_

Emotional/Behavioral: \_\_\_\_\_

\_\_\_\_\_

Regulatory/Sensory: \_\_\_\_\_

\_\_\_\_\_

**Previous Developmental Assessment Information**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Administered by: \_\_\_\_\_

Battelle Developmental Inventory

Other: \_\_\_\_\_

	Percentile Rank	Standard Score	Age Equivalency
Personal/Social			
Adaptive			
Gross Motor			
Fine Motor			
Communication Receptive Expressive			
Cognitive			
Social			
Self-Help			
Total Test			

Based on current classroom performance, parental information, and teacher observations, \_\_\_\_\_'s

Yes  No Educational performance is not consistent with previous assessment results.

Yes  No **Significant** changes have been documented in the student's environment, overall adjustment and educational profile.

Yes  No Review of previous evaluations indicates consistent and valid results.

Yes  No Additional comprehensive data would not prove relevant to the issues of continued eligibility, programming and instruction.

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Position

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date