

Evaluation Report (Montana)

Last Modified on 03/05/2025 9:00 am CST

Tool Search: Special Ed Documents

The Evaluation in Campus is used to document the student's educational needs and determination of eligibility for special education. This document describes each editor, each field on the editor, any special considerations, and instructions for using the editor and fields.

An evaluation must be created whether or not the student is determined to have a disability. The school district gives a copy of the evaluation summary report, including the documentation of eligibility, to the student's parents. For information on general functionality, navigation, and additional plan and evaluation features, see the core [Plan and Evaluation Information](#) article.

The current format of this document is the **MT Evaluation Report**. Evaluation formats are selected in [Special Ed Eval Types](#).

Editor Home			
NAME	STATUS	MODIFIED BY	COMPLETED BY
Evaluation Information	IN PROGRESS	Demo Administrator 3/29/22 9:23 AM	>
Student Information	IN PROGRESS	Demo Administrator 3/29/22 9:31 AM	>
Parent/Guardian Information	IN PROGRESS	Demo Administrator 3/29/22 9:35 AM	>
Enrollment Information	IN PROGRESS	Demo Administrator 3/29/22 9:37 AM	>
Parent/Student Comments	IN PROGRESS	Demo Administrator 3/29/22 9:41 AM	>
Classroom Based Assessments	IN PROGRESS	Demo Administrator 3/29/22 9:45 AM	>
Observations	NOT STARTED		>

Editor Home

Evaluation Information

The Evaluation Information editor provides basic information regarding the evaluation.

Evaluation Information IN PROGRESS			Editor 1 of 15
Evaluation Date * 01/25/2022	Evaluation Type Initial	Date Consent Received * 01/04/2022	

Evaluation Information Editor

▶ [Click here to expand...](#)

Field	Description
Evaluation Date <i>Required</i>	The date of the evaluation.
Evaluation Type	The type of evaluation. Options include: <ul style="list-style-type: none"> • Initial • Reevaluation
Date Consent Received <i>Required</i>	The date the parent/guardian gave consent to evaluate the student.

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Student Information

The Student Information editor displays basic information about the student such as demographic information. This is a read-only editor.

The **Refresh** button retrieves a fresh copy of data from the student's record. See the [General Information](#) section for additional information.

Student Information IN PROGRESS
Editor 2 of 15

When an evaluation is generated, a snapshot of the student's information is taken from Census. Click Refresh to retrieve a new copy of data.

Last Name Abegg	First Name Colton	Middle Name	Suffix
Age 5	Birthdate [REDACTED]	Gender M	
Federal Designation 4: Black or African American	Federal Race(s) 4: Black or African American	Race, Ethnicity (state)	
Address	Student Number [REDACTED]	State ID [REDACTED]	

Case Manager Information

Name	Title
Phone	

Student Information Editor

▶ [Click here to expand...](#)

Field	Description	Ad Hoc
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Field	Description	Ad Hoc
Last Name	The student's last name.	Census > People > Demographics > Last Name identity.lastName
First Name	The student's first name.	Census > People > Demographics > First Name identity.firstName
Middle Name	The student's middle name.	Census > People > Demographics > Middle Name identity.middleName
Suffix	The student's suffix.	Census > People > Demographics > Suffix Name identity.suffix
Age	The student's age.	Census > People > Demographics > Age identity.age
Birthdate	The student's birthdate.	Census > People > Demographics > Birth Date identity.birthDate
Gender	The student's gender.	Census > People > Demographics > Gender identity.gender
Federal Designation	The student's federal race designation.	Census > People > Demographics > Federal Designation identity.raceEthnicityDetermination
Race, Ethnicity (state)	The student's state race/ethnicity designation.	Census > People > Demographics > Race/Ethnicity Determination identity.raceEthnicity
Address	The student's address. This field becomes a dropdown when more than one address exists for the student. The primary household displays by default.	Census > Households > Address Info address.number; address.street; address.tag; address.prefix; address.dir; address.apt; address.city; address.state; address.zip
Student Number	The student's identification number.	Census > People > Demographics > Student Number

Case Manager Information

These fields are read-only.

Field	Description	Ad Hoc
Name	The first and last name of the team member.	Student Information > Special Ed > General > Team Members
Title	The role of the team member.	Student Information > Special Ed > General > Team Members
Phone	The phone number of the team member.	Student Information > Special Ed > General > Team Members

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Parent/Guardian Information

The Parent/Guardian Information editor populates based on the guardian checkbox on the student's [Relationships](#) tool. The editor includes [Demographics](#) information for the student's guardian.

The **Delete** button next to each parent/guardian can be used to remove a parent/guardian from the IEP.

The **Refresh** button retrieves a new copy of parent/guardians' data. This also returns any accidentally deleted people. Manually entered fields do not change when the refresh button is clicked. The user must **Save** after clicking Refresh to capture changes.

Parent/Guardian Information IN PROGRESS Editor 3 of 15

When an Evaluation is generated, a snapshot of the parent/guardian information is taken from Census. Individuals with the Guardian check box marked on the Relationship tool for the student display below. Click Refresh to retrieve a new copy of data.

Abegg, Harrison - Father

Print Sequence Delete

1

Address
2927 5th Ave NW Blaine, MT 55449

Home Phone (651)555-1694 **Work Phone** (555)555-1101 **Cell Phone** (555)555-1468

E-mail

Parent/Guardian Information Editor

▶ [Click here to expand...](#)

Field	Description	Ad Hoc	Validation
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Field	Description	Ad Hoc	Validation
Last Name	The last name of the parent/guardian.	Census > People > Demographics > Last Name identity.lastName	This field populates from Census. This is part of the header for the parent/guardian.
First Name	The first name of the parent/guardian.	Census > People > Demographics > First Name identity.firstName	This field populates from Census. This is part of the header for the parent/guardian.
Middle Name	The suffix of the parent/guardian.	Census > People > Demographics > Suffix Name identity.suffix	This field populates from Census. This is part of the header for the parent/guardian.
Suffix	The suffix of the parent/guardian.	Census > People > Demographics > Suffix Name identity.suffix	This field populates from Census. This is part of the header for the parent/guardian.
Relationship	The relation of the parent/guardian to the student.	Census > People > Relationships	This field populates from Census. This is part of the header for the parent/guardian.
Sequence	The print order of the parent/guardian(s) on the IEP.	N/A	When no Sequence is selected, parent/guardian(s) print in the order displayed in the UI. When any Sequences are selected, only parent/guardian(s) with a sequence number prints in the order defined.

Field	Description	Ad Hoc	Validation
Address	The parent/guardians' address.	Census > Households > Address Info address.number; address.street; address.tag; address.prefix; address.dir; address.apr; address.city; address.state; address.zip	This field populates from Census. When there are multiple addresses for a person, a drop down with an option to select which address displays. When there is only one address, the drop down only has one option. The populated address is the one marked "Primary."
Work Phone	The work phone of the parent/guardian.	Census > People > Demographics > Work Phone	This field populates from Census.
Cell Phone	The cell phone of the parent/guardian.	Census > People > Demographics > Cell Phone	This field populates from Census.
Email	The primary email address for the parent/guardian.	Census > People > Demographics > Email	This field populates from Census.

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Enrollment Information

The Enrollment Information editor reports Special Education information from the student's Enrollment.

The **Refresh** button retrieves a fresh copy of data from the student's record. See the [General Information](#) section for additional information.

Enrollment Information NOT STARTED
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Click Refresh to retrieve a new copy of data from a selected Enrollment record.

Resident District	Grade	
:	KG	
School Name	School Phone	School Year
Arthur Elementary	(555)555-7890	21-22

District Information

District Number	District Name	
100	Plainview Schools	
District Address		District Phone
[REDACTED]		(763)555-5555

Enrollment Information Editor

▶ [Click here to expand...](#)

Field	Description	Ad Hoc	Validation
Resident District	The district where the student lives.	N/A	This field is pulled from the Enrollment record. This field is read only.
School Phone	The phone number of the school associated with the student's Enrollment record.	N/A	This field is pulled from System Administration > Resources > School > School Phone. This field is read only.
School Year	The school year.	N/A	This field is pulled from the Enrollment record. This field is read only.
Grade	The student's current grade.	Enrollment > Grade enrollment.grade	This field is pulled from the Enrollment record. This field is read only.
School Name	The name of the school associated with the student's Enrollment record.	Learner Planning > Learning Plans > servingSchoolName	This field is pulled from the Enrollment record. This field is read only.
District Information			
<i>These fields are read only.</i>			

Field	Description	Ad Hoc	Validation
District Number	The district number associated with the Enrolled school.	N/A	System Administration > Resources > District Information > State District Number
District Name	The district name associated with the Enrolled school.	N/A	System Administration > Resources > District Information > Name
District Address	The district address associated with the Enrolled school.	N/A	System Administration > Resources > District Information > Address
District Phone	The district phone number associated with the Enrolled school.	N/A	System Administration > Resources > District Information > Phone

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Parent/Student Comments

The Parent/Student Comments editor is used to document any evaluation information provided by the parent and/or student.

This editor is required.

Evaluations and Information Provided by the Parent(s) and/or Student

Parent Comments *

Student Comments

Implications for Educational Planning

Parent/Student Comments

▶ [Click here to expand...](#)

Field	Description
Parent Comments <i>Required</i>	A description of the comments provided by the parent/guardian regarding the student evaluation.
Student Comments	A description of the comments provided by the student regarding the their evaluation.
Implications for Educational Planning	A description of the implications of this information regarding the student's educational planning.

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Classroom Based Assessments

The Classroom Based Assessment editor is used to document any classroom evaluations, results, and implications for instructional planning for the student.

This editor is required.

Classroom Based Assessments IN PROGRESS
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Date of Evaluation/Observation

Evaluator

Other Evaluators

Evaluations*

Results

Classroom Based Assessments Editor

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Field	Description
Date of Evaluation/Observation	The evaluation date.
Evaluator	The person completing the evaluation.
Other Evaluators	Any other person involved in the evaluation.
Evaluations <i>Required</i>	A description of the evaluations done for the student.
Results <i>Required</i>	The results of the evaluation.
Implications for Instructional Planning <i>Required</i>	A description of the implications of this information regarding the student's instructional planning.

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Observations

The Observations editor is used to document any evaluations, results, and implications for instructional planning for the student.

Observations NOT STARTED
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Date of Evaluation/Observation

Evaluator

Other Evaluators

Evaluations*

Results

Observations Editor

▶ [Click here to expand...](#)

Field	Description	Validation
Date of Evaluation/Observation	The evaluation date.	N/A
Evaluator	The person completing the evaluation.	Users in this dropdown are based on staff members who have the Special Ed checkbox marked on their District Assignment.
Other Evaluators	Any other person involved in the evaluation.	N/A
Evaluations <i>Required</i>	A description of the evaluations done for the student.	N/A
Results <i>Required</i>	The results of the evaluation.	N/A
Implications for Instructional Planning <i>Required</i>	A description of the implications of this information regarding the student's instructional planning.	N/A

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Assessments

The Assessments editor is used to document the type of assessments used to evaluate the student.

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Assessments List Screen

Assessments IN PROGRESS Editor 8 of 15

🔒	Assessments Date ↑	Assessment Area	Evaluator
	03/02/2022	Academic Achievement	

◀ ◁ 1 ▷ ▶
1 - 1 of 1 items

Assessments List Screen

Field	Description
Padlock Icon	The user currently editing the record.
Assessments Date	The date of the assessment.
Assessment Area	The area of assessment.
Evaluator	The person completing the evaluation.

Assessments Detail Screen

Assessment

Date of Evaluation/Observation
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Assessment Area*
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Evaluator
 ▼

Other Evaluators

Evaluations*

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Assessments Detail Screen

Field	Description
Date of Evaluation/Observation	The evaluation date.
Assessment Area <i>Required</i>	The area of assessment. Options include: <ul style="list-style-type: none"> • Academic Achievement • Assistive Technology/Services • Behavioral • Communication • Developmental • Functional Behavior Assessment • Physical • Psychological • Social/Emotional • Transition • Other
Evaluator	The person completing the evaluation.
Other Evaluators	Any other person involved in the evaluation.
Evaluations <i>Required</i>	A description of the evaluations done for the student.
Results <i>Required</i>	The results of the evaluation.
Implications for Instructional Planning <i>Required</i>	A description of the implications of this information regarding the student's instructional planning.

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
Determination of Eligibility Checklist

The Determination of Eligibility editor provides a collection of checklists for each disability the student is determined to have. Checklists include the considerations and questions to be addressed for that disability.

[▶ Click here to expand...](#)

Determination of Eligibility Checklist List Screen

Determination of Eligibility Checklists IN PROGRESS Editor 9 of 15

 Date	Checklist	Eligible
03/07/2022	Autism	No

1 - 1 of 1 items

Determination of Eligibility Checklist List Screen

Field	Description
Padlock Icon	The user currently editing the record.
Date	The date the determination was made.
Checklist	The checklist item.
Eligible	Indicates the eligibility status of each checklist item.

Determination of Eligibility Checklist Detail Screen

Determination of Eligibility Checklist

This form is provided to assist school district individualized education program (IEP) teams in determining if a student appropriately can be determined to have an impairment.

Select all disabilities that apply.

Checklist *
Autism

Date of Eligibility Determination Criteria form filled out *
03/07/2022

Eligible

Print In Evaluation

10.16.3011 Criteria for Autism

A student must have at least one characteristic in each of the three areas of social communication; social interaction; and in restricted and repetitive behaviors and interests.

A student must have a total of eight or more characteristics to be identified as a student with autism.

The characteristics below are those which most frequently occur with the student but may not occur in every situation.

Significant difficulties in social communication must be documented for a least one of the following characteristics:

Initiating or maintaining eye contact while interacting with others:

Determination of Eligibility Checklist Detail Screen - Autism Example

Field	Description	Validation
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Field	Description	Validation
Checklist <i>Required</i>	The checklist item. Options include: <ul style="list-style-type: none"> • Autism • Cognitive Delay • Deafness • Deaf-Blindness • Developmental Delay • Emotional Disturbance • Hearing Impairment • Learning Disability RTI • Learning Disability Severe Discrepancy • Orthopedic Impairment • Other Health Impairment • Speech-Language Impairment • Traumatic Brain Injury • Visual Impairment 	When an option is selected from the drop down, the criteria checklist displays (see below).
Date of Eligibility Determination Criteria form filled out <i>Required</i>	The date the determination criteria form was completed.	N/A
Eligible	Indicates the eligibility status of each checklist item.	N/A
Print in Evaluation	Indicates this record prints.	This is marked by default.

Autism Criteria Checklist

Field	Validation
Initiating or maintaining eye contact while interacting with others:	Yes or No
Use of facial expressions to communicate with others:	Yes or No
Identifying and/or understanding the communicative intent of another person's facial expressions;	Yes or No
Using gestures to direct attention to an object (for example: showing, bringing or pointing out objects of interest;	Yes or No
Using gestures for communication;	Yes or No
Responding to or interpreting other's use of gestures;	Yes or No
Noticing or interpreting other's use of body language;	Yes or No

Field	Validation
Use of own body language for communication;	Yes or No
Expressive verbal or alternative communication;	Yes or No
Receptive verbal or alternative communication; or	Yes or No
Interpretation of other's verbal communication (often concrete and literal; for example: does not understand idioms or sarcasm)	Yes or No
Significant difficulties in social interaction must be documented for at least one of the following characteristics:	
Seeking to share enjoyment, interests, or achievements with others;	Yes or No
Initiating social interaction unless seeking preferred items or help;	Yes or No
Responding to social interactions initiated by others;	Yes or No
Initiating a conversation on non-preferred topics	Yes or No
Sustaining a conversation on non-preferred topics;	Yes or No
Explaining another person's perspective (for example: what other people are thinking or feeling);	Yes or No
Joining play activities of others (solitary play preferred);	Yes or No
Play lacks elements of make-believe;	Yes or No
Participating in make-believe play with others; or	Yes or No
Engaging in social imitative play (for example: playacting, fantasy characters, animals, pretending, adult role).	Yes or No
Significant difficulties resulting from restricted and repetitive behaviors and interests must be documented for at least one of the following characteristics:	
Makes repeated vocalizations or verbalizations (for example: repeats same word, phrase or sound);	Yes or No
Persistent preoccupation with specific objects or parts of objects;	Yes or No
Engages in repeated, repetitive movements with objects such as sticks or string, lining up toys, flipping objects, spinning objects;	Yes or No
Preoccupation with particular interests causes difficulties in social interaction and/or academic performance;	Yes or No
Resists when asked to discontinue preferred or special interest activity;	Yes or No
Prefers consistency and resists expected and/or unexpected changes (for example: changing activities, leaving activity unfinished, changes in routine or daily schedule); or	Yes or No

Field	Validation
Engages in repetitive physical behaviors such as body rocking, spinning self, finger flicking, hand flapping.	Yes or No
Does the student have at least one characteristic in each of these three areas:	
Social Communication	Yes or No
Social Interaction	Yes or No
Restricted and Repetitive Behaviors and Interests	Yes or No
Total number of characteristics in all three areas:	Must have eight or more.
Student Name	This information pulls from the Census record.
Evaluation Meeting Date	N/A
Additional Required Team Members <i>Required team members for the determination of Autism must be a school psychologist and a speech-language pathologist, each of whom is qualified to conduct individual diagnostic examinations of children.</i>	
Psychologist Name <i>Required</i>	N/A
Speech-Language Pathologist Name <i>Required</i>	N/A

Cognitive Delay

Field	Validation
The student has a significantly sub average general intellectual functioning; and	Yes or No
Corresponding deficits in adaptive behavior and educational performance, especially in the area of application of basic academic skills in daily life activities.	Yes or No
The presence of sub average general intellectual functioning must occur between conception and the 18th birthday.	Yes or No
Definitions:	

Field	Validation
Student Name	Pulls from Census
Evaluation Meeting Date	N/A
Additional Required Team Members <i>Required team members for the determination of cognitive delay must be a school psychologist, whom is qualified to conduct individual diagnostic examinations of children</i>	
Psychologist Name <i>Required</i>	N/A

Deafness

Field	Validation
An audiological report documents that hearing loss is so severe that the student is impaired in processing linguistic information, with or without amplification, to the extent that prevents the auditory channel from being the primary mode of speech and language.	Yes or No
The student's education performance is adversely affected as documented by specific examples:	Yes or No
Specify:	N/A
Definitions:	
Student Name	This information pulls from the Census record.
Evaluation Meeting Date	N/A
Additional Required Team Members <i>Required team members for the determination of deafness must be a speech-language pathologist or an audiologist, each of whom is qualified to conduct individual diagnostic examinations of children.</i>	
Speech-Language Pathologist Name	N/A
Audiologist Name	N/A

Deaf-Blindness

Field	Validation
The student:	N/A
Meets the criteria in ARM 10.16.3022 for visual impairment;	Yes or No

Field	Validation
Meets the criteria in ARM 10.16.3020 for speech-language impairment;	Yes or No
Meets the criteria in ARM 10.16.3016 for hearing impairment or in ARM 10.16.3014 for deafness; and	Yes or No
Is experiencing severe delays in communication and other developmental and educational skills such as the services designed solely for students with deafness or for students with blindness would not meet the student's educational needs.	Yes or No
Student Name	This information pulls from the Census record.
Evaluation Meeting Date	N/A
Additional Required Team Members <i>Required team members for the determination of deaf-blindness must be a speech-language pathologist, whom is qualified to conduct individual diagnostic examinations of children.</i>	
Speech-Language Pathologist Name <i>Required</i>	N/A

Developmental Delay

Field	Validation
The student is at least three (3) and not yet nine (9) years old.	N/A
The student functions at a developmental level:	N/A
Two or more standard deviations below the norm in any ONE of the following areas of development:	N/A
Areas of Development	Options include: <ul style="list-style-type: none"> • adaptive functioning skills • cognitive development • communication development • physical development • social and emotional development

Field	Validation
or	N/A
1.5 more more standard deviations below the norm in TWO OR MORE of the following areas of development:	N/A
Areas of Development	Options include: <ul style="list-style-type: none"> • adaptive functioning skills • cognitive development • communication development • physical development • social and emotional development
Documentation of a developmental delay must include:	N/A
Appropriate developmental assessment that addressed each of the areas above.	N/A
Observation of the student's communication development and social and emotional development in a classroom or other group setting	N/A
Student Name	This information pulls from the Census record.
Evaluation Meeting Date	N/A

Emotional Disturbance

Field	Validation
An inability to build or maintain satisfactory relationships with peers and teachers;	Yes or No
Inappropriate types of behavior or feelings under normal circumstances, including behaviors which are psychotic or bizarre in nature or behaviors which are atypical and for which no observable reason exists;	Yes or No
A general, pervasive mood of unhappiness or depression, including major depression and dysthymia, but excluding normal grief reactions;	Yes or No

Field	Validation
A tendency to develop physical symptoms or fears associated with personal or school problems, including separation anxiety, avoidant disorder and overanxious disorder;	Yes or No
Schizophrenia	Yes or No
<i>Each of the conditions above shall meet the criteria having been present:</i>	
To a marked degree,	Yes or No
Over a long period of time, and	Yes or No
Adversely affecting the student's educational performance.	Yes or No
The student has been observed in more than one setting within the educational environment	Yes or No
The local education agency has planned and implemented one or more positive behavioral interventions specific to the individual student.	Yes or No
Interventions shall not unnecessarily delay appropriate identification when it can be shown through a student's social or developmental history, compiled directly from the student's parents or from records when the parents are not available, the existence of characteristics that clearly identify emotional disturbance.	N/A
<p>Exclusionary Factors</p> <p><i>The student may not be identified as having emotional disturbance if:</i></p> <p><i>Delays in educational performance are primarily due to visual impairment, hearing impairment, orthopedic impairment, cognitive delay, health factors, cultural factors or limited educational opportunity.</i></p> <p><i>Common disciplinary problems may exist in conjunction with emotional disturbance, but cannot be used as the sole criteria for determining the existence of an emotional disturbance.</i></p> <p><i>The term emotional disturbance does not apply to students who are socially maladjusted, unless it is determined that they meet the criteria for emotional disturbance.</i></p>	
<p>Definitions:</p> <p><i>"Adversely affect the student's educational performance" means that there is evidence that measures of student performance (e.g. achievement tests, grades, behavioral assessments, analysis of classroom assignments, or criterion-referenced tests, etc.) indicate a pattern of educational attainment that can wholly or in part be attributed to the disabling condition.</i></p>	
Student Name	This information pulls from the Census record.
Evaluation Meeting Date	N/A

Field	Validation
Additional Required Team Members <i>Required team members for the determination of emotional disturbance must be a school psychologist, whom is qualified to conduct individual diagnostic examinations of children.</i>	
Psychologist Name <i>Required</i>	N/A

Hearing Impairment

Field	Validation
An audiological report documents a permanent hearing loss in excess of 20dB better ear average in the speech range (500, 1,000 or 2,000 Hz), unaided, or	Yes or No
A history of fluctuation hearing loss which has interrupted the normal acquisition of speech and language and continues to adversely affect educational performance.	Yes or No
Definitions: <i>"Adversely affect the student's educational performance" means that there is evidence that measures of student performance (e.g. achievement tests, grades, behavioral assessments, analysis of classroom assignments, or criterion-referenced tests, etc.) indicate a pattern of educational attainment that can wholly or in part be attributed to the disabling condition.</i>	
Student Name	This information pulls from the Census record.
Evaluation Meeting Date	N/A
Additional Required Team Members <i>Required team members for the determination of hearing impairment must be a speech-language pathologist or an audiologist, each of whom is qualified to conduct individual diagnostic examinations of children.</i>	
Speech-Language Pathologist Name	N/A
Audiologist Name	N/A

Learning Disability RTI

Field	Validation
The student has been provided learning experiences appropriate to the student's age or grade-level based on state-approved K-12 content standards.	Yes or No

Field	Validation
<p>The student did not make sufficient progress to meet age or grade level based on state-approved K-12 content standards in one or more of the following areas</p>	<p>Yes or No</p>
<p>Areas:</p>	<p>Options include:</p> <ul style="list-style-type: none"> • Basic Reading Skills • Oral Expression • Reading Comprehension • Written Expression • Reading Fluency Skills • Mathematics Calculation • Listening Comprehension • Mathematics Problem Solving
<p>The student was determined to have a specific learning disability based on an insufficient response to scientific, research-based interventions resulting in a low level of academic achievement.</p>	<p>Yes or No</p>
<p>Insufficient response to interventions occurred when, despite the implementation of the interventions over a sustained period of time, the student did not achieve adequately based on the student's age or grade level based on state-approved K-12 content standards.</p>	<p>Yes or No</p>
<p>Scientific, research based interventions were:</p>	
<p>Matched to the specific needs of the student as identified through systematic, data-based processes for examining the presenting problem, including parental input, to identify instructional interventions that have a high likelihood of success;</p>	<p>Yes or No</p>
<p>Focused on changing the instructional strategies or techniques used with the student; and</p>	<p>Yes or No</p>
<p>Regularly monitored for student progress and correct implementation via regular and frequent data collection, and analyzed and modified as necessary based on data analysis.</p>	<p>Yes or No</p>
<p>In determining the response to scientific research-based interventions the evaluation team considered data:</p>	

Field	Validation
Regarding how appropriately the intervention was delivered by qualified personnel, and	Yes or No
Comparing the student's rate of learning and current levels of performance with the student's initial levels of performance	Yes or No
The student did not make sufficient response to scientific, research-based interventions, and	Yes or No
The level of intervention necessary to sustain the response can only be provided through special education services.	Yes or No
Documentation also includes:	
The scientific, research-based interventions and instructional strategies uses; and	Yes or No
The student-centered data collected during the implementation of at least two intensive individualized interventions implemented for a sustained period of time.	Yes or No
The evaluation team documented the student's academic performance in the regular classroom setting through observation.	Yes or No
Requirements for documentation of observation were met by observation of routine classroom instruction and monitoring of the student's performance that was done before the child was referred or an evaluation, <u>or</u>	Yes or No
At least one member of the evaluation team conducted an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent was obtained.	Yes or No
If the student was younger than school age or out of school, an evaluation team member observed the student in an environment for a student of that age.	Yes or No
Educationally relevant medical findings, if any, were considered; <u>and</u>	Yes or No
Two or more interventions specific to the individual student were implemented.	Yes or No
Interventions did not unnecessarily delay appropriate identification.	Yes or No

Field	Validation
Exclusionary Factors: <i>The student may not be identified as having a specific learning disability if the student's significantly low rate of progress in meeting age or grade level based on state-approved K-12 content standards is primarily the result of a visual, hearing, or motor impairment; cognitive delay; emotional disturbance; environmental or economic disadvantage; cultural factors; or a lack of appropriate instruction.</i>	
Student Name:	This information pulls from the Census record.
Evaluation Meeting Date:	N/A
Additional Required Team Members: <i>Required team members for the determination of specific learning disability must be a school psychologist, a speech-language pathologist, or a remedial reading teacher, each of whom is qualified to conduct individual diagnostic examinations of children.</i>	
Psychologist Name	N/A
or;	N/A
Speech-Language Pathologist Name	N/A
or;	N/A
Remedial Reading Teacher Name	N/A

Learning Disability - Severe Discrepancy

Field	Validation
The student has been provided learning experiences appropriate to the student's age or grade-level based on state-approved K-12 content standards	Yes or No
The student did not make sufficient progress to meet age or grade level based on state-approved K-12 content standards in one or more of the following areas:	Yes or No

Field	Validation
Areas:	Options include: <ul style="list-style-type: none"> • Basic Reading Skills • Oral Expression • Reading Comprehension • Written Expression • Reading Fluency Skills • Mathematics Calculation • Listening Comprehension • Mathematics Problem Solving
The student was determined to have a specific learning disability based on a severe discrepancy between the student's intellectual ability and achievement in one or more of the areas listed in ARM 10.16.3019.	Yes or No
Documentation also includes:	
The evaluation team documented the student's academic performance in the regular classroom setting through observation.	Yes or No
Requirements for documentation of observation were met by observation of routine classroom instruction and monitoring of the student's performance that was done before the child was referred for an evaluation, <u>or</u>	N/A
At least one member of the evaluation team conducted an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent was obtained.	Yes or No
If the student was younger than school age or out of school, an evaluation team member observed the student in an environment appropriate for a student of that age.	Yes or No
Educationally relevant medical findings, if any, were considered; <u>and</u>	Yes or No
Two or more interventions specific to the individual student were implemented.	Yes or No
Interventions did not unnecessarily delay appropriate identification.	Yes or No

Field	Validation
<p>Exclusionary Factors: <i>The student may not be identified as having a specific learning disability if the student's significantly low rate of progress in meeting age or grade level based on state approved K-12 content standards is primarily the result of a visual, hearing, or motor impairment; cognitive delay; emotional disturbance; environmental or economic disadvantage; cultural factors; or a lack of appropriate instruction.</i></p>	
<p>Definitions: <i>(a) A severe discrepancy is defined as a 50 percent or higher probability of a two standard deviation discrepancy between general cognitive ability and achievement in one or more of the areas identified in ARM 10.16.3019 when adjusted for regression to the population mean. (b) Error in test measurement requires judgment for students who score near two standard deviations below the population mean. When exercising this judgment, consideration of additional information, such as classroom performance relative to the student's performance on norm-referenced tests, shall be used as the basis for determining the severe discrepancy. (c) Alternatives to norm-referenced tests, such as curriculum-based assessments, shall be utilized to determine severe discrepancy whenever cultural factors, test conditions, size of test item sampling for the student's age, or other factors render standardized assessment results invalid. When utilizing alternative assessment procedures, a determination must still be made that a discrepancy between ability and achievement exists at a level of severity similar in size to the discrepancy that would have otherwise been found as described in (a) above.</i></p>	
<p>Student Name:</p>	<p>This information pulls from the Census record.</p>
<p>Evaluation Meeting Date:</p>	<p>N/A</p>
<p>Additional Required Team Members: <i>Required team members for the determination of specific learning disability must be a school psychologist, a speech-language pathologist, or a remedial reading teacher, each of whom is qualified to conduct individual diagnostic examinations of children.</i></p>	
<p>Psychologist Name</p>	<p>N/A</p>
<p>or;</p>	<p>N/A</p>
<p>Speech-Language Pathologist Name</p>	<p>N/A</p>
<p>or;</p>	<p>N/A</p>
<p>Remedial Reading Teacher Name</p>	<p>N/A</p>

Orthopedic Impairment

Field	Validation
<p>The student is diagnosed by a qualified medical practitioner as having an orthopedic impairment</p>	<p>Yes or No</p>
<p>The impairment is severe; and</p>	<p>Yes or No</p>

Field	Validation
The impairment adversely affects the student's educational performance	Yes or No
<p>Definitions: <i>The term orthopedic impairment includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).</i> <i>"Adversely affect the student's educational performance" means that there is evidence that measures of student performance (e.g., achievement tests, grades, behavioral assessments, analysis of classroom assignments, or criterion-referenced tests, etc.) indicate a pattern of educational attainment that can wholly or in part be attributed to the disabling condition.</i></p>	
Student Name:	This information pulls from the Census record.
Evaluation Meeting Date:	N/A

Other Health Impairment

Field	Validation
The student has limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia or tuberculosis; and	Yes or No
The condition adversely affects the student's educational performance.	Yes or No
The student has medical diagnosis of a chronic or acute health problem. (REQUIRED)	Yes or No
<p>Definitions: <i>"Adversely affect the student's educational performance" means that there is evidence that measures of student performance (e.g., achievement texts, grades, behavioral assessments, analysis of classroom assignments, or criterion-referenced tests. etc.) indicate a pattern of educational attainment that can wholly or in part be attributed to the disabling condition.</i></p>	
Student Name:	This information pulls from the Census record.

Field	Validation
Evaluation Meeting Date:	N/A

Speech-Language Impairment

Field	Validation
The student has a significant deviation in speech such as fluency, articulation or voice; or	Yes or No
The student has a significant deviation in the ability to decode or encode oral language which involves phonology, morphology, semantics or pragmatics or a combination thereof.	Yes or No
Documentation of the student's interpersonal communication effectiveness in a variety of educational settings by the teacher, parents, speech-language pathologist, and others as appropriate supports the adverse educational effect of the speech-language impairment or oral communication in a classroom or school setting	Yes or No
Exclusionary Factors: <i>The student may not be identified as having a speech-language impairment if the speech or language problems primarily result from environmental or cultural factors.</i>	
Definitions: <i>The student has a significant deviation in oral performance if the student's performance on standardized test is two standard deviations below the population mean, or between 1.5 and two standard deviations below the population mean, and there is documented evidence over a six month period prior to the current evaluation of no improvement in the speech-language performance of the student even with regular classroom interventions.</i> <i>For articulation, a significant deviation is consistent articulation errors persisting one year beyond the highest age when 90 percent of the students have acquired the sounds based upon specific developmental norms.</i> <i>If norm-referenced procedures are not used, alternative assessment procedures shall substantiate a significant deviation from the norm.</i>	
Student Name:	This information pulls from the Census record.
Evaluation Meeting Date:	N/A
Speech-Language Pathologist Name:	N/A

Traumatic Brain Injury

Field	Validation
The student has an acquired injury to the brain caused by external physical force which substantially limits the student's functional or psychosocial ability or both and the student's ability to learn or participate in the general education curriculum.	Yes or No
Exclusionary Factors: <i>The student may not be identified as having a traumatic brain injury if the injury to the brain is congenital, degenerative, or caused by birth trauma.</i>	
Definitions: <i>The term traumatic brain injury applied to open or closed head injuries resulting in impairments in one or more areas such as cognition, language, memory, attention, reasoning, abstract thinking, judgement, problem solving, sensory, perceptual, and motor abilities, psycho-social behavior, physical function, information processing, and speech.</i>	
Student Name:	This information pulls from the Census record.
Evaluation Meeting Date:	N/A
Additional Required Team Members: <i>Required team members for the determination of traumatic brain injury must be a school psychologist and a speech-language pathologist, each of whom is qualified to conduct individual diagnostic examinations of children.</i>	
Psychologist Name	N/A
Speech-Language Pathologist Name:	N/A

Visual Impairment

Field	Validation
The student has an impairment in vision that, even with correction, adversely affects the student's educational performance;	Yes or No
or	N/A
The student has a medically indicated expectation of visual deterioration that would qualify the child as having a visual impairment as described above.	Yes or No
Student Name:	This information pulls from the Census record.

Field	Validation
Evaluation Meeting Date:	N/A

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Eligibility Determination

The Eligibility Determination editor lists the student's determining factor for qualifying for Special Education services.

Eligibility Determination IN PROGRESS
Editor 10 of 15

Student IS eligible for special education and related services under the Individuals with Disabilities Education Act. Basis for making the determination that the student has a disability and needs special education and related services:

Disability Criteria:

Disability Criteria Checklist Attached

Why does the student need special education and related services? *

Example

Select all disabilities that apply:

Eligibility Determination Editor

▶ [Click here to expand...](#)

Field	Description	Validation
Eligibility Determination		
Student IS eligible for special education and related services under the Individuals with Disabilities Education Act. Basis for making the determination that the student has a disability and needs special education and related services:	Indicates the student is eligible to receive services.	N/A
Disability Criteria:	A description of the disability criteria.	N/A
Disability Criteria Checklist Attached	Indicates disability criteria checklist has been attached to the evaluation.	N/A

Field	Description	Validation
Why does the student need special education and related services? <i>Required</i>	An explanation for why the student needs services.	N/A
Select all disabilities that apply:	The student's disabilities. Options include: <ul style="list-style-type: none"> • Autism • Cognitive Delay • Deafness • Deaf-Blindness • Developmental Delay • Emotional Disturbance • Hearing Impairment • Orthopedic Impairment • Other Health Impairment • Speech-Language Impairment • Traumatic Brain Injury • Visual Impairment • Specific Learning Disability 	Multiple options can be selected.
Specify Specific Learning Disability <i>*Required</i>	The specific learning disability. Options include: RTI and Severe Discrepancy.	*This field is available and required when Specific Learning Disability is selected above.
If this is an initial evaluation, was the student referred from Part C?	Indicates if the student was referred from Part C.	Yes or No
Date Referred	The date the student was referred.	N/A

Field	Description	Validation
<p>Reason the IEP was not developed and implemented by the child's third birthday:</p>	<p>The reason the IEP was not created for the student by their third birthday.</p> <ul style="list-style-type: none"> • Student was referred to a different district • The parent repeatedly failed or refused to produce the child for the evaluation • Rescheduled at parent request • Parent chose the date for the meeting • Evaluation not complete • Summer/Winter vacation • District and parent agreed to postpone initial evaluation until beginning of school year • Staff unable to attend • Schedule conflict • Foster placement concerns • Part C agency did not provide evaluation information in a timely manner • No reason given 	<p>N/A</p>

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Recommendations

The Recommendations editor is used to document the recommended areas of service the student may need for the IEP team.

Recommendations NOT STARTED
Editor 11 of 15

Special Education Services

Adapted Phys. Ed.
 Assistive Tech.
 Braille Instruction
 Career/Vocational
 Communication

Math
 Reading
 Self-Help/Ind.
 Sensory-Motor
 Social/Emotional/Behavioral

Speech/Language
 Transition
 Travel Training
 Written Expression

Related Services

Assistive Tech.
 Audiology
 Counseling
 Early Identification/Assessment
 Medical (diagnostic)
 Occupational Therapy
 Orientation and Mobility
 Parent Counseling and Training
 Physical Therapy
 Other

Psychological
 Recreation
 Rehabilitation Counseling
 School Health/Nurse Services
 Social Work in Schools
 Speech/Language
 Therapeutic Recreation
 Transportation

Specify

Recommendations Editor

▶ [Click here to expand...](#)

Field	Description	Validation
Special Education Services	A list of the recommended services. Options include: <ul style="list-style-type: none"> • Adapted Phys. Ed • Assistive Tech • Braille Instruction • Career/Vocational • Communication • Math • Reading • Self-Help/Ind. • Sensory-Motor • Social/Emotional/Behavioral • Speech/Language • Transition • Travel Training • Written Expression 	Multiple options can be selected.

Field	Description	Validation
Related Services	A list of the recommended related services. Options include: <ul style="list-style-type: none"> • Assistive Tech • Audiology • Counseling • Early Identification/Assessment • Medical (diagnostic) • Occupational Therapy • Orientation and Mobility • Parent Counseling and Training • Physical Therapy • Psychological • Recreation • Rehabilitation Counseling • School Health/Nurse Services • Social Work in Schools • Speech/Language • Therapeutic Recreation • Transportation • Other 	Multiple options can be selected.
If other, specify	A description of the other service, if applicable.	This field displays and is required when "Other" is selected above.

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Dissenting Report

The Dissenting Report editor is used to document any opinions regarding the student's evaluation and recommended services that do not match those of the rest of the evaluation team.

Dissenting Report IN PROGRESS
Editor 12 of 15

Dissenting Report will be attached

Print in Evaluation Report

Person(s) submitting a separate statement of conclusions:

Reasons:

Dissenting Report Editor

▶ [Click here to expand...](#)

Field	Description
Dissenting Report will be attached	Indicates a dissenting report is attached to the evaluation.
Print in Evaluation Report	Indicates this editor prints on the evaluation report.
Person(s) submitting a separate statement of conclusions:	The people submitting the separate documentation.
Reasons:	The reasons for dissent.

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Not Eligible

The Not Eligible editor is used to document if the student is not eligible to receive special education services.

Not Eligible Editor 13 of 15

Documentation - if not eligible
 Student IS NOT eligible for special education and related services under the Individuals with Disabilities Education Act for the following reason(s):*

Does not meet disability criteria
 Lack of instruction in reading or math
 Does not demonstrate need for special education
 English Learner

Discussion:

Recommendation for accommodation or referral for other services as appropriate:

Not Eligible Editor

▶ [Click here to expand...](#)

Field	Field
Student IS NOT eligible for special education and related services under the Individuals with Disabilities Education Act for the following reason(s): <i>Required</i>	The reason the student is ineligible to receive services. Options include: <ul style="list-style-type: none"> Does not meet disability criteria Lack of instruction in reading or math Does not demonstrate a need for special education English Learner
Discussion	A description of the eligibility status.
Recommendation for accommodation or referral for other services as appropriate:	A description of accommodations or referral for other services, if applicable.

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Prior Written Notice

The prior written notice editor is used to document the action proposed/refused of the initiation or change in the evaluation or identification of the student and detailed explanations and descriptions of additional considerations, factors, and reasoning.

This editor is required.

Prior Written Notice Editor 14 of 15

Action(s) Proposed or Refused
 Initiation or change in the evaluation of the student.

Initiation or change in the identification of the student.

Description of the specific proposed or refused action(s):*

Additional Documentation attached

Explanation of why the district proposed or refused to take the action(s):*

Prior Written Notice

▶ [Click here to expand...](#)

Field	Description
Initiation or change in the evaluation of the student	Indicates an initiation or change in the evaluation of the student.
Initiation or change in the identification of the student	Indicates an initiation or change in the identification of the student.
Description of the specific proposed or refused action(s): <i>Required</i>	A description of the specific proposed or refused actions.
Additional Documentation attached	Indicates additional documentation is attached.
Explanation of why the district proposed or refused to take the action(s): <i>Required</i>	An explanation of why the district proposed or refused to take action.
Additional Documentation attached	Indicates additional documentation is attached.
Description of each evaluation procedure, assessment, record or report the district used as a basis for the proposal or refusal	A description of the procedures, assessment, record, or report used as a basis for the proposal or refusal.
Additional Documentation attached	Indicates additional documentation is attached.

Field	Description
Description of any other options the district considered and the reasons why those options were rejected:	A description of other options considered.
Additional Documentation attached	Indicates additional documentation is attached.
Description of other factors relevant to the district's proposal or refusal to take action	A description of other factors relevant to the proposal or refusal to take action.
Additional Documentation attached	Indicates additional documentation is attached.

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Evaluation Report Notes

The Evaluation Report Notes editor is used to document any additional notes related to the evaluation meeting.

Evaluation Report Notes NOT STARTED
Editor 15 of 15

Meeting Notes:

Evaluation Report Notes

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Previous Versions

[Evaluation Report \(Montana\) \[.2311 and previous\]](#)