

Notificación del Intento a Valorar / Selección de Componentes

Nombre del estudiante: _____ Maestra/o: _____

Domicilio: _____

Teléfono: _____

¿Eligible por Medicaid? SÍ NO

¿Permiso archivado? SÍ NO

Proponemos con este valoración determinar la elegibilidad de su hijo/a por educación especial. Para ganar datos importantes de su hijo/a, se necesita valoración formal. Cada componente del valoración cuesta nada al pariente; son gratis. Le damos a Vd. como pariente oportunidad a participar en seleccionar cuales componentes del valoración que proveemos.

Basado en lo que necesita su hijo/a, este valoración los componentes indicado abajo construyen el valoración:

EDUCATIVO: Informe escrito que describe funcionamiento educativo actual y capacidades y debilidades de recibir instrucción.

Preocupaciones:

DESAROLLO: (Por niños 2 – 5 años de edad)
Written report of your child's functioning in the major areas of development such as cognition, motor, social / adaptive behavior, perception and communication.

Concerns:

MEDICAL: Written report from a licensed physician indicating general medical history and any medical / health problems which may impede learning.

Concerns:

SOCIOCULTURAL: Written report from a qualified Family Specialist which describes family history, structure, and dynamics. The information may be obtained through interviews with parents or primary caretakers and review of available records.

Concerns:

PSYCHOLOGICAL: Written report from a qualified psychologist based on a battery of appropriate instruments which may include individual intelligence test(s), and psycho-educational tests.

Concerns:

SPEECH / LANGUAGE: Written report based on assessment of communicative skills which could include an evaluation of your child's articulation, voice, fluency and receptive/expressive language skills.

Concerns:

HEARING: Hearing must be screened during the eligibility process prior to initial eligibility.

OTHER RECOMMENDED EVALUATIONS: _____

I have participated in and agree with the selection of evaluation components.

Parent / Guardian Signature Date

Regular Education Teacher Date

LEA Designee Date

Special Education Teacher Date

Date

Date