

ALBEMARLE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
401 McINTIRE ROAD
CHARLOTTESVILLE, VIRGINIA 22902
(434) 296-5885

EDUCATIONAL EVALUATION SUMMARY

Full Name: _____ DOB: ____/____/____

Date of Evaluation: ____/____/____ Examiner _____

(Reason for Referral, Observations During Testing, Tests Administered, Interpretation, Recommendations)