

ACADEMIC ASSESSMENT REPORT

Ventura County SELPA

CONFIDENTIAL INFORMATION

Student: _____
_____ Mo.

D.O.B. _____ Age: ____ Yrs.

School: _____

Grade: _____ Sex: M F

Case Manager: _____

Date of Assessment: _____

Parents: _____

IEP Meeting Date: _____

Address: _____

Phone: _____

Work Phone: _____

Examiner: _____

Position: _____

Reason for Referral/Relevant Background Information:

Behavioral Observations:

Current Academic Levels:

Achievement Test:

Date Administered: _____

Standard Score

% Rank

Instructional Range

The assessment tools utilized for this evaluation have been validated for the specific purposes for which they are being utilized. The above assessment results appear to/may not accurately reflect the student's true academic achievement due to:

Summary and Recommendations:

Signature

Date