

PSYCHOEDUCATIONAL ASSESSMENT REPORT

Ventura County SELPA

Student Name: _____

D.O.B.: _____ Age: ___ Yrs. ___ Mo.

School: _____

Grade: _____ Sex: M F

Case Manager: _____

Date(s) of Assessment: _____

Address: _____

Type of Report: Initial Triennial

(Street & Number)

City

Zip

 Other: _____

Phone: _____

Work Phone: _____

Native Language of Student: _____

If EL, current level of English proficiency: _____

Assessment(s) administered in: _____

Name/title of person completing this report: _____

REASON FOR REFERRAL:**BACKGROUND INFORMATION:**

– Environmental, cultural, and economic –

– Health and developmental –

– Educational background –

Attendance history –

Review of school records –

Attempts to modify general education –

Previous assessment results –

BEHAVIORAL OBSERVATIONS:

– Observations in classrooms and other educational settings –

– Behavior during testing –

CURRENT ASSESSMENTS:

All tests administered have demonstrated validity for the purpose for which they were utilized with_____.

No new assessment was conducted. Previous evaluation data along with current information are considered valid and appropriate in considering the student's current functioning level.

His/her performance is a reliable indicator of his/her skills and abilities.

Test reliability may have been affected to an unknown degree due to _____.

/Cognitive Functioning:

/Self-Help/Adaptive:

/Pre-Academic/Academic Skills:

/Perceptual/Motor:

/Communication Skills:

/Social/Emotional Functioning:

/Pre-vocational/Vocational Skills:

