\*\*Confidential\*\*

Psychological Assessment

|  |  |  |
| --- | --- | --- |
| Student Name:  | Date of Birth: | Grade:  |
| Current School: | Age: \_\_\_years \_\_\_months |
| Date of Parental consent:  | Date Evaluation was completed: |
| Evaluator:  |

**Reason for Referral**:

**Background:** (Review of Records, School History, etc..)

**Behavioral Observations:**

 **During testing:** (Include date)

 **Classroom:** (Include date)

**Present Level of Performance**:(Data should be compared to CCSS expectations)

 Grades:

Benchmark/Progress Monitoring Data:

State Testing Scores:

Attendance Data:

 **Tests Administered:**

|  |  |
| --- | --- |
| Assessment | Date(s) Administered |
|  |  |
|  |  |
|  |  |
|  |  |

**Test Results and interpretation**:

Test name

|  |  |  |  |
| --- | --- | --- | --- |
| **Composite test** | **Standard score** | **Percentile**  | **Indicator** |
| Subtest | Standard score | Percentile | Indicator |
|  |  |  |  |
|  |  |  |  |

Analysis of test results:

**Summary:** (Snapshot of test performance and results)

**Recommendations and Interventions:**

Further recommendations will be made by the evaluation Team upon review.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s signature, credentials

\_\_\_ Copy of Evaluation was hand delivered to parent on \_\_\_/\_\_\_/\_\_\_

\_\_\_ Copy of Evaluation was mailed home on \_\_\_/\_\_\_/\_\_\_