**Summative Evaluation Report for Intensive Assistance (FORM H)**

Licensed Professional: Date:

Supervising Administrator: School:

*Reminder:* This Summative Evaluation addresses the extent to which the goals outlined in the Intensive Assistant Plan were accomplished and the impact of these accomplishments.

Commendations:

Recommendations:

General Comments:

Placement Decision:

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

Licensed Professional Date Supervising Administrator Date

*The licensed professional’s signature indicates receipt and discussion of this document, not necessarily agreement.*

*The licensed professional may add an addendum.*