

Review of Independent Assessment

Department of Special Education and Student Services
HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, MD 21042

Student Name _____

School _____ Grade _____ Date of Birth ____ / ____ / ____ Age _____

Date of Report ____ / ____ / ____ Date of Review by "*****" Team ____ / ____ / ____

Type of Independent Assessment (Check one):

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Audiological | <input type="checkbox"/> Educational | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Speech-Language | <input type="checkbox"/> Other _____ | |

Part I: Review by Qualified Personnel.

Name and title of HCPSS qualified personnel assisting the IEP/504 Team in Part I of the review:

Name and title of person who completed the independent assessment:

If the person who completed the assessment is an audiologist, occupational therapist, physical therapist, psychologist, physician, or speech-language pathologist, is the person licensed? Yes No

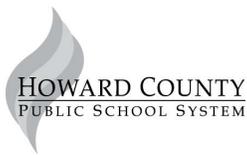
The examiner is professionally qualified to conduct the evaluation requested. Yes No

The report is written, dated, and signed by the individual examiner who conducted the assessment. Yes No

Assessment materials and procedures used to assess the child's need for special education and related services are:

- Technically sound? Yes No
- Administered in accordance with instructions provided by the producer of the assessment material (If available)?
Yes No (If "No", describe.)
- Provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer? Yes No
- Racially or culturally free of bias? Yes No
- Valid for the specific purpose for which they are used? Yes No

The results of assessment procedures selected for use with a child with impaired sensory, manual, or speaking skills accurately reflect the child's aptitude or achievement level or the other factors that the procedures are intended to measure?
Yes No Not applicable



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Part II: Review of Independent Assessment Report by IEP/504 Team

The report includes:

- A description of the child’s performance in each area of suspected disability Yes No
- Relevant information from a variety of assessment tools and strategies used to gather relevant functional, cognitive, developmental, behavioral, and physical information, as appropriate, that directly assists the IEP/504 Team to determine if the child is a child with a disability and the educational needs of the child. Yes No
- Instructional implications for the child’s participation in the general education curriculum or, for a preschool child, participation in appropriate activities. Yes No

Part III: Conclusions by the IEP/504 Team

The IEP/504 Team concludes that the examiner’s:

- Findings are consistent with the assessment data. Yes No (If “No”, describe.)
- Assessment data are consistent with existing data collected by the school team. Yes No (If “No”, describe.)
- Recommendations as listed are supported by the assessment data. Yes No (If “No”, list the recommendation(s) the IEP/504 Team will consider.*)

* Any recommendation regarding placement, hours of service, and/or methodology will not be considered by the IEP team until IEP goals have been developed, if needed.

The IEP/504 Team concludes that a HCPSS assessment is waived. Yes No (If “No” then record on the Individualized Education Program (IEP) Team Meeting Summary (SE2) additional assessments recommended.)

Part IV: For IEP Teams ONLY

The report includes relevant information from a variety of assessment tools and strategies used to gather relevant functional, cognitive, developmental, behavioral, and physical information, as appropriate, that directly assists the IEP team to determine the content of a child’s IEP, including information related to enabling the child to be involved in and progress in the general curriculum, or, for preschool children, to participate in appropriate activities. Yes No

Identified educational disability is consistent with COMAR regulations. Yes No (If “Yes”, Complete the Eligibility section of the *Howard County IEP* and Supplement(s), as appropriate.)

Attach to the Independent Assessment Report