

*DATE SENT

UNITED INDEPENDENT SCHOOL DISTRICT

- Initial Assessment
- Reevaluation
- Special Request by ARD Committee

NOTICE OF COMPREHENSIVE ASSESSMENT

Name: _____	*D.O.B _____	*S.S. #: _____
School: _____	Grade: _____	I.D. #: _____

*We have carefully reviewed your child's/your school records, information from his/her/your teachers, and information you have shared with us. More information is needed to determine his/her/your needs and to plan an appropriate school program. If this is the first time your child has/you have been assessed, you will also receive a form requesting your permission for the testing.

*We want to do a comprehensive assessment of your child/you for the following reasons:

*Before recommending this assessment, we considered the following alternatives:

*OPTIONS CONSIDERED	*WHY REJECTED

We want to test your child/you in all the areas listed below. These tests will help us learn more about his/her/your educational needs.

*** LANGUAGE (COMMUNICATIVE STATUS)

If your child/you know(s) more than one language, these tests will help us find out which is the best language for his/her/your learning. They will also let us know which language to use for all other testing. We want to find out how well your child/you understand(s) what is said to him/her/you and how well your child/you can express thoughts. If your child has/you have trouble speaking clearly, we may test him/her/you to find what any speech problems may be.

Some of the tests we may give are: Test of Language Development, Test of Auditory Comprehension of Language, Goldman-Fristoe Test of Articulation

** PHYSICAL (MOTOR ABILITIES, HEALTH, VISION, HEARING)

We want to know if any physical or health problems make it difficult for your child/you to do his/her/your school work.

Vision and Hearing Screening, information provided by student, Parent or doctor, Visual Motor Integration Movement Skills Survey, Denver Development Screening Test, Oregon Project, Test of Visual Perception (non-motor), Assistive Technology

*Denotes Required Items

**Student must be assessed in all areas related to the suspected disability, including the requirements of 34 CFR §300.532(f), if appropriate.

****EMOTIONAL/BEHAVIORAL**

We want to know how well your child/you get(s) along with others at school and at home. We will collect information from you and his/her/your teachers.

We may also give such tests as: Teacher Observation Checklist(s), Anxiety Scale(s), Depression Scale(s), Personality Inventory, (IES), Self-Concept Scale, Mental Status Examination, Autism Inventory.

****SOCIOLOGICAL**

We want to get information about your child's/your home life and the kinds of experiences he/she has/you have had in your family. School staff members may be calling to talk to you about this.

****INTELLECTUAL/ADAPTIVE BEHAVIOR**

We want to determine how well your child /you think(s), compared to others of the same age. We also want to find out how well your child/you take(s) care of himself/herself/yourself at home and at school.

We may also give such tests as: Test of nonverbal Intelligence, Leiter International Performance Scale, Weshler Intelligence Scale

****EDUCATIONAL LEARNING COMPETENCIES (ACADEMIC PERFORMANCE)**

We want to find out how your child is/you are doing in reading, math, spelling, and other areas, including job-related skills, if appropriate. We want to determine what he/she/you know(s) and what he/she/you need(s) to learn.

We may also give such tests as: Woodcock-Johnson Psycho-Educational Battery, Brigance Diagnostic Inventories

*Describe any other factors relevant to this proposal to assess (if applicable):

*Your rights were explained to you when you were/your child was initially referred for special education assignment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child. A copy of the procedural safeguards(rights) is attached to this form.

Date given: _____ To:_____

If you want more information or if you have any questions, please call: _____
at: _____ NAME

*SIGNATURE OF INTERPRETER, IF USED

DATE

EDUCATION SERVICE CENTER
Kelly Solis
Region One ESC
1900 W. Schunior
Edinburg, Texas 78539-2234

Telephone Number:
(956) 984-6000
(956) 984-6206 Special Ed.
FAX (956) 984-6189

SCHOOL DISTRICT
Juanita C. Vela
Director of Special Education
United Independent School District
201 Lindenwood
Laredo, TX 78045

Telephone Number:
(956) 717-6363
FAX: (956) 764-6414

PARENT TRAINING INFORMATION
CENTER
Project PODER
1017 N. Main Ave., Suite 207
San Antonio, Texas 78212

Telephone Number:
(210) 222-2637
FAX: (210) 475-9283
1-800-682-9747 TX only
E-Mail: poder@tfepoder.org

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