

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____ Date of Meeting _____

Suspected Disability(ies) _____ (initial)

Present Disability(ies) _____ (re-eval)

REQUIRED FOR ALL CRITERIA	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____

CRITERION	Evaluator	Date Completed
E – Developmental Delay Adaptive/Self-Help Development Cognitive Development Communication Development Physical Development Social/Emotional Development	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
D – Specific Learning Disability Intellectual Screening or Assessment Academic Achievement Processing Assessment	_____ _____ _____	_____ _____ _____
D – Intellectual Disability Intellectual Assessment Adaptive Behavior Assessment Academic Achievement	_____ _____ _____	_____ _____ _____
C – Articulation Disorder Articulation Assessment Oral/Peripheral Examination Educational Performance	_____ _____ _____	_____ _____ _____

CRITERION	Evaluator	Date Completed
C – Language/Phonology Disorder Language Assessment Oral/Peripheral Examination Educational Performance	_____ _____ _____	_____ _____ _____
C – Fluency Fluency Assessment Recorded Speech Samples Oral/Peripheral Examination Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
C – Voice Disorder Voice Assessment Medical Evaluation (ENT) Oral/Peripheral Examination Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
B - Emotional Impairment Psychiatric/Clinical Psychologist Evaluation Intellectual Assessment Behavior Rating Assessment/Social Maturity Index Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
A – Visual Impairment Medical Evaluation of Vision Functional Vision Assessment Educational Impact Analysis Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
A – Hearing Impairment Medical Evaluation of Hearing Functional Hearing Assessment Educational Impact Analysis Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
A – Orthopedic Impairment/Other Health Impaired/Traumatic Brain Injury Medical Evaluation Educational Impact Analysis Educational Performance	_____ _____ _____	_____ _____ _____
A – Deaf/Blind Medical Evaluation Functional Hearing and Vision Assessment Educational Impact Analysis Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____

