

THE STATE EDUCATION DEPARTMENTUNIVERSITY OF THE STATE OF NEW YORK

DEPUTY COMMISSIONER FOR VOCATIONAL AND EDUCATIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES MANAGER, SPECIAL EDUCATION POLICY ONE COMMERCE PLAZA, ROOM 1624 ALBANY, NY 12234 Tel. (518) 476-7584

Appendix A-(Summary Evaluation Report Form)-English and Spanish-

Preschool 00-01

January 2000

TO: District Superintendents

Presidents of Boards of Education New York City Board of Education

Superintendents of Schools

Organizations, Parents and Individuals Concerned with Special Education

Executive Directors of Approved Private Schools

Directors of Approved Preschool Programs
Directors of Approved Evaluation Sites

CommissionerÕs Advisory Panel for Special Education Services

Directors of Special Education

Chairpersons of Committees on Preschool Special Education

Head Start Directors

SETRC and ALTA Project Directors and Training Specialists

ECDC Project Directors and Coordinators Chief Elected Officials of the Counties

Independent Living Centers

FROM: Rita D. Levay

SUBJECT: Updated Preschool Student Evaluation Summary Report Form and

Clarification on New Provisions Required Pursuant to the Reauthorization

of the Individuals with Disabilities Education Act (IDEA)

The purpose of this memorandum is to provide updated information on Section 4410 of the Education Law, as amended by Chapter 474 of the Laws of 1996 regarding documentation requirements of the evaluation of a preschool child suspected of having a disability. This updated information is consistent with the recent reauthorization of the Federal Individuals with Disabilities Education Act (IDEA). Section 4410(4) of the Education Law requires that the documentation of the evaluation include all assessment reports and a summary report of the findings of the evaluation on a form prescribed by



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¥	including evaluations and information provided by the parents in CPSE

PRESCHOOL STUDENT EVALUATION SUMMARY REPORT. **ATTACHMENT•**

StudentÕs Name:	Date of Birth: Date of Evaluation:
Parent/Guardian: Relationship:	Agency:
Address:	Contact Person: Telephone:
County of Residence:	School District:
a detailed statement of the childÕs individ	the findings of the evaluation which includes dual needs. As a result of Chapter 474 of the

Laws of 1996, the evaluator may no longer recommend the general type, frequency and duration of special services and programs needed nor address the manner in which the special services and programs can be provided in the least restrictive environment.

Please indicate the individually administered evaluation measures used, including the result of the observation of the child and the findings pertinent to the following domains. Incorporate the strengths of the child and the characteristics relating to the suspected disability. This summary and the documentation of the evaluation results are to be trans. mitted to all the members of the Committee on Preschool Education (CPSE) and to the Municipality Representative. Before meeting with the parent, the CPSE must transmit a copy of this evaluation summary report to the parent. The summary report must be trans. mitted in English, and when necessary, in the dominant language or other mode of com• munication of the parent.

1.	Cognitive
2.	Social/Emotional

3. Motor Development 4. Language and Communicative 5. Adaptive/Functional Behavioral Assessment Please indicate the date the evaluation results, including this summary report, were sent to the Committee on Preschool Special Education and the Municipality Representative: (date)

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Espanol

RESUMEN DE LOS RESULTADOS DE LA EVALUACIÎN• DE ESTUDIANTES PRE-ESCOLARES• ANEXO•

Nombre del Estudiante:	Fencha de Nacimiento:	Fecha de Evaluaci—n:
Padres/Guardi‡n:	Parentesco:	Agencia:
Direcci—n:	Persona a Contactarse:	TelŽfono:
Condado de Residencia:	Distrito Escolar:	

Este informe es un resœmen de los resultados de la evaluaci—n que incluye una declaraci—n detallada sobre las necesidades individuales del ni–o. Como resultado del Cap'tulo 474 de las Leyes de 1996, el evaluador no podr‡ hacer recomendaciones acer-

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1.	Cognoscitivo
2.	Social/Emocional
3.	Desarrollo Motriz
4.	Languaje y Comunicaci—n
5.	Evaluaci—n de Conducta de Adaptaci—n/Funcional

Por favor indique la fecha en que los resultados de la evaluaci—n, incluyendo el resœmen de los resultados de la misma, fueron enviados al ComitŽ de Educaci—n Especial Pre• escolar y al Representante Municipal.