

# Related Service Assessment Checklist

## The Basics

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|---|---|
| <input type="checkbox"/> Reason for Referral  | <input type="checkbox"/> Statements re Compliance with Cal. Educ. Code 56320  |
| <input type="checkbox"/> Administered in Native Language  | <input type="checkbox"/> Validity Statements                                  |
| <input type="checkbox"/> ELL students: information on current proficiency and, if testing provided in English, an explanation is included | <input type="checkbox"/> Specific List of Formal/Informal Assessment Measures |

## Background Information

- |  |  |
|--|--|
| <input type="checkbox"/> Developmental/Health History  | <input type="checkbox"/> Past Interventions & Outcomes     |
| <input type="checkbox"/> Educational History   | <input type="checkbox"/> Progress on current goals         |
| <input type="checkbox"/> Not solely a reference to “See Psycho-Ed Report” for Background Information | <input type="checkbox"/> List of Specific Records Reviewed |
|  | <input type="checkbox"/> Summaries of Outside Reports      |
|  | <input type="checkbox"/> Work Samples Explained and Saved  |

## Interviews & Input

- |   |   |
|---|---|
| <input type="checkbox"/> Parents (both-divorced or separated), not relying on psycho-ed input | <input type="checkbox"/> All General Education Teachers                             |
| <input type="checkbox"/> Student  | <input type="checkbox"/> Prior Teachers (if beginning of new school yr.)            |
| <input type="checkbox"/> Private therapists/service providers                                 | <input type="checkbox"/> Private/Outside Service Providers                          |
| <input type="checkbox"/> Special Education Teacher  | <input type="checkbox"/> Doctor (if health or medical condition is an area of need) |

## Observations

- |  |   |
|--|---|
| <input type="checkbox"/> Testing Behavior Observation  | <input type="checkbox"/> Unstructured observations (recess, lunch, passing periods)                                   |
| <input type="checkbox"/> Statement re How Behavior During Testing Impacted Scores                              | <input type="checkbox"/> Observations in thoughtfully selected multiple classes, especially where there is a concern. |
| <input type="checkbox"/> Best Practice: <u>more than</u> 1 hour of observations in <u>appropriate</u> settings |   |

## Testing & Recommendations

- |  |   |
|--|---|
| <input type="checkbox"/> Standardized Tests and Rating Scales in All Areas of Suspected Disabilities | <input type="checkbox"/> Scores Explained: (1) how it would be reflected in the classroom; and/or (2) what student could/could not do |
| <input type="checkbox"/> Tests Administered Consistent with Test Producer’s Instructions             | <input type="checkbox"/> Eligibility/ies and Legal Standard(s)  |
| <input type="checkbox"/> Any Deviations from Protocol Noted & Impact Explained                       | <input type="checkbox"/> Analysis re Why Eligibility/Services Met/Not Met   |
|  | <input type="checkbox"/> Specific Recommendations to Student  |