VASHON ISLAND SCHOOL DISTRICT 402, STUDENT SERVICES DIVISION
VASHON, WA 98070

EVALUATION PLANNING WORKSHEET

Student Name:		Birthdate:
School:	Grade:	Teacher/Counselor:

Area	Comments	Assessment Needed	Discipline Responsible
Academic		☐ Yes ☐ No	
Adaptive		☐ Yes ☐ No	
Behavior/Soc/ Emotional		☐ Yes ☐ No	
Classroom Observation		☐ Yes ☐ No	
Cognitive		☐ Yes ☐ No	
Health		☐ Yes ☐ No	
Vision		☐ Yes ☐ No	
Hearing		☐ Yes ☐ No	
Physical/Motor		☐ Yes ☐ No	
Speech/ Language		☐ Yes ☐ No	
Vocational		☐ Yes ☐ No	
History of Services or Interventions and Results			

Meeting held to review information: ☐ Yes (date:) ☐ No Evaluation recommended: ☐ Yes ☐ No
Participants in planning:

_____ Name/Title _____ Name/Title _____ Name/Title

_____ Name/Title _____ Name/Title _____ Name/Title

Distribution: ☐ Evaluation Team