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WASHOE COUNTY SCHOOL DISTRICT SPECIAL EDUCATION SERVICES

EVALUATION SUMMARY / PSYCHOEDUCATIONAL REPORT

				DATE:			
NAME:	DOB:	/	_ /	AGE:	GRADE:		
SCHOOL:							
TYPE OF REFERRAL: INITIAL							
				LANGUAGE:			
REASON FOR REFERRAL:							
Ia _ (COGNITIVE FUNCT	TONING LEV	/FLS				
14		TOTAL V	LLS				
Ib – ACADEMIC FUN	CTIONING LEVELS	S – SPECIEV TE	STS GIVEN AN	ND RESULTS			
TO THEIR PLANTS	OTTOTAL VOLE VEED	STECHTIE,	STS GIVEN III	TESCETS			
II – SOCIAL / EMOTIONAL / BEHAVIORAL							
			<u> </u>				
III -	- HEALTH AND DEV	VELOPMENT	T AL				

2

DATE:

WASHOE COUNTY SCHOOL DISTRICT SPECIAL EDUCATION SERVICES EVALUATION SUMMARY / PSYCHOEDUCATIONAL REPORT (continued)

AME:	
IV – GROSS / FINE MOTOR – ADAPTIVE BEHAVIOR	
OTHER (AS NEEDED; OT, APE, SLP, ETC.)	
OTHER (AS NEEDED; O1, AFE, SLF, ETC.)	
SUMMARY AND RECOMMENDATIONS	

Distribution: 1 – Confidential File 2 – Psychological Services 3 – Parent SES 10A1 (06/2003)