

STUDENT: _____	DATE: _____
EVALUATOR: _____	GRADE: _____
CAMPUS: _____	SP ED TEACHER: _____

**ASSESS IN THE IDENTIFIED AREA(S) OF DISABILITY****READING / ELA**

<b>A. Readiness</b>	Grade Level of Mastery: _____
Comments: _____	
<b>B. Speech</b>	Grade Level of Mastery: _____
Comments: _____	
<b>C. Listening Comprehension</b>	Grade Level of Mastery: _____
Comments: _____	
<b>D. Word Recognition</b>	Grade Level of Mastery: _____
Comments: _____	
<b>E. Oral Reading</b>	Grade Level of Mastery: _____
Comments: _____	
<b>F/G Reading Comprehension</b>	Grade Level of Mastery: _____
Comments: _____	
<b>H. Word Analysis Survey</b>	Grade Level of Mastery: _____
Comments: _____	
<b>I. Functional Word Recognition</b>	Grade Level of Mastery: _____
Comments: _____	
<b>J. Spelling</b>	Grade Level of Mastery: _____
Comments: _____	
<b>K. Writing</b>	Grade Level of Mastery: _____
Comments: _____	

**Math**

<b>M. Math Grade-Placement Tests</b>	Grade Level of Mastery: _____
Comments: _____	
<b>N. Number and Operations K-8</b>	Grade Level of Mastery: _____
Comments: _____	
<b>O. Algebra K-8</b>	Grade Level of Mastery: _____
Comments: _____	
<b>P. Geometry K-8</b>	Grade Level of Mastery: _____
Comments: _____	
<b>Q. Measurement K-8</b>	Grade Level of Mastery: _____
Comments: _____	

**Additional comments or observations:** \_\_\_\_\_

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