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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA****DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307(760) 552-6700 • (760) 242-5363 FAX**Student Evaluation Report**(Shall reflect the total educational program) |
| **STUDENT Information (ANNUAL REVIEW DATE: \_\_\_\_\_\_\_\_\_\_\_)** |
| Student Name: |       | Date of Birth: |       |
| Class/Educational Program: |       | Teacher: |       | Grade: |       |
| School Site: |       | District of Attendance: |       |
|  |
| **STUDENT’S PRESENT LEVELS OF PERFORMANCE** |
|  |
| Academic:       |
|  |
| Speech/Language:       |
|  |
| Social Skills:       |
|  |
| Vocational Skills:       |
|  |
| Self-Help Skills:       |
|  |
| Psychomotor Skills:       |
|  |
| **SUMMARY OF INCLUSION ACTIVITIES IN GENERAL EDUCATION PROGRAM** |
|  |
| Provide a summary of the student’s inclusion activities in a general education program and the extent to which this is appropriate:       |
|  |
| **STATUS OF PROGRESS TOWARD ACHIEVING THE STUDENT’S ANNUAL INSTRUCTIONAL****OBJECTIVES/BENCHMARKS AS SPECIFIED IN THE IEP** |
|  |
| Short-term instructional objectives/benchmarks and progress toward achievement: | **MET** | **NOT MET** |
| a. |       |  | [ ]  | [ ]  |
| b. |       |  | [ ]  | [ ]  |
| c. |       |  | [ ]  | [ ]  |
| d. |       |  | [ ]  | [ ]  |
| e. |       |  | [ ]  | [ ]  |
| f. |       |  | [ ]  | [ ]  |
|  |  |
| Recommended short-term instructional objectives/benchmarks for the next annual review: |
| a. |       |
| b. |       |
| c. |       |
| d. |       |
| e. |       |
| f. |       |
|  |  |
| Summary of contacts with parent/guardian:       |
|  |
| **CHECKLIST: INDICATE THE STUDENT’S PRESENT LEVEL OF FUNCTIONING IN THE AREAS LISTED BELOW** |
|  |
| **SOCIAL SKILLS** | **INCLUSION****YES OR NO** | **SELDOM** | **SOMETIMES** | **NEARLY ALWAYS** |
| Participates in group activities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates appropriate peer interactions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Respects rights of others | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Exhibits courteous habits | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Accepts classroom routine and rules | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Accepts responsibility | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates appropriate communication skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **EMOTIONAL SKILLS** |  |  |  |  |  |
| Demonstrates self-confidence | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Appears happy at school | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates sense of humor | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Attains desires without tears, pouting, or tantrums | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **SELF-HELP SKILLS** |  |  |  |  |  |
| Follows directions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates initiatives | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Completes assigned tasks | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Attends to tasks | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Contributes ideas | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates reasoning ability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates awareness | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **PHYSICAL SKILLS** |  |  |  |  |  |
| Appears healthy | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Practices good grooming | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates ability to relax | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates good posture | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates gross muscular coordination | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates fine muscular coordination | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrates appropriate speech *(articulation)* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| **NOTE: Any areas of functioning that are indicated as “seldom” should be addressed****by goals and objectives on the IEP.** |
| Teacher Signature: |  | Date: |       |