*Your Letterhead Here*

### ASSESSMENT REPORT FOR EDUCATIONALLY RELATED SOCIAL EMOTIONAL SERVICES (ERSES)

**Ventura County SELPA**

Student Name: Click here to enter text. D.O.B.:Click here to enter text. Age: Click here to enter text. Yrs. Click here to enter text. Mo.

School: Click here to enter text. Grade: Click here to enter text. Sex: Male Female

Case Manager: Click here to enter text. Date(s) of Assessment: Click here to enter text.

Parent(s) Name(s): Click here to enter text.

Address: Click here to enter text.

(Street & Number, City, Zip) Native Language: English

Phone: Home Click here to enter text. Work: Click here to enter text. Cell: Click here to enter text.

*The following report was developed to assist the IEP Team in determining need for special education and related services according to the code of Federal Regulations, Sections 300.304 to 300.306. The decision as to whether or not the assessment results demonstrate that the degree of the student’s impairment requires special education services shall be made by the IEP team, including assessment personnel. The IEP team shall take into account all relevant material which is available on the student. (From CCR 5 Sec. 3030)*

English Level: English only Initially Fluent English Proficient English Learner - Beginning Early Intermediate Intermediate Early Advanced Advanced Reclassified Fully English Proficient

Materials and procedures were provided in the student’s native language/mode of communication in a form most likely to yield accurate information on what the student knows and can do academically, developmentally, and functionally. If not, explain

Assessment(s) administered in English.

**Reason for Referral:**

To determine need for Educationally Related Social Emotional Services.

## Background Information Relevant to This Report:

Environmental, cultural, and economic information: Click here to enter text.

Health and developmental information: Describe any medications, psychiatry, or non-educational counseling or therapy received in the past.

Educational history:

Attendance history - Click here to enter text.

Other relevant educational history: Describe any non-intensive social/emotional services received.

## Behavioral Observations:

Observations in classroom and other appropriate settings, including relationship of behavior to student’s academic and social functioning: Click here to enter text.

Behavior during testing, including relationship of behavior to the reliability of the current assessment results: Click here to enter text.

**Assessment Information:**

Sources of data Reviewed: (check or indicate “NA”)

Choose an item. Cumulative records Choose an item. Statewide Testing and Reporting results (STAR program)

Choose an item. Progress toward goals Choose an item.

Existing assessment reports: (within three years list below) None

|  |  |  |
| --- | --- | --- |
| Date | Type | Assessor |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Choose an item. Parent interview Choose an item. Teacher survey or interview Choose an item. Student interview

Choose an item. Other data sources Click here to enter text.

Summary of existing data (if applicable):

New Assessments Administered: Click here to enter text.

* Student was assessed in all areas of suspected disability related to this concern.
* All tests and materials include those tailored to assess specific areas of educational need.
* All assessments were selected and administered so as not to be discriminatory on racial, cultural, or sexual bias.
* Each assessment was used for the purpose for which it was designed and is valid and reliable.
* Each instrument was administered by trained and knowledgeable personnel.
* Each assessment was given in accordance with the test instructions provided by the producer of the assessments.
* All tests were selected and administered to best ensure that they produce results that accurately reflect the student’s abilities, not the student’s impairments, including impaired sensory, manual, or speaking skills.

Explanation for any of the above that are not applicable

**Results of Assessment:**

Insert results of assessment by Intensive School-Based Therapist, including DSM diagnosis.

**Overall Summary and Recommendations:**

Summary of assessment, including factors affecting educational performance: Describe impact of behavior/social/emotional issues on school performance.

Recommendations to enable student to be involved in and progress in general education curriculum: Describe needs that would warrant educationally-related counseling, social work or behavior interventions, and related goals.

Describe student’s ability (both cognitive and motivational) to benefit from individual or group counseling, provided in the educational setting.

Possible special education and related services or additions or modifications to current services needed to meet goals and participate in general curriculum/appropriate activities. Describe the school and/or home-based social/emotional services student may need.

The IEP team will meet to discuss assessment results and make a decision about special education and related services. The purpose of this report is to provide information to assist the team in making that decision.

Person completing this report:

Click here to enter text. Click here to enter text.

Name Title

Click here to enter text.

Signature Date

Copy to:  District Office  Cumulative File  Case Manager  Parent/Adult Student  Related Service(s)