

Department of Special Services
Elizabeth School District C-1
P.O. Box 610
Elizabeth, CO 80107
(303) 646-4441, fax (303) 646-3362

Educational Report

(To be completed by classroom teacher)

Student:	School:	Grade:
S.S. # :	Birthdate:	Age:

The above student has been referred for a special services evaluation. The information in this report becomes a part of the child's educational record. Copies are given to the parents and to other individuals having a legitimate need for this information. This report is based upon the child's day-to-day functioning, as well as upon available test data.

READING ACHIEVEMENT LEVEL: (Skills, comprehension, strengths, weaknesses)
WRITTEN COMMUNICATION SKILLS: (Describe handwriting and written expression)
MATH ACIEVEMENT LEVEL: (Concepts and computation)
ORAL COMMUNICATION SKILLS: (oral expression, speech/language skills)
BEHAVIOR: (Use specific descriptors, depicting frequency and intensity)
EDUCATIONAL NEEDS: (List special instructional, environmental, and/or management needs)

Signature of Teacher

Date