

# Evaluation Summary Sheet

## Identifying Information

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Cognitive (Psychological Evaluation)

Date of Testing: \_\_\_\_\_ Administered by: \_\_\_\_\_

Please check the tests administered below.:

WISC-IV \_\_\_\_\_ WAIS-III \_\_\_\_\_ WPPSI-R \_\_\_\_\_ Stanford Binet \_\_\_\_\_

Verbal Comprehension Index- \_\_\_\_\_ Perceptual Reasoning Index- \_\_\_\_\_

Working Memory Index- \_\_\_\_\_ Processing Speed Index- \_\_\_\_\_

Full Scale IQ- \_\_\_\_\_

## Academic (Educational Evaluation)

Date of Testing: \_\_\_\_\_ Administered by: \_\_\_\_\_

## Check Test Administered

WIAT II (Wechsler Individualized Achievement Test-II) \_\_\_\_\_

Woodcock Johnson-Broad Cognitive. Ability \_\_\_\_\_

Kaufman-Test of Educational Achievement \_\_\_\_\_

Peabody Individual Achievement Test-III \_\_\_\_\_

Wide Range Achievement Test-4 \_\_\_\_\_

Other Tests:

**National Association of Special Education Teachers**

List all subtests (use total test scores if possible) administered and scores as well as Total Scores

| <u>Test</u> | <u>Subtests</u> | <u>Percentile</u> | <u>Standard Score</u> | <u>Grade Equivalent</u> |
|-------------|-----------------|-------------------|-----------------------|-------------------------|
| _____       | _____           | _____             | _____                 | _____                   |
| _____       | _____           | _____             | _____                 | _____                   |
| _____       | _____           | _____             | _____                 | _____                   |
| _____       | _____           | _____             | _____                 | _____                   |
| _____       | _____           | _____             | _____                 | _____                   |

**Speech and Language:**

Date of Testing: \_\_\_\_\_ Administered by: \_\_\_\_\_

Check test administered below:

CELF-3 \_\_\_\_\_ Test of Language Comprehension \_\_\_\_\_

DTLA-4 \_\_\_\_\_ PPVT-III \_\_\_\_\_

| <u>Subtests</u> | <u>Area Measured</u> | <u>Percentile</u> | <u>Grade/Age Equivalent</u> | <u>Standard Scores</u> | <u>Scaled Scores</u> |
|-----------------|----------------------|-------------------|-----------------------------|------------------------|----------------------|
| _____           | _____                | _____             | _____                       | _____                  | _____                |
| _____           | _____                | _____             | _____                       | _____                  | _____                |
| _____           | _____                | _____             | _____                       | _____                  | _____                |
| _____           | _____                | _____             | _____                       | _____                  | _____                |

**Other Evaluations**

Completed by

Date

\_\_\_\_\_ Social/Developmental History \_\_\_\_\_  
\_\_\_\_\_ Classroom Observation \_\_\_\_\_  
\_\_\_\_\_ Occupational Evaluation \_\_\_\_\_  
\_\_\_\_\_ Physical Evaluation \_\_\_\_\_  
\_\_\_\_\_ Assistive Technology Evaluation \_\_\_\_\_  
\_\_\_\_\_ Central Auditory Evaluation \_\_\_\_\_  
\_\_\_\_\_ Medical Form \_\_\_\_\_