VALLEY SCHOOL DISTRICT **SPECIAL EDUCATION**
555 West Valley Rd, Yakima, WA 98902 Phone: (509) 456-8596 Fax: (509) 658-9856

Team Planning Worksheet

Student name **Jason Patterson** Student # **49** DOB **2/6/2002** Date **11/24/2008**

Serving school **Alder Elementary** IEP Mgr **Steve Bigelow** Grade **1** Age **6 y 9 m**

After review of all available data, it is the Evaluation Teams determination that assessment needs are as follows:

Assessment Area	To Do	Assessment Documentation (previous)	Team Member Assignment
Cognitive	☐		**Psychologist**
Academic	☐		**Special Ed Teacher**
Social/ Emotional	☐		**Psychologist**
Communication	☐		**SLP**
Motor	☐		**OT/PT**
Dev.History/ Health	☐		**Nurse**
Adaptive	☐		**Psychologist**
Vision/Hearing	☐		**Nurse/SLP**
Observation	☐		
Vocational	☐		**Special Ed Teacher**
Classroom Functioning	☐		**Special Ed Teacher**

How will parent participation be assured?

☐ School Psychologist ☐ Special Ed Teacher ☐ Speech/Language Pathologist
☐ School Nurse ☐ Physical/Occupational Therapist ☐ Classroom Teacher
☐ Principal ☐ Parent/Adult Student ☐ Other _____

Evaluation Due Date ? **(35 days)** **after consent signed**
Notice of Results Sent _____ **(10 days)** **Psychologist**
IEP Mtg. scheduled _____ **(30 cal days)** **Special Ed teacher**

Distribution: One copy to ☐ *Special Education* ☐ *Parent/guardian/adult student*
Valley School District• Special Services