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Educational Evaluation

Student Name: _____ Date: _____
Family/Last First Middle

Gender: Male Female Birthday: ____/____/____ (MM/DD/YY) Age: _____ Grade: _____

Educational History

Most Recent School Name _____ City _____ State _____ Postal code _____

Contact Person _____ Phone # _____

Grade	Dates Attended	School Attended

Records Review

Achievement Test Scores Yes No Transcripts Yes No
 Educational Evaluation Yes No Report Cards Yes No
 Psychological Evaluation Yes No Date of last evaluation: _____

Is the student eligible for special education? Yes No

Basis for eligibility (e.g., Learning Disability, ED, Autism): _____

Do we have copies of the student's ARD and IEPs? Yes No NA

Do we have copies of the student's discipline records? Yes No NA

Has the student ever been retained? Yes No If yes, what grade(s): _____

Support Needs

Has the student been diagnosed with learning disabilities/differences? _____ If yes, explain:

Has the student been diagnosed with any other psychological or emotional issue? ____ If yes, explain:

Does your child have any physical disabilities? _____ If yes, explain _____

Is your child taking any medications? _____ If yes, list the names and what they are for:

Is/Has your child been under the care of a psychologist, psychiatrist or therapist? _____

Does your child have any allergies? _____

Does your child have any special needs or accommodations that should be in place to support his/her educational progress? _____

Educational Services

What educational instruction, services, accommodations or modifications has the student received?

What educational instruction, services, accommodations, modifications or specific courses are believed to be needed?

What related services has the student received (speech therapy, occupational therapy, adaptive physical education)?

What is the basis of the eligibility for related services (e.g., auditory impairment, speech impairment)?

Current Levels of Educational Performance

What grade level is the student functioning in the following areas:

Reading: _____ Writing: _____ Math: _____

On the basis of the above information the student is eligible for the following special education, modifications or related services to his/her regular curriculum:
