

# Appendix C

## Evaluation Forms



Speech and Language Procedural Guide

Has the child transferred from another system? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, State System and year of transfer: \_\_\_\_\_

Is the child currently receiving any additional help?

- Basic Skills Instruction \_\_\_\_\_
- Reading Recovery \_\_\_\_\_
- Other \_\_\_\_\_

Please attach any pertinent information from supplemental instructor.

Please state the aspect of the student's speech/language difficulty for which you are concerned:

How is this concern adversely impacting the child's educational performance?

Rate how the student is performing as compared to peers in the following areas.

Use: "A" for "Above expected level of performance"

"O" for "On expected level of performance"

"B" for "Below expected level of performance"

Spelling: \_\_\_\_\_

Decoding Reading: \_\_\_\_\_

Phonics Tasks: \_\_\_\_\_

Reading Comprehension: \_\_\_\_\_

Following Directions: \_\_\_\_\_

Provide a summary of the interventions that you have provided for this student to address this concern:

Relationship with peers:

Provide any additional information that you feel would be relevant to the evaluation process:

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

When completed, please submit this form to the school nurse.

Speech and Language Procedural Guide

**TO BE COMPLETED BY SCHOOL NURSE**

**PUPIL'S NAME:** \_\_\_\_\_  
(First) (Last)

**VISION:**  
DIFFERENCE OF LAST TEST: RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_ OTHER DEFECTS:

**HEARING:**  
DATE OF LAST TEST: \_\_\_\_\_ RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_ OTHER  
DEFECTS:

INSTRUMENT USED:

ANY OUTSIDE  
EXAMINATIONS? \_\_\_\_\_

DOCTOR \_\_\_\_\_  
RESULTS: \_\_\_\_\_

Does the child have any known defects which might affect school or personal adjustment?

Other Comments:

Insofar as can be determined from the school's medical records and the physical screening given by the school physician, the above factors are the only know which may be pertinent to the education of the child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WHEN THIS PAGE IS COMPLETED, PLEASE RETURN FORM TO SPEECH/LANGUAGE  
SPECIALISTS

**Milltown School District**  
**Milltown, NJ 08850**  
**Notice of Initial Evaluation and Planning Meeting**

Date:

Dear Parent/Guardian,

As outlined in the New Jersey Administrative code 6A:14, you are invited to participate in a meeting as part of the Evaluation Planning committee to discuss the possible need to evaluate your child. If an evaluation is determined to be warranted, we will then identify what the nature and scope of the evaluation will be.

If you have any written information which would help the group make these determinations, please bring it to the meeting. You may invite anyone who has knowledge or special expertise regarding your child to this meeting.

**The meeting has been scheduled as follows:**

Date:

Time:

Place:

**The participants at the meeting will be:**

Parent(s):

Speech/Language Specialist:

Classroom Teacher:

Other:

Enclosed you will find a copy of "Parental Rights in Special Education" (PRISE) explaining the procedure safeguards available to you. If you have any questions prior to the meeting or, for some reason, are unable to attend, please call (732)214-2365 option 4 to reschedule.

Sincerely,

Speech/Language Specialist

Speech and Language Procedural Guide

Enclosures: PRISE

**Milltown School District**  
**Milltown, NJ 08850**  
**ESLS Initial Evaluation Plan**

**Proposed Action:**

\_\_\_\_\_ has been referred to the Speech/Language Specialist for the purpose of conducting an evaluation to determine eligibility for speech services. This evaluation would include assessments by the Speech/Language Specialist, as well as review of information from the classroom teacher(s). What information will be collected and who will collect that information is described in this Evaluation Plan.

**Other (Specify):** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

**Available Information:**

	Teacher Consultation
	Remedial Reading
	Basic Skills Instruction
	Parent Information
	Evaluations provided by the parent
	Evaluations obtained from prior school

**Evaluation Plan Components:**

**Sources of Data:**

	Classroom Observations
	Teacher Observations
	Formal Diagnostic Assessment

**Information to Obtain:** \_\_\_\_\_

**Evaluator**

	Speech and Language Functioning
	Developmental History
	Articulation Assessment
	Language Assessments

## Speech and Language Procedural Guide

	Functional Assessment
	Oral-Facial Assessment

**Evaluation Focus Questions:**

1. Determine whether this student evidences eligibility for Speech SErvices as defined in NJAC 6:14-3.6
2. What are the present levels of performance and educational needs of this student?
3. Will this student need to be referred to the Child Study Team for determination of special education and related services?

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**Participants:**

This plan was developed by the following participants at a meeting on this date: \_\_\_\_\_

Participant	Title	Signature

**Parental Consent and Acknowledgement**

\_\_\_\_\_ I agree to the above Speech/Language Evaluation Determination Plan.

\_\_\_\_\_ I do not agree with the above Speech/Language Evaluation Determination Plan.

**I have been provided with a copy of:**

\_\_\_\_\_ NJAC 6A:14

\_\_\_\_\_ Short Procedural Safeguards Statement

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Milltown School District**

**Milltown, NJ 08850**

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Case Manager: \_\_\_\_\_

School: \_\_\_\_\_ Notice Date: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

**Components of Prior Written Notice**

When an action is proposed or denied either following a meeting or in response to a parental request, the following areas are addressed:

**1. A description of the action proposed or denied by the district:**

A meeting occurred on the date above. Parents and staff discuss this student's current communication performance levels, and a plan for assessing the child's speech production.

**2. An explanation of why it is taking such action:**

Discussion of speech production revealed that this student might be demonstrating speech/language difficulties that warrant testing to determine whether or not this child's speech impacts educational performance.

**3. A description of any options that district considered and the reasons these options were rejected:**

Option 1: Not testing the student was considered and rejected.

Option 2: Obtaining an evaluation from a private practice was considered and rejected.

**4. A description of the procedures, tests, records and reports and factors used by the district in determining whether to propose or deny an action:**

In determining eligibility several sources of information were used, including some or all of the following: teacher interview(s), parent interview, formal and informal procedures.

**5. A description of any other factors that are relevant to the proposal or refusal by the district:**

No other relevant factors to this proposal by the Milltown School District.

*A copy of the "Short Procedural Safeguards Statement is attached for your reference. If you disagree with the content of this notice, you may express your ideas in writing and mail your letter to Mrs. Sara McGowan, Director of Student Support, Parkview School, 80 Violet Terrace Milltown, NJ 08850*



cc:Parent, file

**MILLTOWN SCHOOL DISTRICT**  
Department of Curriculum, Instruction and Special Services  
Milltown, New Jersey

**New Jersey Department of Education**  
**Office of Special Education Programs**

***SHORT PROCEDURAL SAFEGUARDS STATEMENT***

As the parent of a student who is or may be determined eligible for special education services or as an adult student who is or may be determined eligible for special education services, you have rights regarding identification, evaluation, classification the development of an IEP, placement and the provision of a free, appropriate public education under the new Jersey Administrative Code for Special Education, N.J.A.C. 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education* (PRISE). This document is published by the New Jersey Department of Education.

A copy of PRISE is provided to you upon referral for an initial evaluation, upon each notification of an IEP meeting, upon reevaluation and when a due process hearing is requested. In addition, a copy will be provided at your request.

To obtain a copy of PRISE, please contact:

Barbara Tarrant, Student Support Services Secretary (732) 214-2365 option 4  
School District Office of Personnel Phone Number

For help in understanding your rights, you may contact any of the following:

Sara McGowan, Supervisor of Special Education (732)214-2365 option 4  
School District Representative Phone Number

NJ Protection and Advocacy, Inc. at (800)922-7233

NJ Department of Education through its Middlesex County Office:

Mark Lanzi (732)249-2400  
County Supervisor of Child Study Phone Number

Speech and Language Procedural Guide

Revised by NJDOE: 3/03/1999; Received by Milltown School District: 2/08/2000 (revised by Milltown School District 10/1/2020)

**Milltown School District  
Milltown, NJ 08850**

**ESLS - No Initial Evaluation Plan Developed**

**Proposed Action:**

\_\_\_\_\_ has been referred to the Speech-Language Specialist for the purpose of conducting an evaluation to determine eligibility for speech services. This evaluation would include assessments by the speech-Language Specialist, as well as review of the information from the classroom teacher(s).

**Reason for Referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participants:**

The following were participants at a meeting on this date: \_\_\_\_\_

Participants	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent Input:**

**Teacher Input:**

**Action Taken:**

Based on the above information gathered from the participants at this meeting, it has been determined that a speech evaluation is not warranted at this time. \_\_\_\_\_ needs are unrelated to the articulation, phonology, voice or fluency and appear to be a factor of limited English proficiency. Therefore, an Initial Evaluation Plan was not developed at this time.

\_\_\_\_\_ I agree with the above action

\_\_\_\_\_ I disagree with the above action.

**Parental Acknowledgement:**

I/We have met with the specialists and educators listed above. Findings and conclusions have been reviewed with me and I have been notified of my/our rights to challenge or appeal any actions.

I/We have received a copy of the "Parental Rights in Special Education", expected from NJAC 6A:14, which are New Jersey's regulations for special education and related services.

\_\_\_\_\_  
Parent(s) Signature(s)

\_\_\_\_\_  
Date of Conference

**Milltown School District**  
**Milltown, NJ 08850**

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

For your review, I have enclosed the Speech Evaluation report that was recently completed on you son/daughter, \_\_\_\_\_. Please review the report carefully and contact me at (732)214-2360 if you note any errors, or have any questions. I would appreciate it if you would contact me prior to the conference date with any concerns, so that a corrected copy may be given to you at the Eligibility Meeting.

I look forward to meeting with you on \_\_\_\_\_, at \_\_\_\_\_  
at \_\_\_\_\_ School.

Sincerely,

Speech/Language Specialist

**Milltown School District**  
**Milltown, NJ 08850**

Eligibility for Speech-Language Services (ESLS)

1. Identification Information:

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

D Classification: Ineligible for Speech-Language Services

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

2. Speech/Language Evaluation Summary: (Attach Diagnostic Report)

- Results of Formal Assessment:
  
- Results of Functional Assessment:

3. Evaluation/Classification Team:

Speech/Language: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Parent(s): \_\_\_\_\_

\_\_\_\_\_

The persons listed above served as the classification team and determined the student not to be eligible for Speech-Language Services (ESLS).

I/We have met with the specialist and educators listed above. Findings and conclusions have been reviewed and with me and I have been notified of my/our rights to challenge or appeal any actions.

I/We have received a copy of the "Parental Rights in Special Education" excerpted from NJAC 6A:14, which are New Jersey's regulations for special education and related services.

Speech and Language Procedural Guide

\_\_\_\_\_  
Parent(s) Signature(s)

\_\_\_\_\_  
Date of Conference

**Milltown School District**  
**Milltown, NJ 08850**

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
School: \_\_\_\_\_ Notice Date: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

**Prior Written Notice**

**When an action is proposed or denied either following a meeting or in response to a parental request, the following areas are addressed:**

**1. A description of the action proposed or denied by the district:**

This student's eligibility for speech services was discussed at a meeting on the date given above. The Parent and staff discussed this student's current speech performance levels and developmental needs for the next calendar year. Because this child was found to be ineligible for speech services, no Speech IEP was developed. The proposed action by the district is to share the evaluation data with the student's parent(s), and to make recommendations to the parent regarding this child, if appropriate.

**2. Explanation of why it is taking such action:**

This child does not meet the specific state and federal criteria necessary to be eligible for speech services at this time.

**3. A description of any options the district considered and the reasons these options were rejected:**

Option 1: Providing speech remediation was considered and rejected. This student does not demonstrate sufficient need to be classified and receive speech services.

Option 2: Referral to the Child Study Team for comprehensive evaluation was considered and rejected as being unnecessary.

**4. A description of the procedures, tests, records and reports and factors used by the district in determining whether to propose or deny an action:**

Formal and/or informal assessment by the Speech/Language Specialist was the primary source of information in making this determination. Other information sources were teacher interview(s), student interview, parent interview, and teacher/therapist observations.

**5. A description of any other factors that are relevant to the proposal or refusal by the district:**

There are no other relevant factors to this proposal by the Milltown School District.

*A copy of the "Short Procedural Safeguards Statement" is attached for your reference. If you disagree with the content of this notice, you may express your ideas in writing to Mrs. McGowan, Director of Student Support Services & Child Study Team, Parkview School 80 Violet Terrace, Milltown, NJ 08850*

Speech and Language Procedural Guide

cc: Parent, File



**MILLTOWN SCHOOL DISTRICT**

Milltown, New Jersey 08850 – 1643

[www.milltownps.org](http://www.milltownps.org)



William G. Veit  
Principal, Joyce Kilmer School  
21 West Church Street  
(732) 214-2370  
wveit@milltownps.org

Stephanie Brown, Ed.D.  
Superintendent of Schools  
Curriculum Director  
21 West Church Street  
(732) 214-2365  
sbrown@milltownps.org

Eric Siegel  
Principal, Parkview School  
80 Violet Terrace  
(732) 214-2360  
esiegel@milltownps.org

**Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

I have read and considered the attached \_\_\_\_\_

evaluation, completed by \_\_\_\_\_

on \_\_\_\_\_ and accept this report:

**In its entirety  
With the following exceptions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Child Study Team Member Signature

\_\_\_\_\_  
Date

**Milltown School District**

**Milltown, NJ 08850**

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_ Case Manager: \_\_\_\_\_  
School: \_\_\_\_\_ Notice Date: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

**Prior Written Notice**

**When an action is proposed or denied wither following a meeting or in response to a parental request, the following areas are addressed:**

**1. A description of the action proposed or denied by the district:**

This student's eligibility for speech services was discussed at a meeting on the date given above. The Parent and staff discussed this student's current speech performance levels, therapeutic needs, and the need for this related service for the next calendar year. Because this child was found eligible for speech services, and has not been classified by the full Child Study Team, a Speech IEP was developed. The proposed action by the district is to implement this student's Speech IEP..

**2. An explanation of why it is taking such action:**

These actions of classifying a child eligible for speech services, and implementing a Speech IEP are required by state and federal law when a student demonstrates a significant need for remediation of speech problems.

**3. A description of any options the district considered and the reasons these options were rejected.**

Option 1: Providing no speech or language assistance in any setting was considered and rejected. This student needs speech remediation by the Speech/Language Specialist.  
Option 2: Providing additional strategies and/or activities for parents to implement at home, without speech therapy was considered and rejected. Although such support is always welcome, specialized instruction by a Speech/Language Specialist is required at this time.

**4. A description of the procedures, tests, records and reports and factors used by the district in determining whether to propose or deny an action:**

Formal and/or informal assessment by the Speech/Language Specialist was the primary source of information in making this determination. Other information sources were teacher interview(s), student interview, and teacher/therapist observations.

**5. A description of any other factors that are relevant to the proposal or refusal by the district:**

There are no other relevant factors to this proposal by the Milltown School District.

*A copy of the "Shortage Procedural Safeguards Statement" is attached for your reference. If you disagree with the contents of this notice, you may express your ideas in writing to Mrs. Sara McGowan,*



Speech and Language Procedural Guide

Director of Student Support Services & Child Study Team, Parkview School 80 Violet Terrace, Milltown, NJ 08850.

cc: Parent, file

**Milltown School District**  
**Milltown, NJ 08850**

Classification as Eligible for Speech/Language Services (ESLS)

1. Identification Information:

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Classification: Eligible for Speech/Language Services

Eligible for Speech Services:

\_\_\_Articulation \_\_\_Language \_\_\_Fluency \_\_\_Voice

School:\_\_\_\_\_Grade:\_\_\_\_\_Teacher:\_\_\_\_\_

2. Speech/Language Evaluation Summary: (Attach Diagnostic Report)

- Results of Formal Assessment:
  
- Results of Functional Assessment:

3. Evaluation/Classification Team:

Speech/Language:\_\_\_\_\_

Classroom Teacher:\_\_\_\_\_

Parent(s): \_\_\_\_\_

\_\_\_\_\_

Ther persons listed above serviced as the classification team and determined the student is to be eligible for Speech/Language Services (ESLS)

I/We have met with the specialists and educators listed above. Finding and conclusions have been reviewed with me and I have been notified of my/our rights to challenge or appeal any actions.

I/We have received a copy of "The Short Procedural Safeguards Statement"

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Parent(s) Signature

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Date of Conference

**Milltown School District  
Milltown, NJ 08850**

**NOTICE OF ANNUAL REVIEW MEETING  
For ESLs Only**

**Date:**

**Re:**

Dear

The IEP Team would like to meet with you to discuss the annual review of your child's Speech/Language IEP.

**A meeting has been scheduled as follows:**

Date:

Time:

Place:

**Purpose:** To review your child's progress in speech/language and to review and revise the Individualized Education Program (IEP) for Speech/Language as needed.

**The participants at the meeting will be:**

Parent(s):

Speech/Language Specialist:

Classroom Teacher:

Other:

Please be advised that you are entitled to reasonable notice prior to a conference (NJAC 6A:14-2.3) You are an important member of your child's IEP Team.

If you are unable to keep the appointment scheduled above, please call to reschedule.

Sincerely,

## Speech and Language Procedural Guide

Speech/Language Specialist  
Enclosure: PRISE