

## Educational Evaluation

Student: _____	Grade: _____
Home School: _____ Teacher/Class: _____	
Date of Birth: _____	Age: _____ Sex: _____ Race/Ethnicity: _____

Please complete the following information about the student, giving careful consideration to how the student rates when compared to students at his/her same age/grade level.

### What instructional concerns do you have about this student?

**YES NO** Poor progress acquiring basic **reading** skills. If YES, please provide the following information (as applicable to the student's age/grade level):

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | overall skill levels are lower than grade level                   |
| <input type="checkbox"/> | <input type="checkbox"/> | difficulty following directions                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | difficulty remembering lists and names                            |
| <input type="checkbox"/> | <input type="checkbox"/> | frequent errors in pronouncing sounds or words doesn't "hear" the |
| <input type="checkbox"/> | <input type="checkbox"/> | individual sounds in words  |
| <input type="checkbox"/> | <input type="checkbox"/> | can't associate sounds with letters readily                       |
| <input type="checkbox"/> | <input type="checkbox"/> | can't apply sound-symbol associations fluently                    |
| <input type="checkbox"/> | <input type="checkbox"/> | gets stuck when blending the sounds together                      |
| <input type="checkbox"/> | <input type="checkbox"/> | trouble learning new vocabulary                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | overreliance on context and guessing                              |
| <input type="checkbox"/> | <input type="checkbox"/> | reads too slowly-word by word                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | misreads the same words over and over                             |
| <input type="checkbox"/> | <input type="checkbox"/> | can't spell by sound  |
| <input type="checkbox"/> | <input type="checkbox"/> | can't remember the letters, but spells phonetically               |

**YES NO** Poor progress acquiring basic **math** skills. If YES, please provide the following information (as applicable to the student's age/grade level):

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | overall skill levels are lower than grade level difficulty        |
| <input type="checkbox"/> | <input type="checkbox"/> | remembering facts difficulty reading text difficulty attending to |
| <input type="checkbox"/> | <input type="checkbox"/> | important details completes work slowly difficulty retaining and  |
| <input type="checkbox"/> | <input type="checkbox"/> | sequencing steps for math computations unable to visualize        |
| <input type="checkbox"/> | <input type="checkbox"/> | concepts unable to solve word problems unable to compute          |
| <input type="checkbox"/> | <input type="checkbox"/> | time, money, and measurement problems                             |



# BRIGHT MINDS

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YES NO Difficulty producing **written work**. If YES, please provide the following information (as applicable to the students age/grade level):

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | overall skill levels are lower than grade level |
| <input type="checkbox"/> | <input type="checkbox"/> | trouble learning to print                       |
| <input type="checkbox"/> | <input type="checkbox"/> | trouble learning cursive                        |
| <input type="checkbox"/> | <input type="checkbox"/> | poor spelling                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | poor capitalization and punctuation             |
| <input type="checkbox"/> | <input type="checkbox"/> | poor writing "mechanics"                        |
| <input type="checkbox"/> | <input type="checkbox"/> | slow, minimal, or disorganized writing          |
| <input type="checkbox"/> | <input type="checkbox"/> | dislikes writing                                |

YES NO Few appropriate **cognitive learning strategies**. If YES, please provide the following information (as applicable to the student's age/grade level):

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | overall skill levels are lower than expected based on student's age  |
| <input type="checkbox"/> | <input type="checkbox"/> | difficulty understanding and following directions                    |
| <input type="checkbox"/> | <input type="checkbox"/> | poor organization of thoughts  |
| <input type="checkbox"/> | <input type="checkbox"/> | difficulty completing tasks that require multisteps (i.e., 3+ steps) |
| <input type="checkbox"/> | <input type="checkbox"/> | difficulty remembering information or concepts                       |
| <input type="checkbox"/> | <input type="checkbox"/> | difficulty retaining instruction from week to week                   |
| <input type="checkbox"/> | <input type="checkbox"/> | lacks motivation to learn  |

Other instructional concerns. If YES, please explain: \_\_\_\_\_

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What behavioral concerns do you have about this student?

- |  |  |
|--|--|
| <input type="checkbox"/> poor attention and concentration    | <input type="checkbox"/> extreme mood swings                   |
| <input type="checkbox"/> difficulty following directions     | <input type="checkbox"/> easily frustrated                     |
| <input type="checkbox"/> difficulty staying on task          | <input type="checkbox"/> noncompliance with teacher directives |
| <input type="checkbox"/> excessively high/low activity level | <input type="checkbox"/> difficulty working with peers         |
| <input type="checkbox"/> other: _____                        | <input type="checkbox"/> none                                  |



RATE THE STUDENT IN EACH OF THE FOLLOWING AREAS USING THE FOLLOWING SCALE:

1=WELL BELOW AVERAGE

4=ABOVE AVERAGE

2=SLIGHTLY BELOW AVERAGE

5=WELL ABOVE AVERAGE

3=AVERAGE

6=NOT OBSERVED

**A. Receptive Language Skills:** (Please remember, these skills reflect their language and communication skills as a whole, not just academically. )

1. Comprehends word meanings	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
2. Follows oral instructions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
3. Comprehends classroom discussion	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4. Remembers information just heard	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

**B. Expressive Language Skills:**

1. Displays adequate vocabulary	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
2. Uses adequate grammar for general understanding	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
3. Expresses self fluently when called upon to speak	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4. Relates a sequence of events in order (telling a story)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
5. Organizes and relates ideas and factual information	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

**C. Behavioral:**

1. Follows classroom rules	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
2. Attentive to instruction/instructor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
3. Generally cooperates or complies with teacher requests	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4. Correct inappropriate behavior when asked	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
5. Accepts responsibility for own actions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
6. Initiates activities independently	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
7. Asks for help when needed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
8. Begins tasks promptly	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
9. Stays on task	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
10. Persists when task is difficult	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
11. Is prepared and organized for activities	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
12. Follows oral instructions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
13. Follows written instructions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
14. Completes assignments according to directions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6



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3=AVERAGE

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6=NOT OBSERVED

## D.Emotional:

1. Expresses dissatisfaction appropriately	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
2. Responds appropriately to praise and correction	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
3. Adapts to new situations without getting upset	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4. Resists becoming discouraged by difficulties or minor setbacks	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
5. Has an even, usually happy, disposition	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
6. Is pleased with good work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

## E. Sociological:

1. Participates appropriately in class discussions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
2. Initiates conversations appropriately	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
3. Makes and keeps friends at school	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4. Works cooperatively with others	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
5. Assumes leadership role in group activities	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
6. Works effectively in large groups	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
7. Works effectively in small groups	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

## F. Motor Coordination:

1. Exhibits adequate gross motor coordination (walking, running, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
2. Displays adequate fine motor coordination (writing, drawing, manipulation of equipment, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

## G.Academic Characteristics - Compared to others on same GRADE LEVEL:

1. Reads aloud material	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
2. Comprehends material read	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
3. Performs math computations at expected proficiency	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4. Spells material adequately	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
5. Writes legibly	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
6. Retains instruction from week to week	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6



IN RESPONSE TO THE STUDENT'S PROBLEM(S), THE FOLLOWING WERE PROVIDED AND THE RESULTS WERE DOCUMENTED

CURRENT SERVICES AND PROGRAMS PROVIDED:	DURATION	RESULTS
INSTRUCTIONAL MODIFICATIONS/ACCOMMODATIONS PROVIDED:	DURATION	RESULTS

POSITIVE BEHAVIORAL SUPPORTS PROVIDED:	DURATION	RESULTS

YES ☐    NO ☐    Does this student exhibit any behaviors in the classroom that might indicate vision or hearing problems? If YES, cite specific observations and have nurse complete health form:  
 \_\_\_\_\_  
 \_\_\_\_\_

YES ☐    NO ☐    Does this student exhibit any signs of a health or medical problem in the classroom? If YES, cite specific observations and have nurse complete health form:  
 \_\_\_\_\_  
 \_\_\_\_\_



# BRIGHT MINDS

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ADDITIONAL INFORMATION: Please use this space for additional information you feel would be helpful.

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\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING THIS SECTION

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

*Please return this form to: [info@brightmindsdallas.com](mailto:info@brightmindsdallas.com) or 8325 Walnut Hill Ln. Suite 225, Dallas, TX 75231*