# Collaborative Assessment of Student Performance

TAP Staff, please complete this document within 60 days from date of intake and provide to the IVRS Counselor for assistance with completing eligibility determination.

Name of School Staff: _____ Name of AEA Rep: _____

Student Name: _____ School Name: _____

Please check one box in each section below.

1. Identification for Special Education Services (other than speech only or PT/ OT only) occurred:
   - ☐ Pre-K, Kindergarten, or 1st Grade
   - ☐ 2nd Grade, 3rd Grade, or above
2. Curriculum:
   - ☐ Participates in the general curriculum at a level similar to peers.
   - ☐ Curriculum reflects a downward extension of standards and benchmarks or curriculum is modified substantially to allow for extensive adaptive instruction.
3. Goals/ Support:
   - ☐ Goals are academic and based on district standards and grade level benchmarks.
   - ☐ Goals are based on district standards and benchmarks are extended to meet individual needs.

Academic Achievement/ Present Level of Educational Performance

| Skill Area | Functioning Grade Level | Assessment Methods | Date Completed |
|---|---|---|---|
| Mathematics | | | |
| Written Language | | | |
| Reading | | | |

Summary of Functional Limitations

Please check functional areas considered to be serious limitations. Please describe extent of limitations.

MOBILITY:

☐Walking ☐Balancing ☐Climbing

☐Stooping ☐Twisting ☐Travel

☐Kneeling ☐Crawling ☐Crouching

☐Other:

Description:

SELF CARE:

☐Eating ☐Independent Living ☐Dressing

☐Laundry ☐Child Care ☐Medication Management

☐Cooking ☐Toileting ☐Money Management

☐Using the Telephone ☐Hygiene ☐Grooming

☐Self-Injurious Behavior ☐Housekeeping ☐Repeat Hospitalization

☐Other:

Description:

SELF DIRECTION:

☐Dependability ☐Judgment ☐Frequent Changes

☐Being Punctual ☐Being Organized ☐Following Routine

☐Initiating Activities ☐Planning Activities ☐Making Decisions

☐Other:

Description:

WORK SKILLS:

☐Eye/Hand Coordination ☐Learning Speed ☐Attention Span

☐Manipulates Objects ☐Manual Dexterity ☐Quantitative Skills

☐Comprehension ☐Memory

☐Spatial/Time Management ☐Motor Coordination

☐Other:

Description:

WORK TOLERANCE:

☐Temperature Change ☐Absenteeism ☐Stress

☐Chemical Sensitivity ☐Standing ☐Strength

☐High Places ☐Lifting ☐Stamina

☐Psychological Factors ☐Work Speed ☐Fumes/Dust

☐Wet/Humid Environment ☐Reaching ☐Sitting

☐Noise/Vibrations ☐Cold/Heat

☐Other:

Description:

INTERPERSONAL SKILLS:

☐Controlling Emotions ☐Getting Along With Others ☐Social Withdrawal

☐Cooperation ☐Understanding Social Cues

☐Accepting Supervision ☐Tact/Diplomacy

☐Other:

Description:

COMMUNICATION:

☐Interviewing ☐Reading ☐Writing

☐Speaking ☐Hearing

☐Other:

Description:

School Staff Signature: _____ Date: _____

AEA Rep Signature: _____ Date: _____

TAP Signature: _____ Date: _____