**Education Evaluation**

Completed By: Date Completed: Date Updated:

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| **I. Biographical Information** |
| **Student Information** |
| Name:  | DOB: Age: | Current Grade:  |
| Court Case #:  | Court Status: | Student Cell Phone: |
| Placement Type:  | Date of Current Placement:  | Student Email: |
| **Current School Information** |
| School:  | District:  | Type of School:  |
| Date of Enrollment:  | Reason for Enrollment: | Total No. of Schools Attended: |
| **Contact Information** |
| Education Rights Holder(s) (ERH):Proof of Education Rights:Spanish Speaker: [ ]  | Relationship: | Phone:  |
| Address:  | Email:  |
| Current Caregiver (If Different): Spanish Speaker: [ ]  | Relationship: | Email: |
| Address: | Phone:  |
| Social Worker: | Phone:  | Email:  |
| Legal Representative (Dependency): | Phone:  | Email:  |
| Probation Officer: | Phone: | Email: |
| Public Defender: | Phone: | Email: |
| Therapist: | Phone: | Email: |
| Wrap Around: | Phone: | Email: |
| CASA: | Phone: | Email: |

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| **II. SCHOOL HISTORY** |
| **a. EARLY INTERVENTION** |
| **Birth/Medical Information** |
| Diagnosis: | Prenatal exposure ☐Failure to Thrive ☐Born prematurely ☐ | Non-IFSP services/treatments: | Date Referral to Regional Center: |
| **Early Intervention Record Review** |
|  | Cognition | Adaptive behavior | Physical (fine and gross motor, sensory processing) | Communication | Social-emotional | Other concerns |
| **Developmental Evaluation**Date:CA:Tool used: | AE:MD:%D:Identified need: | AE:MD:%D:Identified need: | AE:MD:%D:Identified need: | AE:MD:%D:Identified need: | AE:MD:%D:Identified need: |  |
| **Assessment**  Date:CA:Tool used: | AE:MD:%D:Identified need: | AE:MD:%D:Identified need: | AE:MD:%D:Identified need: | AE:MD:%D:Identified need: | AE:MD:%D:Identified need: |  |
| **IFSP**Date:CA: | Outcomes: Services: | Outcomes:Services: | Outcomes:Services: | Outcomes:Services: | Outcomes:Services: |  |
| **B. PRESCHOOL** |
| **Enrollment** | **Academics** | **Social/Emotional** | **Special Education & Other Services** |
| School Year: School:District:School Type: Enter Date:Exit Date: | DRDP Date: CA: Areas of Concern: Noted Academic Concerns/ Interventions: | Mental Health/Attention/Behavior/Discipline | SST Date: Concerns: Intervention Plan: 504 Plan Date:Disability: Intervention Plan:ERH Consent? Assessment Date: CA: CG:Summary of Results: Recommendation(s):  IEP Date:Eligibility:Relevant Notes: Placement & Services: ERH Consent? |
| **C. ELEMENTARY SCHOOL** |
| **Enrollment** | **Academics** | **Attendance & Social/Emotional** | **Special Education & Other Services** |
| School Year: Grade: School: District: School Type: Enter Date: Exit Date:   | GradesSubject: T1/T2/T2CST TestingELA: Math: CMA Testing:ELA:Math:CAASPP Testing:ELA: Math: CELDT Overall Level: Noted Academic Concerns/ Interventions: | AttendanceMental Health/Attention/Behavior/Discipline | SST Date: Concerns: Intervention Plan: 504 Plan Date:Disability: Intervention Plan:ERH Consent?  Assessment Date: CA: CG:Summary of Results: Recommendation(s):  IEP Date:Eligibility:Relevant Notes: Placement & Services: ERH Consent? |
| **D. MIDDLE SCHOOL** |
| **Enrollment** | **Academics** | **Attendance & Social/Emotional** | **Special Education & Other Services** |
| School Year: Grade: School: District: School Type: Enter Date: Exit Date:   | GradesSubject: S1/S2CST TestingEnglish: Math: CMA Testing:English:Math:SBAC Testing:ELA: Math: CELDT Overall Level: Noted Academic Concerns/ Interventions: | AttendanceMental Health/Attention/Behavior/Discipline | SST Date: Concerns: Intervention Plan: 504 Plan Date:Disability: Intervention Plan:ERH Consent?  Assessment Date: CA: CG:Summary of Results: Recommendation(s):  IEP Date:Eligibility:Relevant Notes: Placement & Services: ERH Consent? |
| **E. HIGH SCHOOL** |
| **Enrollment** | **Academics** | **Attendance & Social/Emotional** | **Special Education & Other Services** |
| School Year: Grade: School: District: School Type: Enter Date: Exit Date:  | GradesCourse: S1(Credits)/S2(Credits)State Testing:Noted Academic Concerns/ Interventions: | AttendanceMental Health/Attention/Behavior/Discipline | SST Date: Concerns: Intervention Plan: 504 Plan Date:Disability: Intervention Plan:ERH Consent?  Assessment Date: CA: CG:Summary of Results: Recommendation(s):  IEP Date:Eligibility:Relevant Notes: Placement & Services: ERH Consent? |

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| **III. Needed Interventions And Outcome-Tracking For YY/YY** |
| **Current Status** | **Needed Interventions** | **Outcomes** |
| **Education Rights Holder** |
| [ ]  Unable to identify ERH[ ]  No contact information for current ERH[ ]  Attempts to contact ERH unsuccessful (specify dates and methods of contact):[ ]  ERH not available to meaningfully participate in student’s education (specify):[ ]  ERH no longer has relationship with student (specify):[ ]  Other (specify):[ ]  No Concern  | [ ]  Contact the youth’s social worker and/or legal representative to obtain up-to-date ERH contact information. [ ]  Send ERH Appointment Request Letter to CSW.[ ]  Contact the court directly to express concern about ERH appropriateness.  | [ ]  Current ERH identified and contacted (provide name/phone number):[ ]  New ERH appointed, court documentation received, and ERH contacted (provide name/phone number):[ ]  ERH not appointed, district surrogate appointed (provide name and phone number):[ ]  Other (specify): |
| **School of Origin** |
| [ ]  Enrolled in current school within last 15 months because of a home placement change[ ]  Home placement change imminent[ ]  No concern | [ ]  Discuss youth’s school of origin rights with ERH and current caregiver [ ]  Identify school of origin options, including transportation funding availability [ ]  Discuss pros and cons of options[ ]  Identify ERH decision | [ ]  Remained in/returned to school of origin[ ]  Transferred to new school per ERH decision |
| **Academics** |
| [ ]  Earning poor grades [ ]  Scored below average on state or district testing [ ]  Other signs of academic delays (specify):[ ]  No concern | [ ] Refer for after county office of education tutoring[ ]  Refer for school based tutoring[ ] Refer for SST[ ] Refer for Special Education Assessment.  | [ ]  Grades improved [ ]  Test scores improved [ ]  Other (specify):  |
| **Attendance** |  |  |
| [ ]  Greater than 95% [ ]  90-95% [ ]  Less than 90% [ ]  Unavailable | [ ]  Letter and or call home to Caregiver[ ]  Attendance incentive plan[ ]  Daily check-in system[ ]  SARB/SART referral | [ ]  Attendance improved 1 attendance band[ ]  Attendance improved 2 attendance bands[ ]  Other (specify): |
| **Mental Health/Attention/Behavior** |  |  |
| [ ]  Has mental health diagnoses, but not receiving therapy (specify concerns): [ ]  Struggles with attention, but no diagnosis (specify concerns): [ ] Teacher concerns (specify):[ ]  Caregiver concerns (specify):[ ]  Mental health provider concerns (specify):[ ]  Other (specify): [ ]  No concern | [ ] Referral for Special Education assessment [ ] Contact social worker/legal representative to recommend counseling or wraparound services[ ] Refer for DIS counseling |  [ ]  Received professional diagnosis (specify):[ ]  Received counseling services (specify):[ ]  Prescribed medication or medication changed (specify):[ ]  Assessed for special education [ ]  IEP modified[ ]  Other (specify): |
| **Discipline** |  |  |
| [ ]  10 or more discipline referrals in current school year[ ]  Suspended 5 or more days in current school year[ ]  Expelled in current school year[ ]  Other (specify):[ ]  No concern | [ ] Positive behavior intervention plan[ ] Refer for SST[ ] Refer for special education assessment[ ] Provide mentor or 1:1 aide | [ ]  Discipline referrals reduced[ ]  Suspensions reduced[ ]  Assessed for special education[ ]  IEP modified[ ]  Other (specify): |
| **Special Education Eligibility** |  |  |
| [ ]  Earning poor academic grades (specify):[ ]  Tested below average on state or district testing (specify):[ ]  Physical or mental health diagnosis affecting student at school (specify):[ ]  Behavioral and/or discipline issue(s) (specify):[ ]  Other (specify):[ ]  No concern | Referred for special education assessment (specify type(s)):[ ]  Psycho-Educational[ ]  Speech & Language [ ]  ERMHS/ERICS [ ]  Occupational Therapy [ ]  Physical Therapy[ ]  Functional Behavioral Assessment [ ]  Assistive Technology [ ]  Audiological [ ]  Vision Itinerant [ ]  Other (specify): | [ ]  Found eligible for special education[ ]  Found not eligible for special education |
| **Appropriateness of Current IEP** |
| [ ]  IEP not meeting academic needs (specify): [ ]  IEP not meeting behavioral needs (specify):[ ]  IEP overdue (specify): [ ]  Assessment needed (specify type):[ ]  Psycho-Educational[ ]  Speech & Language[ ]  ERMHS/ERICS[ ]  Occupational Therapy[ ]  Physical Therapy[ ]  Functional Behavioral Assessment[ ]  Assistive Technology[ ]  Audiological[ ]  Vision Itinerant[ ]  Other (specify):[ ]  No concern | [ ]  IEP modified (specify):[ ]  Referred for assessment (specify type):[ ]  Psycho-Educational [ ]  Speech & Language [ ]  ERMHS/ERICS[ ]  Occupational Therapy[ ]  Physical Therapy[ ]  Functional Behavioral Assessment[ ]  Assistive Technology[ ]  Audiological[ ]  Vision Itinerant [ ]  Other (specify): | [ ]  Assessments conducted[ ]  IEP held[ ]  IEP modified (specify):[ ]  Other (specify): |

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| **IV. High School Graduation Planning** |
| **CREDIT CHECK** |
| **School District Credit Checklist**  |
|  **School District Requirements***Course Name: Credits Required* | **Courses Completed***Course Name: Credits Earned (School, Semester School Yr.)* | **Courses Remaining***Course Name: Credits Remaining* |
| Social Studies:  |  |  |
| English:  |  |  |
| Math:  |  |  |
| Science:  |  |  |
| Foreign Language: |  |  |
| Visual/Performing Arts:  |  |  |
| PE:  |  |  |
| Health: |  |  |
| Other Electives:  |  |  |
| Required:  | Completed:  | Remaining:  |
| **Interventions & Outcome Tracking** |
| **Current Status:** (On or Off Track?): [ ]  Missing partial credits[ ]  Failed classes[ ]  Missing courseworkCumulative High School GPA**:**  | **Needed Interventions:** [ ]  Partial credits[ ]  Summer school enrollment[ ]  Dual-enrollment (with ERH approval)[ ]  Consider student for AB 167/216 graduation eligibility (see checklist below)[ ]  Other (specify):  | **Outcomes:**[ ]  On track[ ]  Off track |
| **AB 167/216 Analysis & Credit Checklist** |
| 1. Does the student have an open foster care or probation court case? [x] Yes [ ]  No2. Has the student transferred schools after the second year of high school? [x] Yes [ ]  No

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| Total # of required school district credits remaining: | ÷ | Maximum # of credits earned each semester: | = | # of semesters student must complete to satisfy local school district graduation requirements: | **IF**> | # of semesters left before the student completes 4 years of high school: | **THEN****→** | Student is reasonably unable to complete all district requirements |
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3. Is the student reasonably *unable* to complete all district graduation requirements (calculate below)? [x] Yes [ ] No **Eligibility:** If all three questions above are “yes”, the student is eligible for AB 167/216 graduation.Is the student eligible? [x] Yes [ ]  No**Certification:** Was certification of eligibility determination provided to student, ERH, and social worker within 30 days of enrollment including instructions to ERH on how to accept eligibility?: [x] Yes [ ]  No **ERH decision:**[x] Accept eligibility [ ]  Remain in high school for a 5th year [ ]  Reject eligibility [ ]  Decision not yet made |
| **AB 167/216 Requirements***Course Name(s):(Courses Required)* | **Courses Completed***Course Name: Credits Earned (School, Semester, School Yr.)* | **Courses Remaining***Course Name: Credits Remaining* |
| Social Studies * World History (1 year)
* US History (1 year)
* Government (.5 years)
* Economics (.5 years)
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| English (3 years) |  |  |
| Math (2 years)* Algebra 1 (1 year)
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| Science (2 years)* Biology (1 year)
* Physical Science (1 year)
 |  |  |
| Foreign Language/Visual and Performing Arts (1 year) |  |  |
| PE (2 years) |  |  |
| Required: 130 credits | Completed:  | Remaining:  |
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| **Course Scheduling**Create a tentative course schedule for each remaining school term, ensuring that required courses for identified graduation option are completed first. Include the number of credits remaining for each course |
| Fall School Year: 15-16 | Spring School Year: 15-16 | Summer School Year: 15-16 | FallSchool Year: 16-17 | SpringSchool Year: 16-17 |
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| **CALIFORNIA HIGH SCHOOL EXIT EXAM (CAHSEE)** |
| **Current Status:***Math:*[ ]  Passed [ ]  Not passed[ ]  Not attempted*English:*[ ]  Passed [ ]  Not passed [ ]  Not attempted  | **Needed Interventions:** [ ] Referred to CAHSEE tutoring [ ] Enrolled in CAHSEE prep courses [ ]  For special education students, discussed special education  waiver with IEP team and Education Rights Holder [ ]  Other (specify): | **Outcome:** [ ]  Passed CAHSEE Math[ ]  Passed CAHSEE English[ ]  Accepted special education waiver |
| **Graduation Outcome:** Choose an item.  |

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| **V. Higher education Planning** |
| **Current Goal(s):** [ ]  University [ ] Community College [ ] Undecided [ ] Other: |
| **Four Year University** |
| **A-G Course Checklist** |
| **A-G Requirements***(Courses must be A-G certified)* | **Courses Completed with C- or Higher***Course: Grade (School, Semester, Academic Year)* | **Courses Remaining***Course Name: Semesters Remaining* |
| Social Studies (2 years) |  |  |
| English (4 years) |  |  |
| Math (3 years) |  |  |
| Laboratory Science (2 years) |  |  |
| Foreign Language (2 years) |  |  |
| Visual/Performing Arts (1 year) |  |  |
| College-Prep Elective (1 year) |  |  |
| **Total UC/CSU GPA:** |
| **Current Status** | **Needed Interventions** | **Outcomes** |
| *Minimum requirements* [ ]  Off track for A-G course requirements [ ]  Not meeting 3.0 UC GPA minimum[ ]  Not meeting 2.0 CSU GPA minimum | *Minimum requirements*[ ]  Scheduled student to retake necessary A-G courses[ ]  Dually-enrolled student in community college courses[ ]  Dually enrolled in independent study[ ]  Enrolled in summer school[ ]  Referred student for tutoring:  [ ]  School-based tutoring [ ]  County Office of Education tutoring (provide application)  [ ]  Community-based tutoring | *Minimum requirements* [ ]  On track for A-G course requirements [ ]  Completed A-G course requirements [ ]  Met 3.0 UC GPA minimum[ ]  Met 2.0 CSU GPA minimum |
| *Entrance Exams*[ ]  Needs fee waivers for SAT/ACT[ ]  Has not accessed SAT/ACT prep resources[ ]  Has not taken necessary college entrance exams (specify): | *Entrance Exams*[ ]  Applied for fee waiver for SAT/ACT[ ]  Referred to free/low cost SAT/ACT prep resources[ ]  Assisted student with SAT/ACT registration | *Entrance Exams*[ ]  Received fee waiver for SAT/ACT[ ]  Took necessary college entrance exams (specify): |
| *Applications*[ ]  Needs fee waivers for applications[ ]  Needs assistance accessing applications[ ]  Needs assistance identifying foster youth programs  | *Applications*[ ]  Assisted student with applying for fee waivers[ ]  Assisted student with completing applications[ ]  Informed student of priority registration/enrollment at CSU[ ]  Researched foster youth programs | *Applications*[ ]  Received fee waivers[ ]  Applications submitted[ ]  Student accepted to universities |
| **Community College** |
| **Current Status** | **Needed Interventions** | **Outcomes** |
| [ ]  Has not taken community college placement tests[ ]  Needs assistance registering[ ]  Needs assistance identifying foster youth programs | [ ]  Arranged for student to take placement tests [ ]  Informed student of priority registration/enrollment deadlines (http://www.stepforward.cccco.edu)[ ]  Researched foster youth programs | [ ]  Took community college placement tests *Results*: Math: English: [ ]  Registered for community college |
| **Financial Aid** |
| **Current Status** | **Needed Interventions** | **Outcomes** |
| *FAFSA*[ ]  Needs assistance completing FAFSA | *FAFSA*[ ]  Informed student of deadline for submitting FAFSA[ ]  Referred student to FAFSA workshops[ ]  Informed student of importance of Question 53 (whether youth is/was a ward of the court after age 13)[ ]  Worked with social worker to gather proof of foster care status (e.g., juvenile court minute order) | *FAFSA*[ ]  Submitted FAFSA application by deadline |
| *Grants*[ ]  Needs assistance applying for CHAFEE grant[ ]  Needs assistance applying for Board of Governors Fee Waiver (community college only) | *Grants*[ ]  Assisted student with completing Chafee application at <https://www.chafee.csac.ca.gov/StudentApplication.aspx>.* Students attending four year universities or community colleges receive up to $5,000 per year.
* Students attending Career and Technical Education Programs can receive up to $2,500 a year.

[ ]  Assist student in applying for Board of Governors Fee Waiver at www.cccapply.org/BOG\_Waiver (waives tuition for current and former foster youth) | *Grants*[ ]  Received Chafee grant[ ]  Received BOG fee waiver |
| *Scholarships*[ ]  Needs assistance applying for scholarships (specify): | *Scholarships*[ ]  Helped student complete scholarship applications given their background and interests | *Scholarships*[ ]  Received scholarship(s) (specify): |