**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: | | | | | | Grades  Subject: T1/T2/T2  CST Testing  ELA:  Math:  CMA Testing:  ELA:  Math:  CAASPP Testing:  ELA:  Math:  CELDT Overall Level:  Noted Academic Concerns/ Interventions: | | | | | Attendance  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? | | | |
| **D. MIDDLE SCHOOL** | | | | | | | | | | | | | | | | | | | | | |
| **Enrollment** | | | | | **Academics** | | | | | | | **Attendance & Social/Emotional** | | | | | **Special Education & Other Services** | | | | |
| School Year:  Grade:  School:  District:  School Type:  Enter Date:  Exit Date: | | | | | Grades  Subject: S1/S2  CST Testing  English:  Math:  CMA Testing:  English:  Math:  SBAC Testing:  ELA:  Math:  CELDT Overall Level:  Noted Academic Concerns/ Interventions: | | | | | | | Attendance  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? | | | | |
| **E. HIGH SCHOOL** | | | | | | | | | | | | | | | | | | | | | |
| **Enrollment** | | | | **Academics** | | | | | | | **Attendance & Social/Emotional** | | | | | | | | **Special Education & Other Services** | | |
| School Year:  Grade:  School:  District:  School Type:  Enter Date:  Exit Date: | | | | Grades  Course: S1(Credits)/S2(Credits)  State Testing:  Noted Academic Concerns/ Interventions: | | | | | | | Attendance  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? | | |

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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 coursework  Cumulative 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? Yes  No  2. Has the student transferred schools after the second year of high school? Yes  No   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 | |  |  |  |  |  |   3. Is the student reasonably *unable* to complete all district graduation requirements (calculate below)? Yes No  **Eligibility:** If all three questions above are “yes”, the student is eligible for AB 167/216 graduation.Is the student eligible? 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?: Yes  No  **ERH decision:**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) | |  | | | |  | |
| English (3 years) | |  | | | |  | |
| Math (2 years)   * Algebra 1 (1 year) | |  | | | |  | |
| 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 | Fall  School Year: 16-17 | | | Spring  School 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): |