

SANTA CLARA COUNTY

ASSESSMENT REPORT

Student's Name: _____

Gender _____ Grade _____ Birthdate _____ / _____ / _____ Age _____

School: _____ Teacher (if appropriate): _____

By: _____

Title: _____ Date: _____ / _____ / _____

This report shall include but not be limited to (a) whether the student has a disability and the basis for making that determination (b) relevant behavior during observation and its relationship to academic and social functioning (c) educationally relevant medical finding if any (d) any discrepancy between achievement and ability that cannot be corrected with special education and/or related services (e) effects of environment, cultural, or economic disadvantage, where appropriate.