NON-DOD SCHOOLS PROGRAM (NDSP)
ASSESSMENT PLAN

Student _____ Date: _____

Country: _____ School: _____

Suspected Disability(ies) _____ (initial)

Present Disability(ies) _____ (re-eval)

BASIC INFORMATION	Evaluator	Date Completed
Vision Screening ____ Passed ____ Failed	_____	_____
Hearing Screening ____ Passed ____ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____

CRITERION	Evaluator	Date Completed
E – Developmental Delay		
Adaptive/Self-Help Development	_____	_____
Cognitive Development	_____	_____
Communication Development	_____	_____
Physical Development	_____	_____
Social/Emotional Development	_____	_____
D – Specific Learning Disability		
Intellectual Screening or Assessment	_____	_____
Academic Achievement	_____	_____
Processing Assessment	_____	_____
D – Intellectual Disability		
Intellectual Assessment	_____	_____
Adaptive Behavior Assessment	_____	_____
Academic Achievement	_____	_____
C – Articulation Disorder		
Articulation Assessment	_____	_____
Oral/Peripheral Examination	_____	_____
Educational Performance	_____	_____
C – Language Disorder		
Language Assessment	_____	_____
Oral/Peripheral Examination	_____	_____
Educational Performance	_____	_____
C – Voice Disorder		
Voice Assessment	_____	_____
Medical Evaluation (ENT)	_____	_____
Oral/Peripheral Examination	_____	_____

Educational Performance	_____	_____
CRITERION	**Evaluator**	**Date Completed**
C – Fluency Fluency Assessment Recorded Speech Samples Oral/Peripheral Examination Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
B – Emotional Impairment Psychiatric/Clinical Psychologist Evaluation Intellectual Assessment Behavior Rating Assessment/Social Maturity Index Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
A – Autism/PDD Medical Evaluation Language Assessment Educational Impact Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
A – Visual Impairment Medical Evaluation of Vision Functional Vision Assessment Educational Impact Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
A – Hearing Impairment Medical Evaluation of Hearing Functional Hearing Assessment Educational Impact Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
A – Orthopedic Impairment/Other Health Impaired/Traumatic Brain Injury Medical Evaluation Educational Impact Educational Performance	_____ _____ _____	_____ _____ _____
A – Deaf/Blind Medical Evaluation Functional Hearing and Vision Assessment Educational Impact Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
Other	_____ _____ _____	_____ _____ _____

❑Parent(s) is informed of and understands his/her rights and responsibilities.
❑Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

Notes: