

AMARILLO INDEPENDENT SCHOOL DISTRICT
Special Education
Amarillo, Texas

In-Home Evaluation Request

Name of Student: _____ Date of Request: _____

Campus: _____ Date of Birth: _____

Teacher: _____ Age: _____ Grade: _____

Parent Name: _____ Phone: _____

Address: _____ Zip: _____

Please have teacher complete Sections I-VII.

Please also send a copy of students most recent FIE, summary report (if applicable) and any other reports that might be helpful (psychological, physician, etc.)

Notice and Consent must accompany this request. Indicate In-Home Evaluation on page 2 of Notice and Consent Form. Please send this completed form to: Autism Specialist at Plains

Is the student currently receiving services as a student with a disability ___ Yes ___ No

If yes, please indicate disability(ies): _____

FIE Date: _____ ARD Date: _____

If no, date of initial referral: _____

Person Notifying Parent

Date of Notification

Evaluation Due By: _____

In-Home Needs Assessment for Teachers

Section I- Student Preferences

Please fill in the following information regarding the student's preferred

Foods:

Toys or Activities:

Clothing:

People:

Other Areas of High Interest:

Section II- Classroom Observations

Describe some of the student's favorite activities in your classroom.

Describe some activities the student dislikes.

Describe how the student responds to changes in classroom environment or school structure.

Tell about some ways you keep the student organized.

List and describe the student's academic strengths in content areas.

What are some academic areas the student struggles with?

Section III- Social & Communication Skills

How does the student interact or respond to teachers and staff members?

Describe the student's social interaction with his/her peers?

How does the student communicate his/her wants and needs to you?

Section IV- Functional/Life Skills

Is the student able to dress independently?

How does the child feed himself/herself?

Tell me about the student's toileting skills?

What proficiency does the student have with grooming and self-care related activities?

Section VI- Behavior

If you have any, tell us about some behavioral concerns you have for this student.

Describe the strategies that have been successfully implemented for managing or preventing behavior problems.

Section VII- Individualized Educational Goals

Please list two or three IEP goals and/or objectives that student has mastered and would need to be generalized to the home or community environment for the student to reach an independent level of performance?

Please Note- The focus of these goals should be social and/or behavioral.