

Integrated Written Assessment Report

Student Name: Elsa Arendelle	Date of Birth June 13	Grade 7 th Grade	Current Date April 7, 2017
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The Integrated Written Assessment Report (IWAR) is an integration of all current and relevant data that have been gathered and reviewed to make disability determination decisions. Each of the areas listed and discussed below should be considered and documented during the team's analysis of the assessment findings:

- Observational information relating to the student's current level of functioning;
- input from all team members that reflects all areas of the student's current level of functioning;
- Consideration of nondiscriminatory procedures that were addressed throughout the evaluation process;
- All other current and relevant data relating to the child; and
- Determination of the child's disability.

I. Assessments:

After reviewing Elsa's current level of performance, assessment data, therapy notes, medical records, and team input, the team has determined additional questions relating to her performance are not necessary. Further, the team has enough information to determine special education eligibility.

II. Recommendations:

TRAUMATIC BRAIN INJURY WORKSHEET

DETERMINATION OF DISABILITY: Elsa Arendelle meets special education eligibility under the category Traumatic Brain Injury as defined as an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects Elsa Arendelle educational performance.

Qualifying Criteria:

The following criteria must be met prior to an evaluation team determining a child to have a traumatic brain injury:

- A diagnosis of traumatic brain injury (open or closed) caused by external physical force, as determined by a qualified professional, Date of injury: 1-3-10; AND
- Documentation and/or assessment results that identify the areas of impairment, including any primary and secondary effects of the brain injury*; AND
 - *Primary effects are those caused by the initial injury, such as impact, tearing, or shearing of the brain. Secondary effects are those caused by medication intervention (ex: surgery), or complications from the initial injury (ex: intracranial pressure).
- Documentation of deficits in acquisition, retention, and/or generalization of skills; AND
- Educational assessment includes current documentation of the student's functional capacities and indicates deficits in one or more of the follow areas:
 - The ability to retrieve prior information;
 - The ability to acquire and retain new information;
 - Building or maintaining social competence; AND/OR
 - Performance of functional daily living skills across environments

Adverse Impact on Educational Performance:

- Documentation of **adverse impact** on educational performance resulting in the need for **specially designed instruction**, the type of instruction required, and **why it cannot be provided by general education**.

Data for determining eligibility was gathered from (List multiple resources; Not all may apply):

- Cumulative file review
- Medical reports
- Review of current and previous academic performance
- Interview Information (Teacher, Parent, Student)
- Observations (e.g., classroom, large group, small group, etc.) Date: 4-5-17
- Tests (Speech/Language Assessments, Visual/Motor/Sensory Assessments, Vision and Hearing Assessments, Academic Assessments, Adaptive Behavior Scales, Behavioral Checklists, etc.)
- Other: _____

NOTE: A minimum of **one** observation in area of disability required (best practice would be three observations)

Check here that the multidisciplinary team has considered that the child's disability is not due to lack of instruction in reading or math and/or limited English proficiency. If one or more of these factors is at issue, please summarize the team's considerations.

Does the student have a disability according to ND Guidelines? Yes No

Does the IEP Team recommend proceeding to the IEP Process? Yes No

Primary Disability: TBI		Secondary Disability:
Evaluation Team Member	Title	Team Members in Attendance
Agnarr Arendelle	Parent(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Iduna Arendelle	Parent(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lexi Guelner	Special Educator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mr. Jeffry	Regular Educator (Not less than one):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mr. Joyce	Individual to interpret instructional implications of evaluation results	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mr. Smith	Administrator/Designee of the LEA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sven Icepuller	School Physiologist	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Ariel Muet	Speech Language Pathologist	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rapunzel Gothel	Physical Therapist	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Yes No Check here that the child's parents received a copy of this Integrated Written Assessment Report on 4-7-17