

Mission Trails ROP
867 E Laurel Drive
Salinas, CA 93905
(831) 753-4214

Pre-Assessment Information For Sped High School Students

Date: _____ Scheduled Date of Assessment: _____

Student's Name: _____ Case Carrier: _____

Current READING grade level: _____ Current MATH gr.level: _____

LEP: Yes NO

Components of Primary Handicapping Condition:

- | | |
|--|---|
| <input type="checkbox"/> Auditory Processing Deficit | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Visual Processing Deficit | <input type="checkbox"/> Severely Emotionally disturbed |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Other _____ |

Does the student have any type of physical disability? Yes NO Seizures? Yes No

Is the student hearing or visually impaired? Yes No

Is the student receiving speech and language services? Yes No

Is the student receiving mental health services? Yes No

Can the student be in an ROP class OFF your school campus? Yes NO

Are there any other concerns regarding gang affiliation, drug use, behavior problems, safety concerns, etc.?

Please Explain: _____

Comments:

Please return to **Chantal Carrillo** at ROP Center or Career Center

BY : _____

Thank You!