**TN Assessment Instrument Selection Form**

This form should be completed for all students screened or referred for a disability evaluation.

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

The assessment team must consider the strengths and weaknesses of each student, the student’s educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single “standard” assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student’s true ability.

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| **CONSIDERATIONS FOR ASSESSMENT** |
| **THIS SECTION COMPLETED BY THE ASSESSMENT TEAM** | **LANGUAGE** | **❑** | Dominant, first-acquired language spoken in the home is other than English |
| **❑** | Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning) |
| **ECONOMIC** | **❑** | Residence in a depressed economic area and/or homeless |
| **❑** | Low family income (qualifies or could qualify for free/reduced lunch) |
| **❑** | Necessary employment or home responsibilities interfere with learning |
| **ACHIEVEMENT** | **❑** | Student peer group devalues academic achievement |
| **❑** | Consistently poor grades with little motivation to succeed |
| **SCHOOL** | **❑** | Irregular attendance (excessive absences during current or most recent grading period) |
| **❑** | Attends low-performing school |
| **❑** | Transience in elementary school (at least 3 moves) |
| **❑** | Limited opportunities for exposure to developmental experiences for which the student may be ready |
| **ENVIRONMENT** | **❑** | Limited experiences outside the home |
| **❑** | Family unable to provide enrichment materials and/or experiences |
| **❑** | Geographic isolation |
| **❑** | No school-related extra-curricular learning activities in student’s area of strength/interest |
| **OTHER** | **❑** | Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability) |
| **❑** | Member of a group that is typically over- or underrepresented in the disability category |
| **OTHER CONSIDERATIONS FOR ASSESSMENT** |
| \_\_ May have problems writing answers due to age, training, language, or fine motor skills\_\_ May have attention deficits or focusing/concentration problems\_\_ Student’s scores may be impacted by assessment ceiling and basal effects \_\_ Gifted evaluations: high ability displayed in focused area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Performs poorly on timed tests or Is a highly reflective thinker and does not provide quick answers to questions\_\_ Is extremely shy or introverted when around strangers or classmates\_\_ Entered kindergarten early or was grade skipped \_\_\_\_\_\_\_ year(s) in \_\_\_\_\_\_\_ grade(s)\_\_ May have another deficit or disability that interferes with educational performance or assessment |
| **SECTION COMPLETED BY ASSESSMENT PERSONNEL** |
| As is the case with all referrals, assessment instruments should be selected that most accurately measure a student’s true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student’s abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student. |
| Assessment Category/Measure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment Category/Measure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment Category/Measure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |