

A Checklist for Evaluation Requests

South Dakota Advocacy Services and South Dakota Parent Connection developed a checklist for parents and educators to use when requesting an evaluation. This checklist will help identify areas of concern and/or reasons for a referral.

Language Arts

- Vocabulary - spoken
- Recognizes letters of the alphabet
- Knows sounds of letters of the alphabet
- Recognizes words
- Vocabulary - reading
- Understands what he/she reads
- Reading speed and accuracy
- Expressing thoughts in writing
- Spelling/punctuation
- Sentence/paragraph structure
- Difficulty listening
- Other

Numbers/Mathematics

- Telling time
- Counting money
- Measuring
- Basic math facts
- Calculations
- Word problems
- Geometry
- Problem-solving
- Measurement
- Probability/data
- Analysis
- Math reasoning
- Other

Behavior/Social

- Noncompliance
- Lack of motivation
- Self-concept/esteem
- Peer relationships
- Adult relationships
- Changes in relationships with family/friends
- Withdrawn/moody
- Overactive/underactive
- Isolates self
- Irrational fears
- Verbally aggressive
- Physically aggressive
- Fearful/anxious
- Repetitive behaviors
- Difficulty adjusting to change in routine
- Limited interests and activities
- Unusual interests

- Obsessive interests or behaviors
- Emotionally unstable
- Difficulty sleeping
- Decreased energy
- Irritable
- Easily distracted
- Self-destructive
- Overly sensitive/cries easily
- Poor social boundaries
- Unusual response to typical stimuli
- Bullied by others
- Bullies others
- Seeks attention in inappropriate ways
- Unaware of dangers
- Sexualized behaviors
- Other

Health/Medical

- Problems with vision
- Problems with hearing
- Concussion or traumatic brain injury
- Loss of consciousness
- Seizure
- Stroke
- Headaches
- Dizziness
- Diagnosed congenital disease
- Overweight/underweight
- Fatigued/listless
- Frequently gets hurt
- Diagnosed medical condition
- Medication
- Physical complaints
- Diagnosed mental health condition
- Other

Communication

- Difficulty expressing what he/she wants to say
- Difficulty understanding what he/she hears
- Difficulty repeating what is said
- Uses gestures instead of words
- Appears to not hear what is said
- Loss of acquired vocabulary
- Limited vocabulary
- Student speech difficult to understand
- Student non-verbal
- Other

Motor (Muscle) Skills

- Copying
- Handwriting
- Walking/running
- Throwing/catching
- Fine Motor (hands/fingers) coordination
- Gross motor (arms/legs/trunk) coordination
- Moving from sitting to standing
- Moving from standing to sitting
- Transitioning from class to class
- Frequent falls
- Balance/reflexes
- Concerns with child safety
- Commode transfer
- Walks on tiptoes
- Unusual hand movements/posturing
- Other

Study/Work Skills

- Disorganized
- Making transitions
- Avoids difficult tasks
- Poor problem solving
- Abstract thinking difficulties
- Poor judgment
- Following directions
- Starting tasks
- Completing tasks
- Does not work independently
- Remaining seated
- Concentration/attention span
- Excessive daydreaming
- Turning in assignments
- Difficulty with memory
- Other

Daily Living Skills

- Toileting
- Dressing self
- Feeding self
- Drinking from cup
- Communicating basic wants/needs
- Safety (self or others)
- Understanding/responding to social cues
- Gullible/naïve