

The Advocacy Ridge

Presents

Mountain to Mountain Advocacy, LLC | The Disability Advocate, LLC

Arie Boldt • ArieBoldtAdvocacy@gmail.com

Jackie Darrough • Jackiedisabilityadvocate@gmail.com • thedisabilityadvocate.org

Common Special Education Evaluation Areas

Many families are told their child is "doing fine academically," so schools either refuse evaluations entirely or only look at one narrow area. Under IDEA, evaluations must assess all areas of suspected disability, including academic, functional, behavioral, social/emotional, communication, sensory, adaptive, executive functioning, and more.

Below is a general overview of common evaluation areas, examples of tools often used, and signs that may support requesting assessment in those areas. This is not an exhaustive list, and different evaluators may use different tools.

It is also important to understand that:

- Some assessments are much more comprehensive than others.
- Some heavily rely on rating scales/questionnaires, while others include direct testing and observation.
- Some tests are conducted primarily in structured 1:1 testing environments, which may not fully capture how a child functions across real-world settings.
- Other evaluations place more emphasis on generalization of skills across environments, including classroom observation, functional performance, regulation, peer interaction, transitions, and independence throughout the school day.

A student may also perform relatively well during structured 1:1 testing and still have significant functional impairment in the actual school environment. Many students perform better:

- in quiet settings,
- with individual adult attention,
- with reduced distractions,
- with highly structured tasks,
- or when demands are short-term and externally supported.

That does not necessarily mean the student is successfully accessing, generalizing, regulating, communicating, functioning independently, or maintaining skills throughout the full school day across environments.

Because of this, evaluations should not rely solely on isolated testing scores. It is equally important to consider:

- classroom performance,
- peer interaction,
- regulation throughout the day,
- transitions,
- independence,
- executive functioning,
- sensory functioning,
- behavioral data,
- work completion,
- generalization of skills,
- stamina/fatigue,
- and how the student functions across settings and demands over time.

These are important considerations because some students can perform relatively well in a quiet, structured testing environment while still significantly struggling functionally, behaviorally, socially, sensory-wise, or academically during the actual school day. Evaluations should be individualized based on the child's suspected areas of need and overall functioning.

It is also important for parents to carefully review consent forms/assessment plans. Do not assume an area is being assessed simply because a discipline is included. For example:

- A speech/language evaluation does not always include pragmatic/social communication assessment.
- An OT evaluation does not always include sensory processing assessment.
- Academic testing does not always include deeper assessment of dyslexia, dysgraphia, dyscalculia, fluency, or executive functioning impacts.
- Behavioral assessments do not always include functional behavior analysis.

Parents should be explicit about the areas of difficulty they are seeing and specifically request assessment in those areas. If the school refuses to evaluate an area requested by the parent, consider requesting Prior Written Notice (PWN) (34 C.F.R. § 300.503) documenting:

- what was requested,
- what was refused,
- why it was refused,
- what data the district relied upon,
- and what options were considered/rejected.

It is also important to understand that terms like "psychoeducational evaluation" can mean different things depending on the district and evaluator. A psychoeducational evaluation often includes:

- cognitive/intellectual testing,
- academic testing,
- and social-emotional/behavioral assessment.

It may also include areas such as:

- executive functioning,
- attention,
- autism-related rating scales,
- anxiety/depression screening,
- adaptive functioning,
- and behavioral functioning.

However, the depth and scope vary significantly. One psychoeducational evaluation may be very comprehensive, while another may only include basic cognitive and academic testing with limited behavioral rating scales. Parents should review the proposed assessment plan carefully and clarify exactly what areas and tools are included and what areas are NOT being assessed.

How to Read an Assessment Plan (Consent for Evaluation)

Before signing any consent for evaluation, parents should carefully review the assessment plan to understand exactly what is — and is not — being proposed.

What the form typically shows:

- The evaluation areas being assessed (e.g., "cognitive," "academic achievement," "speech-language")
- The specific tests or tools proposed for each area
- The name and credentials of the evaluator for each domain
- The timeline for completion

What to check before signing:

- Does the list of evaluation areas cover every area of concern you have identified including functional, behavioral, sensory, communication, adaptive, and social-emotional concerns — not only academics? If not, add them in writing before signing.
- For each area listed, does the proposed tool actually assess what you need? For example: Does the speech evaluation include pragmatic language assessment? Does the OT evaluation include sensory processing? Does the academic evaluation include phonological processing and fluency measures?
- Is the evaluator listed for each area qualified in that specific domain?
- Are there areas you requested that were not included? If the school left out an area you asked for, that omission should be documented — request in writing that the area be added or ask for Prior Written Notice explaining why it was excluded.

How to add areas to the assessment plan:

- Before signing, write your additions directly on the form or attach a written statement: "I am consenting to the evaluation as proposed AND requesting that the following areas be assessed: [list areas]."
- Keep a copy of what you signed and what you added.
- If the school refuses to add a requested area, ask for Prior Written Notice documenting the refusal.

What the assessment plan does NOT guarantee:

- That the listed evaluation area will be fully assessed. An area being listed does not mean all relevant sub-skills within that area will be assessed. Review the specific tools proposed and ask if you are unsure what they cover.
 - That the evaluation will be comprehensive. A basic cognitive and academic battery is not the same as a full neuropsychological evaluation, even if both are called a "psychoeducational evaluation."
-

Reading Evaluation

Looks at reading development, decoding, fluency, comprehension, and written language processing.

Common tools may include:

- WIAT-4 Reading
- Woodcock-Johnson Reading
- KTEA-3 Reading
- DIBELS
- CTOPP-2
- GORT
- TOWRE
- Curriculum-based measures
- Running records
- Classroom reading data

Additional/explicit areas that may need assessment:

- Phonemic awareness
- Phonological processing
- Decoding
- Encoding/spelling connection
- Oral reading fluency
- Reading rate
- Reading comprehension
- Reading stamina
- Listening comprehension
- Dyslexia-specific indicators

What difficulties in these areas can look like:

- Trouble rhyming or manipulating sounds
 - Difficulty sounding out words
 - Guessing at words instead of decoding
 - Reading slowly or laboriously
 - Skipping words/lines
 - Strong listening comprehension but weak reading comprehension
 - Difficulty retelling what was read
 - Reading fatigue/frustration
 - Memorizing text instead of truly reading
 - Avoidance of reading tasks
-

Writing Evaluation

Looks at written expression, mechanics, organization, and written output.

Common tools may include:

- WIAT-4 Written Expression
- Woodcock-Johnson Writing
- KTEA-3 Writing
- TOWL
- Handwriting assessments
- Writing samples
- Curriculum-based writing probes

Additional/explicit areas that may need assessment:

- Written expression
- Sentence structure
- Grammar/mechanics
- Spelling
- Organization of ideas
- Paragraph structure
- Written output
- Graphomotor/handwriting skills
- Writing fluency
- Executive functioning impact on writing
- Dysgraphia indicators

What difficulties in these areas can look like:

- Knowing answers verbally but unable to write them
 - Very brief written responses
 - Poor organization of ideas
 - Difficulty starting writing tasks
 - Reversals/inconsistent spacing
 - Illegible handwriting
 - Fatigue/pain with writing
 - Difficulty forming sentences/paragraphs
 - Avoidance of writing
 - Slow written output
 - Significant discrepancy between verbal and written ability
-

Math Evaluation

Looks at mathematical reasoning, calculation, fluency, and problem-solving.

Common tools may include:

- WIAT-4 Math
- Woodcock-Johnson Math
- KTEA-3 Math
- KeyMath
- Curriculum-based measures
- Classroom math data

Additional/explicit areas that may need assessment:

- Math calculation
- Math fluency
- Number sense
- Applied problem solving
- Conceptual understanding
- Memorization/retrieval of math facts
- Multi-step problem solving
- Visual-spatial math skills
- Dyscalculia indicators

What difficulties in these areas can look like:

- Trouble memorizing math facts
 - Counting on fingers beyond expected age
 - Difficulty understanding quantity/value relationships
 - Difficulty lining up numbers
 - Losing place in equations
 - Difficulty with word problems
 - Trouble understanding math concepts despite repetition
 - Significant math anxiety/frustration
 - Slow completion of math tasks
 - Inconsistent performance
-

Cognitive / Processing / Intellectual Testing

Looks at cognitive processing and learning profile.

Common tools may include:

- WISC-V
- Stanford-Binet
- DAS-II
- KABC-II

Areas often assessed:

- Verbal comprehension
- Fluid reasoning
- Working memory
- Processing speed
- Visual-spatial skills

What difficulties in these areas can look like:

- Slow completion of work
- Forgetting multi-step directions
- Trouble holding information in mind
- Difficulty with problem solving
- Uneven skill profile
- Difficulty generalizing skills
- Strong reasoning but weak output
- Trouble processing verbal information quickly
- Needing repeated directions

Neuropsychological Evaluation

A neuropsychological evaluation is more comprehensive than a standard psychoeducational evaluation and assesses a broader range of cognitive, neurological, and functional domains. It is typically conducted by a licensed neuropsychologist and is appropriate when a standard psychoeducational evaluation has not fully explained a student's profile, when multiple areas of difficulty are present, or when a neurological or medical condition may be affecting learning and behavior.

Common tools may include:

- Full cognitive battery (WISC-V, NEPSY-II, or equivalent)
- Academic achievement testing
- Memory assessment (CVLT, WRAML, CMS)
- Attention and executive function measures (BRIEF, Conners, CPT, D-KEFS)
- Language processing measures
- Visual-spatial and visual-motor measures
- Social-emotional and behavioral rating scales
- Adaptive behavior assessment
- Clinical interview and record review

Areas neuropsychological evaluation typically adds beyond standard psychoeducational testing:

- Memory — verbal, visual, working, and long-term
- Processing speed across multiple modalities
- Attention regulation at greater depth
- Executive function at greater depth
- Language processing at greater depth
- Visual-spatial processing
- Sensorimotor functioning
- Social cognition
- Effort and validity testing

What may indicate a neuropsychological evaluation is warranted:

- Inconsistent performance that a standard evaluation hasn't explained
- Suspected or confirmed neurological condition (TBI, epilepsy, neurodegenerative conditions)
- Complex or overlapping diagnostic picture
- Prior psychoeducational evaluation that did not match parent or teacher observations
- Significant discrepancy between ability and output that remains unexplained
- Profile suggesting autism, ADHD, learning disability, and anxiety in combination
- Need for a more detailed picture for treatment planning or educational programming

Important note: *A psychoeducational evaluation and a neuropsychological evaluation are not the same thing. The terms are sometimes used interchangeably, but they are not equivalent. A neuropsychological evaluation is generally broader in scope, assesses cognitive and functional processes in greater depth, and often provides more detailed differentiation between overlapping conditions.*

A neuropsychological evaluation may be appropriate when:

- *a prior psychoeducational evaluation did not fully explain the student's profile,*
- *the evaluation was not sufficiently comprehensive,*
- *there is disagreement with the district's psychoeducational evaluation,*
- *multiple areas of difficulty or suspected disabilities are present,*
- *there is a significant discrepancy between ability and functioning/output,*
- *or additional assessment is needed to better understand complex learning, behavioral, emotional, neurological, executive functioning, autism-related, or functional concerns.*

In some situations, parents may request a neuropsychological Independent Educational Evaluation (IEE) at public expense in response to disagreement with the district's psychoeducational evaluation.

Speech & Language Evaluation

Looks at expressive/receptive language and communication.

Common tools may include:

- CELF
- CASL
- OWLS
- GFTA
- Pragmatic language assessments
- Language samples
- Observation

Areas may include:

- Receptive language
- Expressive language
- Pragmatics/social communication
- Articulation
- Fluency
- AAC needs

What difficulties in these areas can look like:

Receptive language:

- Difficulty understanding directions
- Trouble processing verbal information
- Frequently saying "what?"
- Misunderstanding questions
- Difficulty understanding figurative language

Expressive language:

- Trouble expressing thoughts clearly
- Word retrieval difficulties
- Limited vocabulary compared to peers
- Difficulty forming sentences
- Frustration communicating wants/needs

Pragmatics/social communication:

- Difficulty understanding social rules and difficulty understanding hidden social expectations
- Trouble with back-and-forth conversation
- Interrupting frequently
- Difficulty staying on topic
- Limited eye contact
- Difficulty reading tone/body language/facial expressions
- Talking "at" others rather than with them
- Literal interpretation of language
- Difficulty making/maintaining friendships
- Difficulty understanding others' perspectives

Articulation/fluency:

- Speech difficult to understand
 - Sound errors beyond expected age
 - Stuttering
 - Avoidance of speaking situations
-

Augmentative and Alternative Communication (AAC) Evaluation

Looks specifically at whether a student needs augmentative or alternative communication supports to access language, express themselves, and participate in education. An AAC evaluation is a specialized assessment distinct from a general speech-language evaluation and should be conducted by an SLP with specific AAC expertise.

Common tools may include:

- Aided Language Stimulation assessment
- Feature matching process
- Communication partner assessment
- Observation in multiple settings and communication contexts
- Trial use of AAC systems or devices
- Language sample analysis
- Parent and teacher interview
- Review of prior speech-language assessments

Areas may include:

- Current communication modalities and effectiveness
- Receptive and expressive language through AAC
- Symbol and literacy access
- Motor access methods (touch, eye gaze, switch, head pointer)
- Feature matching to identify appropriate systems
- Communication partner needs and training
- Environmental access and portability
- Potential for growth with appropriate support

What may indicate an AAC evaluation is warranted:

- Limited or absent functional verbal speech
- Speech that is significantly difficult for unfamiliar listeners to understand
- Significant gap between what the student understands and what they can express verbally
- Frustration, shutdown, or behavior when communication attempts fail
- Student uses gestures, pointing, pictures, or other non-verbal means to communicate
- Current speech-language services have not produced functional expressive communication
- Any student who cannot reliably communicate wants, needs, and learning across settings

Important note: AAC is not a last resort and does not interfere with verbal speech development — research consistently supports the opposite. AAC should be considered for any student whose expressive communication is not meeting their needs, regardless of how much verbal speech they have. A general speech-language evaluation may not assess AAC need. If AAC is a concern, request an AAC-specific evaluation explicitly from an SLP with AAC expertise.

Auditory Processing / Hearing Assessment

Looks at how a student processes auditory information — including whether hearing is within normal limits and whether the brain is accurately interpreting what the ears hear. Auditory processing difficulties can present very similarly to attention deficits in the classroom and are frequently missed or misattributed.

Common tools may include:

- Audiological evaluation (audiogram)
- SCAN-3 (Screening/Comprehensive Test of Auditory Processing)
- TAPS (Test of Auditory Processing Skills)
- Dichotic listening tasks
- Speech perception in noise testing
- Teacher and parent rating scales
- Classroom observation

Areas may include:

- Hearing thresholds (is the student hearing within normal limits?)
- Auditory discrimination (distinguishing between similar sounds)
- Auditory figure-ground (listening in the presence of background noise)
- Auditory memory and sequencing
- Auditory processing speed
- Binaural integration and separation
- Processing of rapid speech

What difficulties in these areas can look like:

- Frequently asking for repetition ("what?" or "huh?")
- Difficulty following multi-step verbal directions
- Appearing inattentive or distracted, especially in noisy environments
- Trouble with phonics and sound-based reading skills
- Difficulty understanding speech in background noise (cafeteria, gym, group settings)
- Better performance with written directions than verbal ones
- Mishearing words or instructions consistently
- Performing better in quiet, one-on-one settings than in the classroom
- Fatigue from effortful listening throughout the school day
- Difficulty locating where sounds are coming from

Important note: *An auditory processing evaluation is separate from a standard hearing screening. A student can pass a routine hearing screening and still have a Central Auditory Processing Disorder (CAPD/APD). If a student struggles with following verbal directions, phonological awareness, or classroom listening — particularly in noisy environments — an auditory processing evaluation should be requested explicitly. These evaluations are typically conducted by an audiologist with specific training in auditory processing assessment.*

Occupational Therapy (OT)

Looks at fine motor, sensory processing, regulation, visual motor, and school-based functioning.

Common tools may include:

- Sensory Profile
- BOT-2
- Beery VMI
- SPM
- Clinical observation
- Handwriting assessments

Areas may include:

- Sensory processing
- Fine motor
- Visual motor integration
- Regulation
- Motor planning
- School access/functioning

What difficulties in these areas can look like:

Sensory processing:

- Covering ears to noise
- Sensitivity to lights/textures/clothing
- Meltdowns in loud or busy environments / overwhelm impacting behavior/regulation
- Seeking movement/crashing/jumping
- Difficulty tolerating cafeteria/assemblies
- Extreme food texture preferences
- Difficulty regulating after sensory overload
- Constant fidgeting/movement seeking
- Avoidance of messy activities
- Difficulty filtering environmental stimuli

Fine motor/visual motor:

- Handwriting difficulties
- Trouble cutting/buttoning/zippering
- Difficulty copying from board
- Poor pencil grasp
- Slow work completion
- Difficulty with puzzles/shapes/spacing

Regulation/motor planning:

- Difficulty planning body movements
- Appearing clumsy
- Difficulty learning new motor tasks
- Emotional dysregulation linked to sensory input

Physical Therapy (PT)

Looks at gross motor and physical access/functioning.

Common tools may include:

- Gross motor assessments
- Observation
- Mobility evaluations
- Balance/coordination measures

What difficulties in these areas can look like:

- Frequent falls
- Difficulty climbing stairs
- Poor endurance
- Trouble navigating playground
- Difficulty keeping up with peers physically
- Weakness/fatigue
- Balance difficulties
- Unsafe mobility

Vision / Functional Vision / CVI Assessment

Looks at how a student uses their vision functionally in real-world environments, including cortical/cerebral visual impairment (CVI), functional visual skills, and visual access to the educational environment. This is separate from a standard vision screening or eye exam.

Common tools may include:

- CVI Range (Roman-Lantzy)
- Functional Vision Assessment (FVA)
- Learning Media Assessment (LMA)
- Observation across settings
- Teacher and parent interview
- Review of medical/ophthalmological records

Areas may include:

- Functional use of vision across environments
- CVI characteristics (color preference, latency, visual complexity)
- Visual field preferences
- Visual fatigue
- Use of vision in low vs. high complexity environments
- Access to print and visual materials
- Need for environmental modifications

What difficulties in these areas can look like:

- Passing a standard vision screening but still struggling to visually access the classroom
- Better vision in quiet, low-complexity environments than in busy ones
- Preference for specific colors or high-contrast materials
- Delayed visual response (latency)
- Avoiding visually complex or cluttered spaces
- Difficulty locating objects in a busy visual field
- Better visual performance with familiar vs. novel stimuli
- Fatigue or shutdown after visually demanding tasks
- Using peripheral vision rather than looking directly at objects

Important note: *A standard vision screening (such as the Snellen eye chart) does not assess functional vision or CVI. A student can pass a vision screening and still have significant visual impairment that affects educational access. If visual difficulties are suspected, a Functional Vision Assessment by a credentialed Teacher of Students with Visual Impairments (TVI) — and, where CVI is suspected, a CVI-specific assessment — should be requested in addition to any standard screening.*

Orientation and Mobility (O&M)

Looks at a student's ability to safely and independently navigate their environment — including the school building, community, and other settings. O&M is a distinct evaluation area from both PT and vision assessment.

Common tools may include:

- O&M specialist observation and assessment
- Functional mobility assessment across school settings
- Travel skills evaluation
- Sensory compensation assessment
- Review of vision and medical records

Areas may include:

- Independent navigation of the school environment
- Safe travel in familiar and unfamiliar environments
- Use of vision, hearing, and other senses for orientation
- Cane skills and travel tools
- Community travel skills
- Concepts of space, direction, and distance

What difficulties in these areas can look like:

- Difficulty navigating hallways, cafeteria, or playground independently
- Bumping into objects or people
- Reluctance to travel independently within the building
- Needing adult escort for all transitions
- Difficulty with stairs, doorways, or uneven surfaces
- Becoming disoriented in unfamiliar areas
- Safety concerns during transitions

Important note: O&M services are a distinct related service under IDEA. An O&M evaluation should be conducted by a certified Orientation and Mobility Specialist (COMS), not by a PT or general educator. Students with visual impairments, including CVI, should be considered for O&M evaluation regardless of whether they are fully ambulatory.

Autism Evaluation

Looks at social communication, behavior, sensory, and developmental functioning.

Common tools may include:

- ADOS-2
- CARS
- GARS
- SRS
- Interviews and observations

Areas may include:

- Social reciprocity
- Restricted/repetitive behaviors
- Sensory processing
- Communication
- Adaptive functioning

What difficulties in these areas can look like:

- Difficulty with reciprocal conversation
- Rigid thinking
- Distress with transitions/change
- Repetitive movements/speech
- Intense/specific interests
- Sensory sensitivities
- Difficulty understanding social expectations
- Masking at school but dysregulation at home
- Burnout/shutdowns
- Peer relationship struggles
- Difficulty with flexible thinking

Behavioral / Social-Emotional Evaluation

Looks at emotional functioning, behavior, regulation, executive functioning, adaptive functioning, and mental health impact at school.

Common tools may include:

- BASC-3
- BRIEF
- Conners
- Vineland
- ABAS
- Rating scales
- Interviews
- Functional behavior assessment (FBA)

Areas may include:

- Anxiety
- Depression
- Emotional regulation
- Executive functioning
- Attention
- Behavioral functioning
- Adaptive functioning
- Independent functioning
- Coping skills
- Daily functioning at school

What difficulties in these areas can look like:

Anxiety/depression:

- School refusal
- Frequent nurse visits
- Perfectionism
- Shutdowns
- Panic
- Withdrawal
- Sleep/fatigue issues impacting school

Emotional regulation:

- Frequent meltdowns
- Emotional outbursts
- Aggression
- Crying easily
- Difficulty calming after upset
- Escalation with demands/transitions

Executive functioning:

- Missing assignments
- Forgetfulness
- Difficulty starting tasks
- Incomplete work
- Poor organization
- Trouble managing time/materials

Adaptive/independent functioning:

- Difficulty following routines independently
- Needing excessive prompting/support
- Hygiene/self-care struggles
- Difficulty navigating daily school expectations
- Safety concerns
- Immature functioning compared to peers

Functional Behavior Assessment (FBA)

FBA should look at the function/purpose of behavior, environmental triggers, skill deficits, regulation, communication, and supports needed — not simply punish or label behavior.

Includes:

- ABC data
- Observation
- Staff/parent interviews
- Data collection
- Behavior pattern analysis

What difficulties in this area can look like:

- Aggression
 - Elopement
 - Self-injury
 - Property destruction
 - Frequent discipline
 - Meltdowns
 - Behaviors escalating during demands/transitions
 - Avoidance behaviors
 - Unsafe behavior
 - Difficulty communicating needs appropriately
-

Executive Functioning

Sometimes assessed through cognitive, behavioral, or neuropsychological testing.

Common tools may include:

- BRIEF
- Conners
- D-KEFS
- Observation
- Rating scales

Areas may include:

- Organization
- Task initiation
- Planning
- Attention regulation
- Working memory
- Cognitive flexibility

What difficulties in these areas can look like:

- Forgetting materials/homework
- Difficulty starting tasks
- Needing repeated reminders
- Time blindness
- Trouble transitioning between tasks
- Emotional overwhelm with demands
- Difficulty planning/prioritizing
- Inconsistent performance
- Appearing capable but unable to execute independently
- Dependence on adult prompting/support despite capability

Assistive Technology (AT)

Looks at tools/supports needed for access.

May assess need for:

- Speech-to-text
- Text-to-speech
- AAC
- Visual supports
- Alternative access tools
- Specialized software/devices

What difficulties in this area can look like:

- Verbal ability much stronger than written output
- Fatigue with writing
- Difficulty reading independently
- Inability to demonstrate knowledge through traditional methods
- Communication limitations
- Difficulty accessing curriculum without support

Transition Assessment

Looks at a student's strengths, interests, preferences, and needs related to post-secondary education, vocational training, employment, and independent living. IDEA requires that IEPs for students 16 and older (and younger if determined appropriate) include postsecondary goals based on age-appropriate transition assessments. Transition assessment is a distinct evaluation area — not academic testing applied to future planning.

Common tools may include:

- Interest inventories (Career Occupational Preference System, Self-Directed Search)
- Vocational aptitude assessments
- Adaptive behavior and independent living assessments (Vineland, ABAS)
- Self-determination scales (AIR Self-Determination Scale, ARC Self-Determination Scale)
- Transition planning inventories
- Work or community-based situational assessments
- Student and parent interviews
- Review of postsecondary goals and preferences

Areas may include:

- Career and vocational interests
- Employment-related skills and aptitudes
- Independent living skills
- Self-determination and self-advocacy
- Postsecondary education interests and readiness
- Community participation skills
- Transportation and mobility skills
- Financial literacy and money management
- Social skills in work and community settings

What may indicate transition assessment is needed or overdue:

- Student is transition age under IDEA/state law and no transition assessment has been conducted
- IEP transition goals are based on assumptions rather than documented student preferences
- Student's postsecondary goals do not reflect what the student actually wants
- No connection between the IEP's course of study and the student's stated post-school interests
- Adaptive behavior and independent living have not been assessed
- Student's self-determination and self-advocacy skills have not been formally assessed

Important note: Transition assessment must be age-appropriate and individualized — not a generic form. It must be based on the student's actual preferences and interests. Under IDEA 34 CFR 300.320(b), postsecondary goals must be based on age-appropriate transition assessments. If a student's IEP includes transition goals but no transition assessment has been conducted, those goals are not legally compliant.

Important Reminders

- Schools must evaluate in all suspected areas of disability, not only academics.
- Good grades alone do NOT rule out disability or eligibility.
- Functional impact matters.
- Outside diagnoses can support the need for evaluation but do not automatically guarantee eligibility.
- Parents can request evaluations in writing.

If the school refuses, ask for Prior Written Notice (PWN) explaining:

- why they refused,
- what data they relied on,
- and what options were considered/rejected.
- RTI/MTSS cannot be used to delay or deny evaluation when disability is suspected.
- Evaluations should use multiple sources of data and should not rely solely on grades, rating scales, or isolated testing scores.
- A student can perform adequately during structured 1:1 testing while still experiencing significant difficulty functioning across the actual school environment.

Parents know their children across environments and over time. If something feels off functionally, socially, emotionally, behaviorally, communicatively, or academically, it is okay to ask questions and request data/evaluation.

Need Advocacy Support?

The Advocacy Ridge is brought to you by experienced non-attorney special education advocates who work with families across multiple states.

Arie Boldt

Mountain to Mountain Advocacy, LLC
ArieBoldtAdvocacy@gmail.com

Jackie Darrough

The Disability Advocate, LLC
Jackiedisabilityadvocate@gmail.com
thedisabilityadvocate.org

This guide provides general educational information and does not constitute legal advice. FERPA rights may vary in specific circumstances. Consult a qualified advocate or attorney for specific concerns.

Federal law cited: IDEA Child Find and evaluation requirements (20 U.S.C. § 1412(a)(3); 34 C.F.R. §§ 300.111, 300.301, 300.304, 300.305, 300.503); Section 504 of the Rehabilitation Act of 1973; ADA Title II; OSEP Memorandum 11-07 (RTI/MTSS cannot be used to delay or deny evaluation). All laws subject to change.

© 2026 Mountain to Mountain Advocacy, LLC and The Disability Advocate, LLC. DO NOT DUPLICATE. All rights reserved.