Meaningful Special
Education Advocacy

A FAMILY GUIDE

Understanding Your Child's Psychological & Educational Evaluation

"Helping Families Find Meaning in Special Education"

Getting an evaluation report for your child can feel like receiving a document in another language — dense with scores, acronyms, and clinical terms. This guide walks you through what evaluations are, how to read the results, and what to do next, so you can walk into every meeting as an informed, confident partner in your child's education.

> **How to use this guide:** Read it start to finish before your first evaluation meeting, or jump to the section you need — the table of contents below links to each part.

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01 The Evaluation Process

Every evaluation follows a similar path, though timelines vary by state and district. Knowing the steps ahead of time helps you understand where you are and what comes next.

STEP 1

Referral

A parent, teacher, principal, counselor, therapist, or doctor raises a concern and requests an evaluation in writing.

If parents have already had a private evaluation completed, they can submit it along with their request for a school evaluation under Child Find.

STEP 2

Consent

The school sends a consent form. Testing cannot begin until you sign it. Once consent is signed, the **60-day timeline starts** for completing testing, writing the report, and holding the evaluation meeting (timelines vary by state).

STEP 3

Testing

Evaluators observe your child, review records, and administer tests — usually over several sessions that can take weeks (this should have been discussed and outlined on the consent form).

STEP 4

Report

Each evaluator completes a written report for the testing they conducted. It should include an overview of how your child presented on the testing day, testing scores, a summary of the evaluation, and recommendations.

STEP 5

Eligibility Meeting

The team, including you, reviews results together and decides whether your child qualifies for services.

STEP 6

Plan Development

If your child is found eligible for special education or 504 Plan, the team generally has **30-days** to write the IEP or 504 using the evaluation's recommendations and meet again to finalize it (timelines vary by state).

You are part of the team. As a parent, you have the legal right to participate in every step — including reviewing the report before the meeting and asking for more time if you need it.

02 Types of Evaluations

Depending on your child's needs, one or more specialists may evaluate different areas of development. Here's what each one looks at.

Evaluation	Conducted By	What It Measures
Psychological / Cognitive	School or licensed psychologist	Overall intellectual functioning (IQ) across the seven broad cognitive abilities: fluid reasoning, comprehension-knowledge, short-term working memory, long-term retrieval, visual processing, auditory processing and processing speed.
Academic / Achievement	School psychologist or educational diagnostician	Basic reading, reading comprehension, reading fluency (including dyslexia), written expression (including dysgraphia), math calculation, math problem solving (including dyscalculia), oral language, and listening comprehension compared to same-age peers
Speech-Language	Speech-language pathologist (SLP)	Articulation, receptive language, expression language, pragmatics, social communication, dysphagia and Augmentative and Alternative Communication (AAC)
Occupational Therapy (OT)	Occupational therapist	Fine motor skills, handwriting, activity tolerance, sensory processing, and functional skills for self-care tasks
Physical Therapy (PT)	Physical therapist	Gross motor skills, mobility, strength, balance, and coordination for everyday movement
Functional Behavior Assessment (FBA)	Behavior analyst or school psychologist	The antecedent, behavior, and consequence (ABC) surrounding a behavior — what happens right before it, the behavior itself, and what happens right after. Here, "consequence" means what naturally follows the behavior, not a punishment — it helps identify the function the behavior serves for the child.
Social-Emotional	School psychologist or counselor	Mood, anxiety, attention, social skills, and behavior at school. If autism is a specific area of concern, related characteristics are assessed separately, as part of an autism evaluation.

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03 Understanding Specific Tests

Reports often name the exact tests used. Here's what a few common ones actually measure, explained in plain language.

Woodcock-Johnson V (WJ V)

Cognitive & academic achievement battery

The WJ V is actually two related batteries — the Tests of Cognitive Abilities and the Tests of Achievement — often given together to compare how a child thinks and processes information against how they're actually performing in school.

Cognitive battery measures the same seven broad abilities described in Part 2 — fluid reasoning, comprehension-knowledge, short-term working memory, long-term retrieval, visual processing, auditory processing, and processing speed — essentially, how your child reasons, remembers, and processes information.

Achievement battery measures reading, writing, math, and academic knowledge — the actual skills taught in school.

Comparing the two is often how a specific learning disability (like dyslexia or dyscalculia) is identified: a meaningful gap between a child's cognitive ability and their academic achievement in a specific area.

Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)

Cognitive / IQ test for ages 6–16

The WISC-V is one of the most commonly used cognitive tests in schools. It produces a Full Scale IQ along with five index scores that break intelligence into more specific areas — often more useful for planning support than the single IQ number.

Verbal Comprehension — reasoning with words, vocabulary, and general knowledge.

Visual Spatial — analyzing and reproducing visual patterns and designs.

Fluid Reasoning — solving new problems using logic, without relying on prior knowledge.

Working Memory — holding and mentally manipulating information for a few seconds.

Processing Speed — completing simple visual tasks quickly and accurately.

A large gap between index scores (rather than a single low score) is often what evaluators highlight — it can point to a specific area, like working memory or processing speed, that's affecting schoolwork even when overall IQ looks average.

Wechsler Individual Achievement Test, Fourth Edition (WIAT-4)

Academic achievement test for ages 4–50+

The WIAT-4 measures how a child is actually performing in core school subjects, broken into detailed skill areas rather than one overall grade-level number.

Reading — word reading, reading comprehension, reading fluency, and phonemic proficiency (sounding out words).

Written Expression — spelling, sentence writing, and essay composition.

Mathematics — math problem solving and math fluency (speed and accuracy with basic calculations).

Oral Language — listening comprehension and oral expression.

Because it breaks each subject into specific sub-skills, the WIAT-4 is often what evaluators use, alongside a cognitive test, to pinpoint a specific learning disability — for example, strong reading comprehension paired with weak reading fluency.

Kaufman Test of Educational Achievement, Third Edition (KTEA-3)

Academic achievement test for ages 4–25

The KTEA-3 is another comprehensive achievement test, often used as an alternative to the WIAT-4, that measures how a child is performing in core academic areas.

Reading — letter and word recognition, decoding, fluency, and comprehension.

Math — math concepts, computation, and math fluency.

Written Language — spelling and written expression.

Oral Language — listening comprehension and oral expression.

Like the WIAT-4, its value is in the detail: rather than one reading grade level, it shows exactly which sub-skill — decoding, fluency, or comprehension — is driving a child's difficulty.

Comprehensive Test of Phonological Processing, Second Edition (CTOPP-2)

Phonological processing test for ages 4–24

The CTOPP-2 looks specifically at the sound-based skills that underlie early reading — often given when a child is struggling to read despite average intelligence, to help identify or rule out dyslexia.

Phonological Awareness — noticing, thinking about, and manipulating the individual sounds in words.

Phonological Memory — holding sound-based information in short-term memory long enough to use it.

Rapid Symbolic Naming — how quickly a child can name familiar letters and numbers, which relates to reading fluency.

Weaknesses here — especially in phonological awareness and rapid naming — are considered strong early indicators of dyslexia, even before reading scores themselves fall behind.

Feifer Assessment of Reading (FAR)

Reading test for ages 4–21, rooted in the neuroscience of reading

The FAR looks at reading through the lens of how the brain processes it, sorting difficulties into distinct subtypes of dyslexia rather than treating "reading trouble" as one single problem.

Phonological Index — decoding words by sounding them out, the most common area affected in dyslexia.

Fluency Index — reading words and sentences accurately and at a normal speed.

Comprehension Index — understanding and reasoning about what was read.

Because it separates reading into these subtypes, the FAR can point to a more specific intervention — for example, a child with strong decoding but weak fluency needs a different approach than one struggling with sound-letter connections.

Feifer Assessment of Writing (FAW)

Writing test for ages 5–21, rooted in the neuroscience of writing

The FAW breaks writing down into the separate mental and physical skills it actually requires, helping identify dysgraphia and clarify why a child struggles to get thoughts onto paper.

Graphomotor Index — the physical, motor side of handwriting: letter formation, speed, and legibility.

Orthographic Index — spelling and recalling the visual patterns of words and letters.

Executive Index — organizing, planning, and composing ideas into coherent sentences and paragraphs.

A child can struggle in just one of these areas — for example, strong ideas but illegible, exhausting handwriting — which is why the FAW's breakdown often shapes very specific accommodations, like assistive technology instead of more handwriting practice.

Gray Oral Reading Test, Fifth Edition (GORT-5)

Oral reading test for ages 6–23

The GORT-5 has a child read passages aloud with increasing difficulty, then answer questions about them — capturing reading skill in a way that more resembles real classroom reading than computer or worksheet-based tests do.

Rate — how quickly a child reads a passage.

Accuracy — how many words are read correctly.

Fluency — a combined score of rate and accuracy, reflecting how smooth and effortless reading sounds.

Comprehension — how well the child understands and can answer questions about what was read.

Because it's read aloud rather than silently, the GORT-5 often reveals reading struggles other tests miss — for example, a child who scores fine on comprehension questions but reads so slowly and effortfully that it affects classroom performance.

Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF-5)

Speech-language test for ages 5–21

The CELF-5 is the most widely used test for identifying language disorders, given by a speech-language pathologist to look at how well a child understands and uses language — separate from articulation, or how sounds are pronounced.

Receptive Language — understanding spoken words, sentences, and directions.

Expressive Language — using vocabulary and grammar to form spoken sentences and ideas.

Language Content & Structure — combined scores reflecting overall language ability, often reported as a Core Language Score.

A child can understand language well but struggle to express it (or the reverse) — the CELF-5's separate receptive and expressive scores are often what shapes specific speech-therapy goals.

Test of Pragmatic Language, Second Edition (TOPL-2)

Social communication test for ages 6–18

The TOPL-2 looks at "pragmatics" — how a child actually uses language in social situations, not just whether they know the right words or grammar. A child is shown scenes and asked what they'd say or do, revealing how they read context and social cues.

Physical Setting — adjusting language based on where a conversation happens.

Audience — talking differently to a friend, teacher, or stranger.

Topic & Purpose — staying relevant and understanding the goal of a conversation.

Visual-Gestural Cues — reading facial expressions, tone, and body language.

A child can pass every vocabulary and grammar test and still struggle here — the TOPL-2 is often what identifies social communication difficulties that show up as friendship or classroom trouble rather than obvious language errors, and is commonly used alongside autism evaluations.

Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (Beery VMI)

Visual-motor test for ages 2–adult

The Beery VMI is often used by occupational therapists to see how well a child coordinates what their eyes see with what their hand does — a foundational skill for handwriting and classroom tasks.

Visual-Motor Integration — copying a series of geometric shapes with increasing complexity, combining visual perception and hand control.

Visual Perception — identifying matching shapes without needing to draw, isolating the "seeing" part of the skill.

Motor Coordination — tracing shapes within boundaries, isolating the "hand control" part of the skill.

Comparing these three scores helps pinpoint where a breakdown is happening — for example, a child with strong visual perception but weak motor coordination may need handwriting support rather than a vision-focused intervention.

Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)

Motor skills test for ages 4–21

The BOT-2 gives a fuller picture of motor skills than the Beery VMI alone, covering both fine motor tasks (like hands and fingers) and gross motor tasks (like running and balance), often used by OTs and PTs together.

Fine Manual Control — precise finger and hand movements, like drawing and manipulating small objects.
Manual Coordination — using both hands together, such as catching or throwing.
Body Coordination — balance and coordinating movements of the whole body.
Strength & Agility — running speed, strength, and endurance-based movement.

Because it separates fine and gross motor skills, the BOT-2 helps clarify whether a child needs support with handwriting-type tasks, playground-type tasks, or both.

Peabody Developmental Motor Scales, Second Edition (PDMS-2)

Motor skills test for birth to age 5

The PDMS-2 is used with infants and young children, before a child could complete the BOT-2, to measure early motor development against typical developmental milestones.

Reflexes — automatic movements expected in the earliest months of life.
Stationary — controlling the body's position, like sitting or standing still.
Locomotion — moving through space, like crawling, walking, or jumping.
Object Manipulation — catching, throwing, and kicking.
Grasping — using hands and fingers to hold and manipulate objects.
Visual-Motor Integration — using hands and eyes together to reach, grab, and eventually copy shapes.

Because it's designed for very young children, the PDMS-2 is often what's used for early intervention (birth to three) evaluations, well before a child would be old enough for school-based motor testing.

Evaluation Tool of Children's Handwriting (ETCH)

Handwriting test for grades 1–6

The ETCH has a child complete real handwriting tasks — copying, writing from dictation, and writing from memory — rather than abstract shapes, giving a direct look at classroom handwriting performance.

Legibility — whether letters and words can be clearly read.
Letter Formation — how accurately letters are shaped compared to the standard form.
Speed — how quickly a child can complete a given writing task.
Spacing & Alignment — consistent spacing between letters and words, and staying on the line.

Because it uses real writing tasks like copying from the board or writing from dictation, the ETCH often gives occupational therapists the clearest picture of which specific classroom handwriting demands are hardest for a child.

Wide Range Assessment of Visual Motor Abilities (WRAVMA)

Visual-motor test for ages 3–adult

Similar in purpose to the Beery VMI, the WRAVMA separates visual-motor skill into three distinct tasks, which helps show whether a difficulty comes from vision, hand control, or the two working together.

Drawing — copying increasingly complex shapes, combining vision and hand control.
Matching — identifying identical shapes by sight alone, isolating visual perception.
Pegboard — placing pegs in a board as quickly as possible, isolating fine motor speed and dexterity.

As with the Beery VMI, comparing the three scores helps determine whether a struggling child needs support with seeing/perceiving shapes, controlling their hands, or coordinating the two together.

Pediatric Evaluation of Disability Inventory - Computer Adaptive Test (PEDI-CAT)

Functional skills questionnaire for birth to age 21

Unlike a test a child performs, the PEDI-CAT is a questionnaire completed by a parent or caregiver, focused on real-world daily function rather than isolated skills tested in an office.

Daily Activities — self-care tasks like dressing, eating, and hygiene.
Mobility — moving around the home, school, and community.
Social/Cognitive — communication, problem-solving, and interacting with others day to day.
Responsibility — managing daily tasks and decisions independently, adjusted for age.

Because it captures how a child actually functions at home and in the community, the PEDI-CAT is often used alongside OT or PT testing to show how a delay shows up in everyday life, not just on a testing table.

Sensory Profile 2

Sensory processing questionnaire for birth to age 14

The Sensory Profile 2 is a questionnaire completed by parents and/or teachers, describing how a child responds to everyday sensory experiences — sound, touch, movement, and more — across home, school, and community settings.

Seeking — actively looking for extra sensory input, like touching everything or craving movement.
Avoiding — withdrawing from or disliking certain sensory input, like loud noises or textures.
Sensitivity — noticing sensory input more intensely than others, without necessarily avoiding it.
Registration — being slow to notice sensory input that others would pick up on right away.

These four patterns help an occupational therapist understand behaviors that can otherwise look confusing — like a child who melts down in a loud cafeteria (avoiding) but constantly seeks out spinning or jumping (seeking) — and build a sensory diet or accommodations around them.

Adolescent/Adult Sensory Profile

Sensory processing self-report questionnaire for ages 11+

This is the teen and adult counterpart to the Sensory Profile 2 — a self-report questionnaire, filled out by the individual themselves, describing their own everyday sensory experiences rather than a caregiver's observations.

Seeking — actively looking for extra sensory input, like movement, sound, or touch.
Avoiding — withdrawing from or disliking certain sensory input.
Sensitivity — noticing sensory input more intensely than others.
Registration — being slow to notice sensory input that others pick up on right away.

Because it's self-reported, this profile is especially useful for older students who can reflect on their own experience — helping explain, for example, why a busy classroom or hallway feels overwhelming in a way that isn't obvious to others.

Autism Diagnostic Observation Schedule (ADOS-2)

Autism diagnostic observation for toddlers through adults

The ADOS-2 is considered one of the gold-standard tools for diagnosing autism. Rather than a paper test, a trained examiner engages the individual in a series of semi-structured activities and conversations designed to bring out social and communication behaviors relevant to autism.

Communication — how language and gesture are used to interact with others.

Reciprocal Social Interaction — eye contact, shared enjoyment, and back-and-forth social engagement.

Play/Imagination — (younger modules) use of imaginative or pretend play.

Restricted & Repetitive Behaviors — repetitive movements, intense interests, or insistence on sameness.

The examiner chooses from several activity "modules" matched to age and language level, then scores the observed behaviors against a standard algorithm — the result contributes to (but doesn't alone determine) an autism diagnosis, which also relies on developmental history and other information.

ABC-Iceberg (ABC-I)

Behavior observation tool, often used with autism evaluations

The ABC-Iceberg isn't a scored test — it's a structured worksheet, filled out from observation or interview, that looks at a behavior alongside the traits of autism that may be driving it "below the surface."

Antecedent — what happened right before the behavior (the trigger).

Behavior — the specific, observable behavior of concern.

Consequence — what happened right after, and how it may have reinforced the behavior.

The "Iceberg" — underlying autism-related characteristics (like sensory needs, difficulty with change, or communication challenges) sitting beneath the visible behavior, much like the bulk of an iceberg beneath the waterline.

By connecting the visible behavior to what's underneath it, the ABC-Iceberg pushes the team toward interventions that address the underlying cause — for example, teaching a communication strategy — rather than just reacting to the behavior itself.

Assessment of Social and Communication Skills for Individuals with Autism Spectrum Disorder, Revised (ASCS-2)

Social-communication skills assessment for students with autism

The ASCS-2 combines direct observation, interviews, and structured tasks to build a detailed picture of a student's social and communication skills, used specifically to plan instruction for students already identified with autism.

Social/Emotional Skills — relating to others, regulating emotions, and understanding social situations.

Communication Skills — using language and other means to communicate wants, needs, and ideas.

Repertoire of Behavior — flexibility and range of behaviors used to interact with people and the environment.

Because it's designed for instructional planning rather than diagnosis, the ASCS-2 is often used after an autism diagnosis to build specific, teachable goals for an IEP rather than to determine eligibility itself.

Functional Assessment Checklist: Teachers and Staff (FACTS)

Behavior interview tool used in Functional Behavior Assessments

The FACTS is a brief, structured interview with teachers and staff who know the student best, used to quickly build an initial hypothesis about a behavior before more detailed observation begins.

Student Strengths — skills and interests the student brings to school.

Routines & Behavior — the specific times, settings, and routines where the behavior is most and least likely to happen.

Antecedents — what typically triggers the behavior in those routines.

Function — a summary statement hypothesizing why the behavior happens (to get something, or to avoid/escape something).

The FACTS is typically the starting point of an FBA — its summary statement guides where the team observes more closely and, eventually, what the behavior intervention plan should target.

Behavior Assessment System for Children, Third Edition (BASC-3)

Behavior & emotional rating scales for ages 2–25

The BASC-3 gathers rating-scale questionnaires from parents, teachers, and (for older students) the student themselves, comparing perspectives across settings to build a fuller picture of behavior and emotional functioning.

Externalizing Problems — outwardly directed behaviors like hyperactivity, aggression, or conduct problems.

Internalizing Problems — inwardly directed struggles like anxiety, depression, and somatization (physical symptoms from stress).

Behavioral Symptoms Index — an overall summary combining the most clinically significant scales.

Adaptive Skills — positive, functional skills like adaptability, social skills, and leadership.

Because it's completed by multiple people who see the child in different settings, the BASC-3 often reveals whether a concern shows up everywhere (home and school) or is specific to one environment — an important distinction for planning support.

Brigance Transition Skills Inventory (Brigance TSI)

Transition skills inventory for middle and high school students

The Brigance TSI is a criterion-referenced inventory — rather than comparing a student to same-age peers, it checks specific transition-related skills against what's needed for adult life, work, and further education.

Career/Vocational Skills — job-seeking skills, work habits, and career interests.

Daily Living Skills — money management, health, and other independent living tasks.

Self-Determination & Interpersonal Skills — self-advocacy, decision-making, and relating to others.

Academic Skills — functional reading, writing, and math needed for everyday adult tasks.

Because it pinpoints exactly which real-world skills a student has or still needs, the Brigance TSI is often used to write specific, measurable transition goals for the IEP rather than general academic goals.

Career Orientation Placement and Evaluation Survey (COPES)

Career interest inventory for middle and high school students

The COPES is a self-report interest inventory — a student answers questions about preferred activities and work styles, which are then matched to broad career and study areas.

Interest Dimensions — paired preferences (e.g., data vs. ideas, people vs. things) that map to different types of careers.

Career Clusters — broad occupational and study areas the student's interests align with.

Because it's based on interests rather than current skill level, the COPES helps a student and team start exploring career and course-of-study directions worth building toward, even before specific job skills are in place.

Community-Based Functional Skills Assessment for Transition-Age Youth with ASD

Functional skills assessment for transition-age students with autism

This assessment observes a student performing real tasks in real community settings — like a store, workplace, or on public transit — rather than answering questions in an office, to capture how autism-related needs show up in day-to-day independence.

Community Navigation — getting around safely, including transportation and public spaces.

Vocational/Work Skills — following directions, task completion, and workplace behavior in a real or simulated job setting.

Daily Living & Social Skills — practical tasks (like shopping or ordering food) and the social interactions they require.

Because it's observed in real community settings, this assessment often surfaces gaps that don't show up in a classroom — for example, strong classroom compliance but difficulty navigating an unfamiliar store or workplace.

StandardSDS (formerly Self-Directed Search, Fifth Edition)

Career interest inventory for high school students and adults

The StandardSDS is a self-scored interest inventory built on Holland's theory that people and work environments fall into six broad types — a student answers questions about activities, competencies, and preferences to see which types fit best.

Realistic — hands-on, mechanical, or outdoor work.

Investigative — analytical, scientific, or research-oriented work.

Artistic — creative, expressive, or unstructured work.

Social — helping, teaching, or caring for others.

Enterprising — leading, persuading, or managing.

Conventional — organized, detail-oriented, or data-driven work.

The student's top three types form a code (e.g., "SIA") that's matched against a list of occupations — a practical starting point for exploring career and course-of-study options during transition planning.

04 How to Read the Report

Reports can run 10–20 pages, but most follow the same structure. Here's what to expect in each section.

Background & Reason for Referral	Why the evaluation was requested and relevant developmental, medical, or school history.
Tests Administered	A list of every assessment tool used — you can look up any test by name for more detail.
Behavioral Observations	The evaluator's notes on how your child engaged, focused, and responded during testing.
Results by Domain	Scores and narrative explanations, usually broken into areas like cognitive, academic, or behavioral.
Summary & Eligibility	The evaluator's overall interpretation and whether your child meets criteria for a given category.
Recommendations	Suggested supports, services, or accommodations — this is often the most useful section for planning.

> **Tip:** Read the summary and recommendations first for the big picture, then go back for the detailed scores.

05 Understanding the Numbers

Scores can look intimidating, but they all answer the same basic question: how does my child compare to other children the same age?

Standard Score
Centered on 100. Most children score between 85–115.

Percentile Rank
The percent of same-age peers your child scored equal to or above. The 50th percentile is exactly average.

Composite Score
A combined score from several subtests measuring one broader skill area.

Scaled Score
Used for individual subtests, not the whole test. Centered on 10, with most children scoring between 7–13.

Standard Score	Scaled Score	Percentile Range	Classification
130+	16–19	98th+	Very Superior
120–129	14–15	91st–97th	Superior
110–119	12–13	75th–90th	High Average
90–109	8–11	25th–74th	Average
80–89	6–7	9th–24th	Low Average
70–79	4–5	2nd–8th	Low

Below 70	1–3	Below 2nd	Very Low

Classification labels vary slightly by test publisher, but the ranges above are widely used as a general guide.

06 Common Terms in Reports

Knowing the language empowers you. Evaluation reports include many terms — understanding what they mean helps you feel confident and make informed decisions for your child.

Validity How well a test measures what it is intended to measure for your child.	**What to look for:** The report should explain why the test was appropriate for your child and how results are meaningful.
Reliability How consistent and accurate the test results are.	**What to look for:** The report should show reliability scores that indicate the test produced stable and dependable results.
Norms The comparison group used to develop the test scores.	**What to look for:** The report should state the age range, grade level, and demographics of the norm group.
Standard Score A score with an average of 100 and a standard deviation of 15.	**What to look for:** Most scores fall between 85–115 (average). Scores above or below that range may indicate strengths or areas of concern.
Percentile Rank Shows how your child compares to other students the same age.	**What to look for:** A percentile of 50 means average (50% of peers scored below). The higher the number, the stronger the performance.
Growth Change in performance over time.	**What to look for:** Look for patterns in scores across multiple testing dates to see if your child is making progress.
Functional Impact How the results affect your child's ability to learn and participate.	**What to look for:** The report should connect test results to real-life challenges and daily activities in school and at home.

Advocate Insight: Don't be afraid to ask questions! If a term or score doesn't make sense, ask the evaluator or your IEP team to explain it in plain language.

07 Your Rights as a Parent

Federal law — primarily the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act — gives parents specific, enforceable rights throughout the evaluation process.

- You must give **written consent** before any evaluation begins.
- You have the right to **review the evaluation report** before the meeting where it's discussed.
- You can request an **Independent Educational Evaluation (IEE)** at public expense if you disagree with the school's findings.
- You must receive **Prior Written Notice** whenever the school proposes or refuses a change to your child's evaluation, eligibility, or services.
- You are a **required member** of the team that decides eligibility and develops the IEP or 504 Plan.
- You can bring an **advocate, family member, or professional** to any meeting.

08 Transition Evaluations

Starting no later than age 16 (and often earlier, depending on your state), evaluations expand beyond academics to look at how your child will function as an adult — at work, in further education, and living independently.

Interests & Preferences

What your child enjoys, values, and envisions for their adult life.

Employment & Vocational Skills

Work-related aptitudes, career interests, and job-readiness skills.

Independent Living & Self-Determination

Daily living skills, self-advocacy, and ability to make and carry out decisions.

These evaluations use a mix of tools — student interviews, interest inventories, and adaptive/vocational skills checklists — completed by the student, family, and school staff. Unlike academic testing, they ask what your child wants their adult life to look like, not just what they can currently do. Results directly shape the IEP's transition goals and services.

> **Your child's voice matters most here.** These evaluations should center your child's own goals and preferences — they should be invited to participate directly whenever possible. Refer to Section 3 for information on evaluations used.

09 Preparing for the Meeting

Bring this list of questions to help you make sense of the results and plan next steps together with the team.

- What are my child's key strengths, according to this evaluation?
- Which scores are the most important for understanding my child's needs day to day?
- Does my child qualify for an IEP, a 504 Plan, or neither — and why?
- What specific supports or services are being recommended?
- How will progress be measured, and how often will I be updated?
- What can we do at home to support what's happening at school?
- What happens if I disagree with part of the report or the plan?

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10 Your Next Steps

☐ Request a copy of the full evaluation report at least a few days before the meeting.

☐ Read the summary and recommendations sections first, then the detailed scores.

☐ Write down your questions and any terms you want explained in plain language.

☐ Decide who you'd like to bring with you to the meeting.

☐ Reach out to an advocate if you'd like support reviewing the report or attending the meeting.

Meaningful Special
Education Advocacy

You don't have to navigate this process alone. Meaningful Special Education Advocacy is here to help you understand every step and speak up for your child with confidence.

"Helping families find Meaning in Special Education"