

**Livingston County Special Services Unit  
Team Assessment Questions and Data Reporting**

**Student Data:** information needed to initiate iePoint use.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yr)

CA: \_\_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Resident School District: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Student's Father/Guardian \_\_\_\_\_

Home Address/Phone

Number: \_\_\_\_\_ / \_\_\_\_\_

Student's Mother/Guardian \_\_\_\_\_

Home Address/Phone

Number: \_\_\_\_\_ / \_\_\_\_\_

Reason for Assessment: \_\_\_\_\_

Data Collection Due Date: \_\_\_\_\_ E.R. Meeting Date: \_\_\_\_\_

**Assessment Questions** (replies to questions are to be sent to Jean Corrigan at LCSSU – [jcorrigan@lcssu.org](mailto:jcorrigan@lcssu.org) – in Word document format: Times New Roman, size 11 font)

Name	Distributed date	Title	Question #
		Social Worker	
		Psychologist	
		Speech/Language Pathologist	
		Special Education Teacher	
		General Education Teacher	
		General Education Teacher	
		General Education Teacher	
		OTR/PT	
		Program Supervisor	

\_\_\_\_\_  
signature Building Administrator /LCSSU Program Supervisor

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Question:	Person(s) Responsible:
1. _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
2. _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
3. _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
4. _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
5. _____ _____ _____ _____ _____	_____ _____ _____ _____ _____

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6. _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
7. _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
8. _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
9. _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
10. _____ _____ _____ _____ _____	_____ _____ _____ _____ _____