

Appendix F
PUBLICATION EVALUATION FORM

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|---|----------------------------|
| Guide for Determining Eligibility and Programs and/or Services for Preschool Students with Disabilities | |
| Name of Person Completing this Form: (optional) | Date of Completion: |
| Title/Function: | |
| 1. Overall, was the information presented clearly and accurately? Were you able to easily find the information you needed when you used this guide as a reference tool? | |
| 2. How did the information on the individual evaluation help you with your work? | |
| 3. How did the information on eligibility determination help you with your work? | |
| 4. How did the information on IEP development help you with your work? | |
| 5. How did this guide help you and/or your group determine programs and/or services for children more efficiently, consistently and/or accurately? | |
| 6. Please describe changes that would improve this document and its usefulness. | |

Use additional pages as needed to complete your answers. Please return to: Publications Evaluation: Preschool Guide, NYS Education Department, VESID, Special Education Policy Unit, 1624 OCP, Albany, NY 12234 or vesidspe@mail.nysed.gov.