Adams-Wells Special Services

Review of Existing Evaluation Data and Evaluation Plan

School District: Click here to enter text.

Teacher of Record: Click here to enter text.

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| --- |
| Date of Review: MM/DD/YY |
| Student’s Name | Last:  | First:  | Middle:  |
| Date of Birth: MM/DD/YY | Age:  | Grade:  | School:  |
| Parent/Guardian:  | Phone Number:  |
| Address:  |

1. What is the purpose of the re-evaluation (What question would the re-evaluation address)?

|  |  |
| --- | --- |
| Current Eligibility Area/s: | Suspected Eligibility Area/s: |

[ ] Determine that the student is eligible for special education and related services under a different or additional eligibility category (50-day timeline)

[ ] Inform the CCC of the student’s needs, such as the student’s need for assistive technology or a related service (50-day timeline)

[ ] Reestablish eligibility for special education and related services or determine ineligibility (12 months – or next ACR)

1. Review existing data with school psychologist

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|  |
| **Information** | **Data Source** | **Description of Data** |
| Information from parents |   |   |
| Outside evaluations |   |   |
| Standardized test data (i.e. ISTEP+, IREAD3, NWEA, ECA,  |   |   |
| Classroom academic data (i.e., Grades, Assignment samples, Classroom tests, etc.) |   |   |
| Classroom behavioral/emotional data (i.e., FBA, BIP, Observations, Office referrals, etc) |   |   |
| Academic and/or behavioral progress monitoring  |   |   |
| Anecdotal observations |   |   |
| Present levels from IEP |   |   |
| Attendance record |   |   |
| Medical information  |   |   |
| Related service information (OT, PT, AT) |   |   |
| Speech/Language information |   |   |
| Previous evaluation results |   |   |
| **\*Please include a copy of the student’s current schedule.** |

1. In order to build a case for re-evaluation, is there any other information or data needed? If so, please specify. Click here to enter text.
2. Identify the evaluation requirements needed for the proposed re-evaluation

[ ] Academic Achievement: Assessment of Current Academic Achievement

In addition to the default assessments in IIEP, the following eligibility areas should also include:

**Other Health Impairment**

* Assessment of Cognitive Ability and Functioning (Norm or Criterion Referenced)
* Functional Performance/Adaptive Behavior: Systematic Observation Across Various Environments

**Developmental Delay**

* Assessment of Cognitive Ability and Functioning (Norm or Criterion Referenced)

**Specific Learning Disability**

* Assessment of Cognitive Ability and Functioning (Norm or Criterion Referenced)
* Functional Performance/Adaptive Behavior: Systematic Observation across Various Environments
* Functional Skills or Adaptive Behavior: In Various Environments from Multiple Sources

[ ] Academic Achievement: Assessment of Progress and Interventions

[ ] Academic Achievement: Observation of Academic Progress and Behaviors in Areas of Difficulty

[ ] Any Other Assessments of Information Necessary to Determine Eligibility and Inform the CCC

[ ] Available Educationally Relevant Medical Information

[ ] Available Mental Health Information

[ ] Behavior Interventions and Progress

[ ] Assessment of Cognitive Ability and Functioning (Norm or Criterion Referenced)

[ ] Communication: Assessment of Articulation, Fluency, and Voice

[ ] Communication: Assessment of Communication…in mode of student

[ ] Communication: Assessment of Functional Literacy

[ ] Communication: Observation of Student’s Speech by an SLP

[ ] Communication: Student’s Receptive, Expressive, Pragmatic, and Social Communication

[ ] Developmental: Assessment of Developmental Areas

[ ] Functional Performance/Adaptive Behavior: Assessment of Emotional and Behavioral Functioning

[ ] Functional Performance/Adaptive Behavior: Functional Behavior Assessment (FBA)

[ ] Functional Performance/Adaptive Behavior: Systematic Observation Across Various Environments

[ ] Functional Skills or Adaptive Behavior: In Various Environments from Multiple Sources

[ ] Language Information

[ ] Language Proficiency

[ ] Motor and Sensory: Assessment of Functional Vision

[ ] Motor and Sensory: Assessment of Motor and Sensory Response

[ ] Motor and Sensory: Assessment of Motor Skills Including Travel Skills

[ ] Motor and Sensory: Statement from a Physician if an Organic Cause Suspected

[ ] Motor and Sensory: Vision and Hearing Screening

[ ] Motor and Sensory: Written Report from an Optometrist or Ophthalmologist

[ ] Motor and Sensory Abilities: Written Report from Audiologist, Otologist, Otolaryngologist

[ ] Social and Developmental History

[ ] Testing Observations

1. How would a re-evaluation affect this student and his/her IEP? Click here to enter text.
2. Signatures:

Public Agency Rep:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Psychologist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Ed. Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Ed. Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_