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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
|  | | |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_