PARENT INPUT FOR REEVALUATION

DEPARTMENT OF SPECIAL EDUCATION/SEVIER COUNTY SCHOOLS

Student Name_____ Date: _____

Parent/Guardian's Name (person completing form):_____

Check one: □Completed by parent/guardian □Personal Interview □Telephone Interview

If interview, conducted by _____ Date_____

Child lives with (circle one): parents mother father grandparents other Who?_____

Does your child wear glasses? □yes □no Does your child wear hearing aid(s)? □yes □no

1. How long has your child been receiving special education services? _____
2. Describe any current concerns you have about your child's educational program.

   _____

   _____
3. What goals do you have for your child? Is the school system helping your child meet these goals?

   _____

   _____
4. Have you seen improvement in your child's academic performance and/or speech/language during the past 3 years? □yes □no Please describe: _____
5. Have there been any recent changes in your child's behavior or school performance? □yes □no
   If yes, please describe: _____
6. Has your child had any serious medical or psychological problems that have occurred during the last 3 years? □yes □no If yes, explain: _____
7. Has your child been in a residential treatment program in the last 3 years? □yes □no If yes, explain:

   _____
8. Has your child received a psychological or educational evaluation from another agency or private practitioner in the last 3 years? □yes □no If yes, who did it, where was it done, and what was the outcome? (Please provide a copy of the report, if you have one.) _____

   _____
9. Is your child currently taking any prescribed medications? □yes □no If yes, please describe the medication and the condition for which it was prescribed: _____
10. Have there been any significant changes in your home or family relationships during this last 3 years?
    □yes □no If yes, please describe: _____
11. Is there any additional information about your child that you think is relevant to your child's 3-year re-evaluation?
    □yes □no If yes, please describe: _____
12. Do you have any suggestions for improving the special education services being provided for your child?
    □yes □no If yes, please describe: _____

_____ _____

Parent/Guardian Signature Date

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT HELP MEET YOUR CHILD'S EDUCATIONAL NEEDS

Return to the school by _____ (Date)