PREPARATION FOR REEVALUATION IEP TEAM MEETING

SEVIER COUNTY SCHOOLS/DEPARTMENT OF SPECIAL EDUCATION

School _____
Birthdate _____ Date _____

A Reevaluation IEP Team Meeting for your child , _____, who is currently eligible to receive Special Education services, is coming due. Although it is possible to conduct this reevaluation by a review of previous evaluation results, we feel that more current information is needed prior to this IEP Team meeting to aid us in planning and implementing your child's educational program. We would like to administer the tests or procedures checked below.

	Procedures	Description
____	Parent Input for Reevaluation (see attached)	Information from you regarding your child and his/her education.
____	Behavioral Skills Checklist	An update on behaviors in the educational setting.
____	Prevocational/Vocational Skills Checklists	
____	Vision Screening/Reevaluation	Procedures to determine deficiencies in vision/
____	Hearing Screening/Reevaluation	hearing.
____	Speech/Language Reevaluation	Determine speech/language deficits.
____	Occupation/Physical Therapy Reevaluations	Evaluation of motor skills
____	Other:_____	_____

Please sign and return this form immediately indicating your consent for school staff to prepare for the Reevaluation Meeting in which you will be asked to be an active participant. If you have questions, you may contact _____(person), the Special Education Staff member at your child's school, or the Director of Special Education at 453-1036.

☐ I agree to the above checked procedures to prepare for the Reevaluation IEP Team meeting.

☐ I do not agree to the above checked procedures and will give my reasons in the Reevaluation IEP Team Meeting.

Signed: _____ _____
Parent or Guardian Date

Enclosure: Rights of Children with Disabilities and Parent Responsibilities Brochure