

SECTION III – Evaluation Review

Student Name: _____

**INFORMATION FOR
 ORTHOPEDIC IMPAIRMENT OR OTHER HEALTH IMPAIRMENT**

SOCIAL AND PHYSICAL ADAPTIVE BEHAVIORS

Social and/or physical adaptive behaviors related to the impairment are interfering with the student's educational performance. Yes No

If yes, document deficit areas:

SCHOOL HISTORY AND LEVEL OF EDUCATIONAL PERFORMANCE

Summary of past educational performance:

Current levels of educational performance _____

MEDICAL EVALUATION

Date of Most Recent Evaluation: ____/____/____ Report is Attached: Yes No

Diagnosis(es): _____ Medication(s): _____

Name of Certifying Physician on report: _____

Prognosis from Prior Report: Stable Improving Degenerating

Does the previous certifying statement by the physician indicate the student's disability would continue throughout school? Yes No

Comments: _____

- Based on current classroom performance, parental information, and teacher observations,*
- Yes No *This student's educational performance is consistent with previous assessment results.*
 - Yes No *This student's environment, overall adjustment and educational profile are consistent with previous evaluations.*
 - Yes No *Review of previous evaluations indicates consistent and valid results.*
 - Yes No *There are new diagnoses or prognoses that indicate a change in area of disability.*
 - Yes No *Additional medical data would prove irrelevant to the issues of continued eligibility, programming and instruction.*

Signature of Reviewing Special Educator

_____/_____/_____
Date