

REEVALUATION SUMMARY REPORT

Sevier County Schools/Department of Special Education

Date of Reevaluation _____/_____/_____

Date of Most Recent Comprehensive Evaluation (i.e. psychological/medical/speech/language) _____/_____/_____

DEMOGRAPHIC INFORMATION

| | | |
|---|-----------------------------|---|
| Student Name _____ | Birthdate _____/_____/_____ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Parent(s) _____ | Address _____ | |
| Home Phone: _____ | | |
| School _____ | Grade _____ | Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other _____ |
| Primary Language at Home: <input type="checkbox"/> English <input type="checkbox"/> Other _____ | | |

PROCEDURAL SAFEGUARDS

| | |
|---|---|
| Prior Written Notice for Reevaluation: _____ | Date Sent: Month _____ Day _____ Year _____ |
| Date Parent/Guardian Signed Consent for Reevaluation (If new data are needed): Month _____ Day _____ Year _____ | |

BACKGROUND INFORMATION

Section I. Medical and Sensory Information

Is there a change in the student's medical/health situation? Yes No

Student's current medications: _____

Summary of previous medical evaluations (If applicable, see Orthopedic/Other Health Impairment Results in Section III): _____

Hearing: Date of Testing _____ Pass Fail
If fail, follow-up: _____ wears hearing aids

Vision: Date of Testing _____ Pass Fail
If fail, follow-up: _____ wears glasses

Section II. IEP and RECORDS REVIEW

A. Current Special Education Status:

- Primary Disability: _____ Eligibility Date _____/_____/_____
Secondary Disability: _____ Eligibility Date _____/_____/_____
- Last IEP Team/IEP Date: _____/_____/_____ Special Education Hours: _____
- Related services: _____
- Programs listed in IEP: Inclusion Direct Service Direct Speech/Language Therapy
 Direct OT/PT Consultation Direct Resource Other: _____

If applicable, previous disability determinations:

| Evaluation Date | List Previous Disability Determinations | Eligibility Date(s) | Evaluation/Reevaluation Report in School File |
|-----------------|---|---------------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

B. Have there been major changes in behavior and attendance?

Behavior: (check one) ___ Adequate ___ Problematic (If yes, complete below.)

Does the current evaluation adequately address any presenting behavioral issues? Yes No

Does the student's behavior warrant further evaluation? Yes No

Where are targeted behaviors being addressed? IEP Goals/Obj Yes No Separate Behavior Plan Yes No

Attendance: (check one) ___ Adequate ___ Problematic (Explain): _____

Retentions: No Yes If yes, grade(s) retained _____ Number of schools attended in 3-yr reevaluation cycle: _____

Previous Individual Evaluation Data – See attached reports (✓ all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Psycho-Educational Assessment Review – Cognition/Achievement | <input type="checkbox"/> Hearing Imp./Deafness Assessment Review |
| <input type="checkbox"/> Psycho-Educational Assessment Review – Social/Emotional/Behavioral | <input type="checkbox"/> Orthopedic/Other Health Imp. Assess. Review |
| <input type="checkbox"/> Psycho-Educational Assessment Review – Adaptive Behavior | <input type="checkbox"/> Visual Impairment Assessment Review |
| <input type="checkbox"/> Speech/Language Assessment Review | <input type="checkbox"/> Other _____ |
- Vocational Assessment: (for students age 14 and above) Date of Assessment: _____ Instrument: _____