**John Glenn School Corporation**

**Special Education**

**RECORD REVIEW FOR REEVALUATION**

**OFFICE PAGE**

To ***determine eligibility under a different or additional category***  this form must be used.

For other reevaluations this form is optional.

Date Reevaluation is due: \_ (Month/Year) ACR due: (Month/Year) NAME: SCHOOL: \_

HOME RM TCHR \_ BD CA GRADE \_SEX\_ \_ TCHR/RECORD\_ \_TCHR/SERVICE \_ CORP/ATTEND CORP/RESIDENCE \_ PARENT/GUARDIAN PHONE ADDRESS \_CITY \_ ZIP CODE \_

PARENT/GUARDIAN’S RELATIONSHIP: (Circle one) Natural Adopted Foster Other

Ethnic background (Circle one): American Indian or Native Alaskan Asian or Pacific Islander Hispanic Black American

White (Non-Hispanic)

Does this child need an interpreter? Yes \_ No

Type\_

Are there areas other than the identified disability you want re-evaluated? Yes No \_

Explain:

Current Hearing Test: (within the past six months)

**MEDICAL DAT A**

Date: \_ Right Left Wears hearing aids Current Vision Test: (to be completed by the nurse)

Date: \_ Near Point R L Wears contacts

Far Point R L\_

Wears glasses \_

|  |  |  |
| --- | --- | --- |
| Medication | Dosage | Reason |
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Dispensed at: School \_ Home

**PAST TESTING SCORES**

**Teacher of Record and/ or Gen. Ed Teacher**

Last reevaluation test information: IQ: Full Scale

Not Available \_

Present classroom achievement: Reading

Math Written Language\_

Present Articulation and/or Oral Language Scores:

**CHECK PROBLEM AREAS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excessive absences |  \_ | Suspensions |  \_ | Social/Emotional factors \_ |
| Environmental factors |  \_ | Expulsions |  \_ | Health/physical factors \_ |
| Speech/Language factors |  \_ |  |  |  |

Current special education program/level of service:

Current related service program/level of service:

Where has the student attended school?

**SCHOOL HISTORY**

|  |  |
| --- | --- |
| Name of School | Dates Attended |
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Attendance for the last three years:

**SCHOOL HISTORY (cont’d)**

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| --- | --- | --- |
| Year/Grade | Absences | Tardies |
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**SERVICES PROVIDED BY THE SCHOOL**

**List any school services the child has received, INCLUDING SPECIAL EDUCATION** (i.e., Title Reading,, ELL or ESL, social work/counseling, summer school). Include the length of time (years and frequency). Use another paper if more space is needed.

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| --- | --- | --- | --- |
| Year | Grade | Type of Services | Frequency |
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**List the research-based interventions** that are currently in place or have been used in the past to assist the student with learning or behavioral concerns. Provide specific information about each intervention and use another paper if needed.

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| --- | --- | --- |
| Intervention (give details) | Length (dates) & Frequency (how often) | Outcome or Progress Noted |
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**List any classroom accommodations** that have been provided to the student this year. Provide specific details and use another paper if needed.

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| --- | --- | --- |
| Accommodation | Length (dates) andFrequency (tell how often provided) | Outcome |
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**STATE AND LOCAL ASSESSMENTS**

Provide information on state and local assessments. Indicate name of assessment, indicate state/local, date and score.

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| --- | --- | --- | --- |
| Assessment Name | State/Local | Date | Score / Benchmark |
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**ACADEMIC INFORMATION**

Provide information about the current academic programs being used with the curriculum. Give the name of the program and indicate how it addresses each of the standard components.

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| **English/Language Arts** |
| **Program/Curriculum: Current Grade:** |
| Component: Performs at or above grade level: Yes No | Description: |
| Phonemic Awareness (K-3) |  |  |  |
| Phonics (K-3) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Vocabulary (K-12) |  |  |  |
| Reading Comprehension (K-12) |  |  |  |
| Fluency (K-12) |  |  |  |

|  |
| --- |
| **Written Expression** |
| **Program/Curriculum: Current Grade:** |
| Component: Performs at or above grade level: Yes No | Description: |
| Writing Process |  |  |  |
| Writing Applications |  |  |  |
| English Language Conventions |  |  |  |
| Listening and Speaking Skills, Strategies, andApplications |  |  |  |

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| **Mathematics (K-8)** |
| **Program/Curriculum: Current Grade:** |  |
| Component: Performs at or above grade level: Yes No | Description: |
| Number Sense |  |  |  |
| Computation |  |  |  |
| Component: Performs at or above grade level: Yes No |  |
| Geometry |  |  |  |
| Measurement |  |  |  |
| Data Analysis and Probability |  |  |  |
| Problem Solving |  |  |  |

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| --- |
| **Mathematics (High School)** |
| **Program/Curriculum: Current Grade:** |
| Component: Performs at or above grade level: Yes No | Description: |
| Mathematical Reasoning and Problem Solving |  |  |  |
| Equations and Inequalities |  |  |  |
| Relations and Functions |  |  |  |
| Logarithmic and Exponential Functions |  |  |  |
| Sequences and Series |  |  |  |
| Geometry |  |  |  |
| Trigonometry |  |  |  |
| Calculus |  |  |  |
| Probability and Statistics |  |  |  |
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**ATTENTION/BEHAVIORAL INFORMATION**

Does the student display behaviors indicating attention problems?

 Yes No

If yes to the above, please provide details, including *observed amount of time* student can/cannot attend to task.

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Is the child able to attend to classroom lessons? Yes No

Is the child able to attend to individual classroom tasks? Yes No

If the concern is an emotional disability, are there any behavior interventions in place? Yes

 No

Has a Functional Behavior Assessment been completed?

If yes, attach a copy of the FBA Is there a Behavior Intervention Plan?

If yes, attach a copy of all past BIP’s.

 Yes No

 Yes No

If the request is to evaluate for a disability, is there a history of school performance that indicates low achievement across all

academic areas and problems in adaptive behavior?

 Yes No

**OUTSIDE SERVICES**

Has the child received any outside tutoring, social work services, therapy, etc.? Yes No

If yes, please specify below.

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Has the student received any outside evaluations?

If yes, list agencies performing the evaluation and dates below.

 Yes No

**COMMITTEE PAGE**

**DETERMINATION FROM REVIEW OF RECORDS**

The school has completed a review of the student’s records as indicated above. From this review the schools members below agree to: (Check One Circle)

 Complete additional testing within 50 school days (if this is to consider additional eligibility area) OR

 Complete additional testing by the next annual case conference

 Decline to conduct an educational evaluation (Form Rev. 111)

Counselor or Student’s Teacher (circle one): Signature Date

Building Principal Signature Date Teacher of Record Signature Date

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