

John Glenn School Corporation Special Education RECORD REVIEW FOR REEVALUATION

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: _____
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MEDICAL DATA

Current Hearing Test: (within the past six months)

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

Dispensed at: School _____ Home _____

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

PAST TESTING SCORES

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: _____

SCHOOL HISTORY

Where has the student attended school?

Name of School	Dates Attended

SCHOOL HISTORY (cont'd)

Attendance for the last three years:

Year/Grade	Absences	Tardies

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.

Year	Grade	Type of Services	Frequency

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.

Intervention (give details)	Length (dates) & Frequency (how often)	Outcome or Progress Noted

List any classroom accommodations that have been provided to the student this year. Provide specific details and use another paper if needed.

Accommodation	Length (dates) and Frequency (tell how often provided)	Outcome

STATE AND LOCAL ASSESSMENTS

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

Assessment Name	State/Local	Date	Score / Benchmark

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.

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
Writing Process			
Writing Applications			
English Language Conventions			
Listening and Speaking Skills, Strategies, and Applications			

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

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

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.

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? ☐ Yes ☐ No
If yes, attach a copy of the FBA
Is there a Behavior Intervention Plan? ☐ Yes ☐ No
If yes, attach a copy of all past BIP's.

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.

Has the student received any outside evaluations? ☐ Yes ☐ No
If yes, list agencies performing the evaluation and dates below.

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