



**Office of Special Programs
Department of Special Education
Request for (RE) Evaluation: Information from General Education Teacher**

Student: _____ Sex: _____ Age: _____ DOB: _____

ID#: _____ School: _____ Class/Subject: _____ Grade: _____

Referred by: _____ Position: _____

Current Classroom Performance

1. Is the Student's progress Satisfactory? Yes No

2. Area(s) of concern: Academic Behavior Medical Speech/Language

3. Explanation of concern(s):

4. Describe this student's speech/language skills: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Mispronounces Words | <input type="checkbox"/> Uses Gestures to express self | <input type="checkbox"/> Speech Dysfluency (prolongations) |
| <input type="checkbox"/> Misarticulates sounds in words | <input type="checkbox"/> Gropes for words to express self | <input type="checkbox"/> Speech Dysfluency (blocks) |
| <input type="checkbox"/> Omits/Adds/Substitutes sounds or words | <input type="checkbox"/> Misses nonverbal social cues | <input type="checkbox"/> Hoarse or harsh voice quality |
| <input type="checkbox"/> Distorts, rearranges sounds | <input type="checkbox"/> Doesn't understand humor | <input type="checkbox"/> Speaks in louder than normal voice |
| <input type="checkbox"/> Difficulty imitating speech sounds | <input type="checkbox"/> Makes inappropriate comments | <input type="checkbox"/> Speaks in softer than normal voice |
| <input type="checkbox"/> Connected speech is unintelligible | <input type="checkbox"/> Speech Dysfluency (repetitions) | <input type="checkbox"/> Physician referral/vocal nodules |

Other: _____

Interventions/Strategies Attempted

Place letters corresponding to subject area

Subject Areas: **A** – Reading **B** – Mathematics **C** – English/Language Arts **D** – Science **F** – History **G** – Electives
H – All Subject areas **I** – Other

Instructional Accommodations	Alterations of Assignments	Adaptation of Materials
_____ Tutorials	_____ Simplified Homework Assignments	_____ Peer to read material
_____ Shortened, simplified instructions	_____ Reduced length of assignments	_____ Peer to take notes
_____ Repeat instructions	_____ Use of computer for written work	_____ Study aids/manipulatives
_____ Written instruction	_____ Extra time to complete assignments	_____ Highlighted materials
_____ Visual aids	_____ Opportunity for oral response	_____ Altered format of materials
_____ Auditory aids	_____ Individual Contracts	_____ Outlines and study guides
_____ Modified format of exams	_____ Emphasis on major points	_____ Assignment sheets/notebook
_____ Minimize distractions	_____ Exemption from reading aloud	
_____ Computer aided instruction	_____ Special Projects	
_____ Small Group instruction	_____ Retest	
_____ Cooperative Learning	_____ Special arrangements/late assignments	
_____ Prompting (in class discussion)		

Other Intervention/Strategies Attempted (check all that apply)

Motivational Management

- | | |
|---|--|
| <input type="checkbox"/> Written Behavior Management plan/contracts | <input type="checkbox"/> Modified types of oral response expected |
| <input type="checkbox"/> Clearly defined limits | <input type="checkbox"/> Modified length of oral responses expected |
| <input type="checkbox"/> Private discussion regarding behavior | <input type="checkbox"/> Increased wait time for oral responses |
| <input type="checkbox"/> Frequent eye contact | <input type="checkbox"/> Refined/retaught questionable vocabulary and concepts |
| <input type="checkbox"/> Preferential seating | |
| <input type="checkbox"/> Opportunity to help teacher | |
| <input type="checkbox"/> Ignoring minor infractions | |
| <input type="checkbox"/> Positive reinforcement | |
| <input type="checkbox"/> Emphasis on student's special talents | |
| <input type="checkbox"/> Secret signal between teacher and student | |
| <input type="checkbox"/> Structured learning environment | |
| <input type="checkbox"/> Frequent Breaks | |

Additional Comments:

Teacher's Signature: _____ Date: _____

Please attach the following to this completed form and return to student's Assistant Principal.

- Current Grades
- Report Card grades from the past two years (if available)
- Results of State AND District Testing (if available)
- Progress Monitoring Data
- Language Rating Scale
- Behavior Rating Scale
- Any additional information you feel may be helpful in meeting this student's needs