

**DAVISS-MARTIN SPECIAL EDUCATION COOPERATIVE
DATA FOR CONSIDERATION OF REEVALUATION**

Date Reevaluation is due: _____ (Month/Year) ACR due: _____ (Month/Year)

NAME: _____ SCHOOL: _____

HOME RM TCHR _____ DOB _____ AGE _____ GRADE _____ SEX _____

TOR/RECORD _____ TOR/SERVICE _____

SCHOOL _____ HOME SCHOOL _____

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 _____

MEDICAL DATA

Most Current Vision Test:

Date: _____ Wears contacts _____ Wears glasses _____

Medication	Dosage and date prescribed	Reason

Dispensed at: School _____ Home _____

Last evaluation test information: WISC-IV/WASI IQ: Verbal _____ Performance _____ Full Scale _____

1. What different or additional eligibility is suspected? _____
2. Do you think the student is no longer eligible for special education? _____
3. Do you think the student requires assistive technology or a related service? _____ Describe _____

CHECK PROBLEM AREAS

Excessive absences _____ Suspensions _____ Social/Emotional factors _____
 Environmental factors _____ Expulsions _____ Health/physical factors _____
 Speech/Language factors _____ Attach attendance records/Discipline Referrals/and Current Grades _____
 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

SERVICES PROVIDED BY THE SCHOOL

List any school services the child has received (i.e. reading recovery, Title Reading, ELL, social work/counseling, summer school). Include the length of time (years and frequency).

Service	Grade In School	Frequency

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

ATTENTION/BEHAVIORAL INFORMATION

Does the student display behaviors indicating attention problems? Yes No
 Is the child able to attend to classroom lessons? Yes No
 Is the child able to attend to individual tasks? Yes No
 If yes to the above, please provide details, including observed amount of time student can/cannot attend to task.

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.

If yes, is there a current Release of Information on file? Yes No