SEWARD PUBLIC SCHOOLS

RECONSIDERATION FOR RE-EVALUATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last MDT: \_\_\_\_\_\_\_\_\_\_ Current Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Existing Evaluation**

Information Provided by Parents:

Current Classroom Performance:

Achievement Level from Local or State Assessments:

Curriculum Based Measurement Performance Level:

Additional Observations by Staff:

Other Relevant Information (such as medical information, type and amount of special education services, etc.):

**If the answer to all of the following questions is “yes” the team may determine that no further reevaluation is needed.**

1. Does the existing information establish that the student continues to be a student with a disability and does it describe the student’s educational needs? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_
2. Does the existing information adequately describe the student’s present level of academic performance and related developmental needs? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_
3. Does the existing information establish that the student continues to need special education and related services? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

**Team Decision**

\_\_\_\_ No additional information is needed to continue special education verification. (Complete “Notice that No Additional Information is Needed...”)

\_\_\_\_\_ The student’s teacher or parent requests a reevaluation of eligibility and needs. (Complete Notice and Consent for Evaluation.)

\_\_\_\_\_ The team recommends further evaluation of the student’s eligibility and educational needs. (Complete Notice and Consent for Evaluation.)

The following areas for assessment are requested:

* Cognition
* Behavior, Social/Emotional
* Speech
* ASD
* Gross Motor (PT)
* Vision
* Reading/Writing
* Math
* Language
* Fine Motor (OT)
* Hearing

Signature of team members who reviewed the information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_