

NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST

Local Educational Agency (LEA)

Student's Full Name _____ Date _____
School _____ Date of Birth _____
Parent(s)/Guardian(s) _____ Grade _____
Address _____ WVEIS# _____
City/State/Zip _____

INITIAL

REEVALUATION

*ADDITIONAL EVALUATION

*Use only if additional data are needed for initial eligibility. Sixty-day timeline.

Dear Parent(s)/Adult Student:

Your permission is requested to conduct an evaluation to determine the student's educational needs. If the student has been receiving special education services, a reevaluation is required at least every three years or more frequently, if warranted. Upon completion of the evaluation, a meeting will be scheduled to discuss the evaluation results.

This evaluation will be conducted by qualified professionals and will include the areas checked below. A written description of each evaluation component is provided. The evaluation results will be used as the primary source to determine the student's eligibility for special education and related services and/or to adjust the student's educational services.

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic Information | <input type="checkbox"/> Developmental Skills | <input type="checkbox"/> Observation(s) |
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Health _____ | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Classroom Performance | <input type="checkbox"/> Hearing | <input type="checkbox"/> Perceptual-Motor |
| <input type="checkbox"/> Teacher Report(s) | <input type="checkbox"/> Functional Listening Evaluation | <input type="checkbox"/> Secondary Transition Assessment(s) |
| <input type="checkbox"/> Adaptive Skills | <input type="checkbox"/> Information from the Parents | <input type="checkbox"/> Vision: |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Intellectual Ability | <input type="checkbox"/> Functional Vision Assessment |
| <input type="checkbox"/> Behavioral Performance | <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Learning Media Assessment |
| <input type="checkbox"/> Functional Behavioral Assessment (FBA) | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Orientation and Mobility |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Augmentative and Alternative Communication Evaluation (AAC) | | |

Procedural Safeguards Brochure explaining parent/student rights and the responsibilities of the local education agency (LEA) is enclosed for an initial referral.

Signature

Date

I have read, or had read to me, the above Notice of Individual Evaluation/Reevaluation Request regarding the student. I understand the contents and implications of this notice and have been advised of my rights.

Check one:

- I give permission to evaluate/reevaluate.
 I wish to schedule a conference before I decide.
 Do not evaluate/reevaluate the student.

*** REQUIRED ***

Received by the School/LEA:

_____/_____/_____
Date

Personnel

Parent/Adult Student Signature

Date

Please return this signed form within 5 days and retain a copy for your records.

EVALUATION COMPONENTS

Academic Information – measures of student performance as demonstrated on formative and summative assessments.

Achievement – individually administered standardized tests that measure a student’s skills in a variety of academic areas.

Examples: mathematics, reading, science and social studies

Classroom Performance – information collected on the student’s learning and progress in the classroom.

Examples: end of the chapter tests, portfolio assessment, classroom-based assessment, progress-monitoring data, interim assessments, benchmark assessments

Teacher Report – information provided by any or all of the student’s current teachers

Examples: information pertaining to a student’s organizational skills, attention to task, work/study habits, grades

Adaptive Skills – measures to determine skills necessary to function adequately within a person’s home, school or community environment.

Examples: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work

Assistive Technology – procedures to determine if a student requires devices or services to increase, maintain or improve functional capabilities in the areas of seating, positioning and mobility, communication, computer access, motor aspects of writing, composition of written material, reading, math, organization, recreation and leisure, vision, hearing, general and daily living skills.

Examples: functional environmental evaluation to determine the need for devices including, but not limited to, a communication board, adapted equipment or computer software

Behavioral Performance – measures to determine a student’s behavioral, social and/or affective status.

Examples: conduct in the classroom, ability to attend or focus, self-concept, emotional functioning, relationships with others

Functional Behavioral Assessment (FBA) – structured process to determine the possible functions of a student’s behavior so interventions and modifications can be developed.

Examples: systematic observations, data collection, interviews

Communication - measures to determine skills necessary to understand and express information which may include recording a narrative language sample for transcription and analysis.

Examples: speech sounds, oral language, phonemic awareness, facial expressions, body movements, gestures, touch

Developmental Skills – procedures to determine the student’s early learning and school readiness.

Examples: developmental milestones in communication, motor, cognitive, social emotional, self-help

Health – acquisition of information to determine the effect of health concerns on educational performance.

Examples: report of a medical diagnosis from a physician or health history

Hearing/ Audiological – measures to determine the student’s ability to hear or process language.

Functional Listening Evaluation – assess how a student’s listening abilities are affected by noise, distance and visual input in the student’s natural listening environment.

Information from the Parents – acquisition of information from the parents to assist in evaluation and program planning.

Examples: social/emotional, developmental history, student preferences, medical history, cultural influence, behavioral information

Intellectual Ability – individualized, standardized measures to assess a student’s ability or potential to learn.

Examples: perception, cognition, memory, processing speed, verbal and non-verbal skills

Motor Skills – measures to determine a student’s gross and fine motor development.

Examples: mobility, muscle tone, balance, coordination, accessibility

Observation(s) – a purposeful study of the student in a variety of activities, situations and/or times at school, home or other settings.

Examples: data collection of student behavior and/or performance in a variety of classes and/or unstructured settings

Perceptual-Motor – measures to determine the student’s ability to convert what is seen to written form.

Example: reproducing a pattern from a sample

Social Skills – measures to determine the student’s ability to initiate and maintain positive relationships with others.

Examples: making friends, problem-solving, cooperating with others, following rules, showing appreciation

Secondary Transition Assessments – are a required component for secondary transition planning. Data are collected and used to help students identify interests that can be developed into education/training, employment, and/or independent living post-secondary goals. They also support development of accommodations and present levels of performance in an IEP for transition-age students (14-21).

Examples: formal and informal data collection related to interest/career, self-determination, student preference and independent living.

Vision – measures to determine the student’s functional vision and/or physical eye conditions (ophthalmological or optometrist report).

Functional Vision Assessment - Evaluates how the student uses their functional vision across a variety of familiar and unfamiliar environments to determine how the student's vision impacts their educational performance.

Learning Media Assessment - evaluates how a student uses their sensory channels to determine the initial and ongoing appropriate learning media.

Orientation and Mobility - assesses the ability of the student who is low vision, blind, or deafblind in the use of his/her remaining senses to determine his/her position in the environment and in techniques for safe movement from one place to another.

Other: Specify: