

RE-EVALUATION SUMMARY REPORT

DEMOGRAPHIC INFORMATION

Student Name	Birthdate (month, day, year) ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
School District: Rankin County School District	School of Enrollment	Grade
Name of Parent/Guardian		Primary Language at Home

PROCEDURAL SAFEGUARDS

Procedural Safeguards Given to Parent ____/____/____
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SECTION I - BACKGROUND INFORMATION

Medical and Sensory Information

1. Yes No In the last three years has there been a change in the student’s medical/health status?
If yes, explain: _____

Student’s current medications: _____

Summary of previous medical evaluations/diagnoses: _____

Describe any prior or on-going hospitalizations or clinical (outpatient) counseling within the last 3 years, and include dates of treatment: _____

2. Review of vision and hearing screenings:

Vision Screening (must be current within one year)

Yes No Vision was screened on ____/____/____ and was within normal limits.

Yes No Vision was screened on ____/____/____ and was failed.

Follow-up vision screening was made on ____/____/____ with results of _____

Yes No None prescribed Wears glasses/visual aids **AS RECOMMENDED**

Hearing Screening (must be current within one year)

Yes No Hearing was screened on ____/____/____ and was within normal limits.

Yes No Hearing was screened on ____/____/____ and was failed.

Follow-up hearing screening was made on ____/____/____ with results of _____

Yes No None prescribed Wears hearing/auditory aid(s) **AS RECOMMENDED**

Family and Environmental Information

1. Yes No In the last three years has there been a significant documented change in the student’s home or school environment, or overall adjustment?
If yes, explain: _____

2. Yes No Does the significant change warrant further evaluation?

SECTION II – IEP AND RECORDS REVIEW

1. Disability Category: _____ Recent Eligibility Date ____/____/____

List Previous Disability Determinations	IEP Team Date(s) for Disability Determination	Evaluation/Reevaluation Report in File
	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Last IEP Date: ____/____/____

3. Number of minutes of special education service per week: _____

- | | |
|--|---|
| <p>4. <u>Services provided through IEP:</u></p> <p><input type="checkbox"/> SA (Tutorial)</p> <p><input type="checkbox"/> SB (Resource)</p> <p><input type="checkbox"/> SC (Self Contained)</p> <p><input type="checkbox"/> Other: _____</p> | <p><u>Related Services provided through IEP</u></p> <p><input type="checkbox"/> Occupational Therapy (Direct / Consult)</p> <p><input type="checkbox"/> Physical Therapy (Direct / Consult)</p> <p><input type="checkbox"/> Speech/Language Therapy (Direct / Consult)</p> <p><input type="checkbox"/> Other: _____</p> |
|--|---|

5. If student has been dismissed from a related service within the last 3 years, please list and date:

6. Attendance History: Adequate Problematic
 Grades retained: _____
 Number of schools attended in 3-year reevaluation cycle: _____

7. Behavior History: Adequate Problematic

Yes No NA Does the previous assessment adequately address any behavioral issues?
 Yes No Was an FBA/BIP completed? If yes, please attach behavior plan(s).

Where are the identified targeted behaviors addressed?
 Yes No IEP Goals/Objectives
 Yes No Separate Behavior Plan
 Yes No Does the student's current behavior warrant a comprehensive evaluation to determine a change in eligibility category?

8. **Attach a copy of the following documents for Eligibility Team review**

Current IEP, including goal sheet(s) marked for mastery

Current report card

Student transcript showing progression toward chosen diploma option (for high school students only)

SECTION III – CLASSROOM-BASED/STATE ASSESSMENT REVIEW

Mississippi State-Wide Achievement Assessment Results

Report Scores– **M** (Minimal), **B** (Basic), **P** (Proficient) and **A** (Advanced) for the last 3 years

- Mississippi Curriculum Test 2, PARCC
- High School Subject Area Tests (English II, Algebra I, Biology I, U.S. History)
- MAAECF (Mississippi Alternate Assessment of Extended Curriculum Frameworks)

Test	Date of Test ___/___	Date of Test ___/___	Date of Test ___/___
	Score	Score	Score
Reading/Language Arts	<input type="checkbox"/> MCT-2, PARCC <input type="checkbox"/> English II <input type="checkbox"/> MAAECF	<input type="checkbox"/> MCT-2, PARCC <input type="checkbox"/> English II <input type="checkbox"/> MAAECF	<input type="checkbox"/> MCT-2, PARCC <input type="checkbox"/> English II <input type="checkbox"/> MAAECF
Math	<input type="checkbox"/> MCT-2, PARCC <input type="checkbox"/> Algebra I <input type="checkbox"/> MAAECF	<input type="checkbox"/> MCT-2, PARCC <input type="checkbox"/> Algebra I <input type="checkbox"/> MAAECF	<input type="checkbox"/> MCT-2, PARCC <input type="checkbox"/> Algebra I <input type="checkbox"/> MAAECF
Science	<input type="checkbox"/> 5 th & 8 th grade Science Test <input type="checkbox"/> Biology I <input type="checkbox"/> MAAECF	<input type="checkbox"/> 5 th & 8 th grade Science Test <input type="checkbox"/> Biology I <input type="checkbox"/> MAAECF	<input type="checkbox"/> 5 th & 8 th grade Science Test <input type="checkbox"/> Biology I <input type="checkbox"/> MAAECF
Other	<input type="checkbox"/> 4 th & 7 th grade Writing Test <input type="checkbox"/> U.S. History	<input type="checkbox"/> 4 th & 7 th grade Writing Test <input type="checkbox"/> U.S. History	<input type="checkbox"/> 4 th & 7 th grade Writing Test <input type="checkbox"/> U.S. History

Other Administered Summative Assessments

(ex. TABE, MAP, DRA, DAR, etc.)

Test:	Date of Test ___/___	Date of Test ___/___	Date of Test ___/___
	Score	Score	Score
Subject:			
Subject:			
Subject:			
Subject:			

Yes No Were accommodations documented on the IEP used consistently by the student in his/her assessments?

Form completed by: _____

Date: _____