

Wakulla County Schools
Exceptional Student Education
Parent Input for Re-Evaluation

Student Name _____ Date _____

Parent/Guardian's Name (person completing form) : _____

Check one: Completed by parent/guardian Personal Interview Telephone Interview

(If interview, conducted by _____ Date _____)

1. How long has your child been receiving special education services? _____
2. Describe any current concerns you have about your child's educational program.

3. What goals do you have for your child?

4. Have there been any recent changes in your child's behavior or school performance? yes no
If yes, please describe: _____
5. Has your child had any serious medical or psychological problems that have occurred during the last 3 years? yes no If yes, explain: _____
6. Has your child received a psychological or educational evaluation from another agency or private practitioner in the last 3 years? yes no If yes, who did it, where was it done, and what was the outcome? (Please provide a copy of the report, if you have one)

7. Is your child currently taking any prescribed medications? yes no If yes, please describe the medication and the condition for which it was prescribed: _____
8. Have there been any significant changes in your home or family relationships during this last 3 years? yes no If yes, please describe: _____
9. Is there any additional information about your child that you think is relevant to your child's 3-year re-evaluation? yes no If yes, please describe: _____
10. Additional Comments:

Parent/Guardian Signature

Date

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT HELP MEET YOUR CHILD'S EDUCATIONAL NEEDS

Return to the school by _____ (date)