

Re-Evaluation Cover Sheet

Deaf-Blindness

Student: _____ School: _____

TEACHER: _____ CASE MANAGER: _____

Previous Intelligence (IQ) Dates: _____ / _____

Last Eligibility Date: _____

SETS Information (Originated in SETS)

___ **Notice and Invitation to a Meeting (NIM)**

___ **Notice of IEP Team's Decision Regarding Reevaluation**

___ **Notice and Consent for Reevaluation**

Testing Information:

___ **Documentation of Appropriate Instruction (Prong I)**

___ **Current Work Samples (graded, dated, subject cited)**

___ **Current Grades**

___ **Audiological Evaluation**

___ **Optometric / Ophthalmic Evaluation**

___ **Performance measures such as developmental scores, diagnostic test(s), observations, communication evaluations, orientation and mobility assessments that document how the impairment adversely affects the educational performance of the child.**