

Re-Evaluation Cover Sheet

Visual Impairment

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**

___ **Hearing Screening**

Optometric / or Ophthalmic Evaluation

___ **Documentation of educational problems that, even after appropriate accommodations, the disability continues to affect educational performance. Educational problems may be assessed by a certified vision specialist through: learning media assessment, functional vision assessment, or orientation and mobility evaluation**