

NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST

_____ County Schools

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

INITIAL

REEVALUATION

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"/> Perceptual-Motor |
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Health | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Classroom Performance | <input type="checkbox"/> Hearing/Audiological | <input type="checkbox"/> Transition Assessments |
| <input type="checkbox"/> Teacher Report | <input type="checkbox"/> Functional Listening Evaluation | <input type="checkbox"/> Functional Vocational Evaluation |
| <input type="checkbox"/> Adaptive Skills | <input type="checkbox"/> Information from the Parents | <input type="checkbox"/> Vocational Aptitudes |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Intellectual Ability | <input type="checkbox"/> Interests/Preferences |
| <input type="checkbox"/> Behavioral Performance | <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Orientation and Mobility |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Observation(s) |
| <input type="checkbox"/> Other (specify) _____ | | |

Procedural Safeguards Brochure explaining parent/student rights and the responsibilities of the county school district 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 school/county:

_____/_____/_____
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.

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.

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

Transition Assessments – a planned, continuous process of obtaining, organizing and using selected formal and informal information to assist students in decision-making and preparation for successfully meeting their goals and expectations from school to post-school activities.

Functional Vocational Evaluation – real and simulated measures to determine a student’s ability to perform certain aspects of a work-related task and may include a purposeful study of the student in a variety of work-related activities.

Examples: hands-on work samples, progress reports, job performance checklists

Vocational Aptitudes – measures to determine prerequisite abilities pertaining to the world of work.

Examples: manual dexterity, proof reading words and numbers, color discrimination

Interests/Preferences – measures to assist with post-secondary planning, including schooling, employment and adult living.

Example: career assessment inventory

Vision – measures to determine the student’s functional vision and/or physical eye conditions.

Examples: ophthalmological, optometrist report

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.

Examples: concept development, pedestrian safety, cane skills, route planning

Other: Specify _____