

School-Age Planning Form: REEVALUATION

Student's Name: _____ Date of Birth: _____ Age: _____

Step 1: List area(s) of disability: _____

Step 2: For those assessment areas listed in column (A) considered by the team, indicate "yes" or "no" in column (C) to indicate if sufficient existing data is available. In the appropriate columns listed under column (D), indicate any new assessments to be conducted by listing the position of the individual assigned.

Step 3: List team members who participated in the review of existing information.

Step 4: Establish date for completion of reevaluation. Reevaluation will be completed by: _____

(A) Assessment Areas	(B) Must be Addressed for:	(C) Current Data Available:	(D) New Assessment Necessary		
			Interview/ Records	Observation	Direct Assessment
Physical (medical) Examination	MD				
Health and Nutrition	CD				
General Intelligence	MD, ED, CD, SLD				
Academic/Preacademic Skills	All				
Educational Functioning	S/L				
Vision Abilities	MD, HI, OH, OHI, CD, SLD				
Eye Condition by Specialist	VI				
Braille Needs	VI				
Hearing Abilities	MD, VI, OH, OHI CD, SLD				
Audiological Status	HI				
Communicative Status	All				
Communication Mode	HI				
Adaptive Behavior	MD, CD				
Social and Emotional Status	MD, HI, VI, OH, OHI				
Classroom Observations	SLD				
Informal Behavioral	ED				
Informal Behavioral	ED				
Behavior/Personality Measure	ED				
Background Information	ED				
• Reading and Math Instruction	All				
• Social and Cultural	CD				
• English Proficiency	All				
Teacher Recommendations	CD				
Motor Abilities	MD, HI, VI, OH, OHI, CD, SLD				
Vocational/Occupational and Transition Needs • Aptitudes • Interests • Preferences • Employability	When needed, And as required By age 14 and age 16	↕			
Assistive Technology Needs	As Needed				
Other:					

The team has taken into consideration possible sources of racial/cultural bias in planning these assessments.

Team Members:

(Signature of Evaluation Team Chairperson) Date of Plan: _____