

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:

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