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| **NLC Centered Logo** | **RE-EVALUATION**Special Education ReferralPhone: (218)-741-9201 ext. 0Address: 1201 13th Ave. S. Virginia MN, 55792<https://www.northlandsped.org/> |

**Directions:** When a student needs a **RE-EVALUATION,** **complete sections A through C** of this form at least 90 days prior to their evaluation due date and attach to an email to the school psychologist for your school, along with the student’s most recent **REPORT CARD**. This is a **FILLABLE** form (as a Word document). Boxes are clickable. Text cues or the arrow symbol **(**→**)** indicate a field where text can be entered.

**Please complete the entire form**; it is needed for evaluation planning and this information is required for the evaluation report as part of a comprehensive evaluation.

**Please mark the following goal/expectation for this evaluation referral:**

[ ] Continuing service under current category →Click or tap here to enter text as needed

[ ] Change categorical placement (what category and why?): →

[ ] Met IEP goals; looking to exit from services →

**A. Cover Page**

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| **Date:** choose date | **MARSS #: →** Click or tap here to enter text. |
| **Student Name**: **→** | **Date of Birth**:→ | **Age**: → |
| **Grade**: choose or type | **Gender**: → | **Race/Ethnicity**:Choose |
| **Has student repeated a grade(s)?** [ ]  **Yes** [ ]  **No If yes, which grade(s)**:→ |
| **Student’s Current SPED Category**: → |
| **List Previous SPED Categories, if any (e.g. DD)**:→ |
| **Parents or Primary Caregivers Information** (at least one main contact; if two parents will need to be contacted add2nd ): |
| **Name**:→ | **Relationship to student**: → |
| **Email**: →  | **Phone**: → |
| **Name**: → | **Relationship to student**: → |
| **Email**: →  | **Phone**: → |
| **Name of IEP/Case Manager**: → |
| **Email**: → | **Phone/Ext**: → |
| **Name/email of two additional teachers/staff who know student well** (may be needed for electronic rating forms)**:** |
| Name: → | Email: → | Position: →  |
| Name: → | Email: → | Position: → |
| **Resident District:**→ | **Providing District/School:** → |
| **IEP Dates:** Year 1: → (mo/day/yr) | Year 2: →  | Year 3:→ |
| **Date of Active/Current Eval Report**: → (mo/day/yr) |
| **Services Currently Receiving (check all that apply):**[ ] ADAPT/In-School Counseling [ ]  Outside Counseling [ ]  Occupational Therapy [ ] Physical Therapy [ ] Physical Impairment [ ] Adaptive PhyEd (DAPE) [ ] Vision Impairment [ ] Speech/Language [ ] Targeted Services/Tutoring (if yes, describe): →[ ] County Case Management (e.g. Social Services) [ ] Other:→  |

**B. Student’s Performance and Relevant History**

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| [ ] **MCA or** [ ] **MTAS Test Scores****Please record scores and indicate does not meet (DNM), partially meets (PM), meets (M), or exceeds standards (E)** |
| Grade: → | Reading: Score Choose | Math: Score Choose | Science: Score Choose |
| Grade: → | Reading: Score Choose | Math: Score Choose | Science: Score Choose |
| Grade: → | Reading: Score Choose | Math: Score Choose | Science: Score Choose |
| **Local Benchmark Scores (such as STARS, FAST, AIMSweb, etc.)****Please name the assessment & describe scores (e.g. benchmark expectation or percentile)** |
| **Reading** enter name of test | **School Year**: enter, e.g. 19-20 |
|  Fall: score/describe | Winter: score/describe | Spring: score/describe |
| **Math** enter name of test | **School Year:** enter, e.g. 19-20  |
| Fall: score/describe | Winter: score/describe | Spring: score/describe |
| **Add additional test information here as needed**: → |
| **Describe communication skills**: [ ] Nonverbal [ ] A few words [ ] Phrase speech [ ] Halting speech [ ] Articulation errors [ ] Poor grammar [ ] Difficulty conveying thoughts/ideas [ ] Slow oral response [ ] Difficulty repeating back information [ ] Fluent speech (average/above average speech/language skills)  [ ] Other (describe): →**If student is nonverbal or physically impaired, how do they functionally communicate their responses?**[ ] Signing [ ] Picture board [ ] Technology (describe): →[ ] Other (describe): → |
| **Please share Parent/Caregiver Updates, Concerns, Family Changes, etc:** → |
|  **Current school year attendance: #Absences**: enter number | **#Tardies:** enter number |
| **Has this child been assessed in another district or state?** [ ] **Yes** [ ] **No**If yes, please include a brief description: → |

**B. cont. Student’s Performance and Relevant History**

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| **Does this student have a medical or mental health diagnosis?** [ ] **Yes** [ ] **No** |
| **Please check with student’s parent/caregiver regarding medical or psychological evaluations completed outside of school since the last evaluation.** [ ] No additional evaluation has been done[ ] Additional evaluation has been done (if checked, psychologist *may* need a copy in order to review testing) [ ] Medical or psychological evaluation attached, **or**[ ] Will follow up with psychologist to determine whether a copy of the evaluation is needed  |
| **Please have the nurse complete vision/hearing screening prior to sending in referral.** **Report results:****Vision:** [ ] Passed [ ] Failed Corrective lenses? [ ] Yes [ ] No**Hearing:** [ ] Passed [ ] Failed Hearing Device? [ ] Yes [ ] NoIf student has a hearing device, does the student have an amplification system? [ ] Yes [ ] NoIf failed vision or hearing screening, report actions/steps being taken by nurse (e.g., rescreening date, parent follow-up): → |
| **Medical Concerns-Health History (List diagnoses, medications, side effects, specialized health care procedures required, etc.)**:→ |
| **Please share student’s progress since last evaluation and any important information not addressed elsewhere on the referral**:→ |

**C. Additional Concerns and Information**

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| **Check boxes for all concerns** |
| **Academic Skills**[ ] Basic Reading Skills (i.e., phonics)[ ] Reading Fluency/ Low Words Correct Per Minute[ ] Reading Comprehension[ ] Difficulty Recalling Vocabulary/Concepts[ ] Basic Math Skill[ ] Math Facts[ ] Math Calculations[ ] Math Concepts/ Problem Solving[ ] Spelling[ ] Written Expression (ideas; grammar; mechanics)[ ] Handwriting skills (legibility; fine motor control)[ ] Listening Skills (e.g. recall; multi-step directions; comprehension of verbal information)[ ] Oral Language (if checked, please also check appropriate boxes in communication skills area – previous page)[ ] Other → | **Performance/Work Production**[ ] Attention[ ] Organizational Skills[ ] Study Skills[ ] Limited Endurance[ ] Task Initiation[ ] Task Completion[ ] Limited Physical Strength[ ] Attendance[ ] Fatigue[ ] Difficulty Concentrating[ ] Planning and/or Sequencing Information[ ] Other: → |
| **Behavior**[ ] Verbally Aggressive[ ] Physically Aggressive[ ] Disruptive[ ] Non-Compliant[ ] Frequent blurting out[ ] Hyperactive/ Impulsive[ ] Withdrawn[ ] Anxious[ ] Disordered Thoughts (e.g., irrational, incoherent)[ ] Atypical Behavior (e.g., delusional, extremely odd actions, self-injury) Describe: enter brief description [x] Other: → | **Other**[ ] Fine Motor Skills (e.g. buttons, tying, using scissors, handwriting, typing, etc.)[ ] Gross Motor Skills[ ] Low Cognitive Ability[ ] Communication Skills[ ] Daily & Independent Living Skills[ ] Social & Interpersonal Skills[ ] Difficulty with Changes in Routine[ ] Difficulty with Transitions[ ] Difficulty Making Friends[ ] Social Naiveté or Vulnerability[ ] Other: → |
| **Has a Functional Behavior Assessment (FBA) been completed for this student?** [ ] **Yes** [ ] **No** |
| **Does this student have a Behavior Intervention Plan (BIP) or (PBSP)?** [ ] **Yes** [ ] **No**  ***If no***, does the student need one based on their present behavior? [ ] **Yes** [ ] **No** |
| **Include information about office discipline referrals.** [ ] Not applicable [ ] See attached documentation Or, add a brief summary:→ |
| [ ] **Please attach the student’s most recent Report Card****(Additional blank page below; feel free to copy and paste grade report, enter other information, etc.)** |