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| **NLC Centered Logo** | **RE-EVALUATION**  Special Education Referral  Phone: (218)-741-9201 ext. 0  Address: 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 No  If student has a hearing device, does the student have an amplification system? Yes No  If 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  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.)** | |