

# 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

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**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) _____            |  |   |

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**Procedural Safeguards Brochure** explaining parent/student rights and the responsibilities of the county school district is enclosed for an initial referral.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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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

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**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 \_\_\_\_\_