Enter District Name Here

**Review of Records/Reevaluation Summary Form**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name:  |       | SSID: |       |
| Date of Birth: |       | Grade: |    |
| School: |       |

|  |  |
| --- | --- |
| Reevaluation Due Date:  |       |
| Current Primary Disability: |  | Eligibility Date: |       |
| If Multiple Disability selected, list categories |  |  |  |
| Current Related Services: | [ ]  N/A [ ]  OT [ ]  PT [ ]  Speech [ ]  O&M [ ]  Special Transportation [ ]  Other, Specify       |

|  |  |  |
| --- | --- | --- |
| **Previous Eligibility Determinations** | **ARC Date(s) for Eligibility Determination** | **Evaluation/Reevaluation Report in File** |
|  |       | [ ]  Yes [ ]  No |
|  |       | [ ]  Yes [ ]  No |
|  |       | [ ]  Yes [ ]  No |
|  |       | [ ]  Yes [ ]  No |

***Directions: Sections 1 and 2 must be completed by the appropriate individuals prior to the ARC meeting***

**SECTION 1: Review of Existing Data (to be completed by school psychologist)**

|  |
| --- |
| **Communication Status [ ]  N/A** |
| Test:      Date:       | Test:      Date:       | Test:      Date:       |
| **Percentile Rank:** | **Standard Score:** | **Percentile Rank:** | **Standard Score:** | **Percentile Rank:** | **Standard Score:** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **Interpretation of Results:**       |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name:  |       | SSID: |       |

|  |
| --- |
| **Academic Performance [ ]  N/A** |
| Test:      Date:       | Test:      Date:       | Test:      Date:       |
| **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **Interpretation of Results:**       |

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| --- |
| **Health, Vision, Hearing, Motor Abilities [ ]  N/A** |
| Test:      Date:       | Test:      Date:       | Test:      Date:       |
| **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** |
|       |       |       |       |       |       |
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| **Interpretation of Results:**       |

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| **Social and Emotional Status [ ]  N/A** |
| Test:      Date:       | Test:      Date:       | Test:      Date:       |
| **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** |
|       |       |       |       |       |       |
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| **Interpretation of Results:**       |

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| --- | --- | --- | --- |
| Student’s Full Name:  |       | SSID: |       |

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| --- |
| **General Intelligence [ ]  N/A** |
| Test:      Date:       | Test:      Date:       | Test:      Date:       |
| **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** |
|       |       |       |       |       |       |
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| **Interpretation of Results:**       |

|  |
| --- |
| **Transition Needs (student is in 8th grade or age 14 years or older) [ ]  N/A** |
| Test:      Date:       | Test:      Date:       | Test:      Date:       |
| **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **Interpretation of Results:**       |

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| --- |
| **Functional Vision/Learning Media Assessment [ ]  N/A** |
| Test:      Date:       | Test:      Date:       | Test:      Date:       |
| **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** | **Scale:** | **Standard Score:** |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |
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|       |       |       |       |       |       |
| **Interpretation of Results:**       |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name:  |       | SSID: |       |

**SECTION II: Current Information (Completed by Case Manager)**

***Directions:***

* ***Check the items that have attached documentation.***
* ***Summarize current information about the student’s academic and functional performance levels.***
* ***At least two observations are required for all evaluations.***
* ***Include information for applicable items listed and any other relevant information.***

|  |
| --- |
| **Communication Status [ ]  N/A** |
| [ ]  IEP Progress Data for each Goal | [ ]  Assistive Technology | [ ]  Augmentative Communication Devices |
| [ ] Primary Mode of Communication | [ ]  Observations | [ ]  Other, Specify       |
| **Summary:**       |
| **ARC Determined Additional Assessments** **[ ] are needed** **[ ] are not needed** |

|  |
| --- |
| **Academic Performance [ ]  N/A** |
| [ ]  IEP Progress Data for each Goal | [ ]  Grades (current and previous year) | [ ]  Attendance |
| [ ]  State Assessment Results | [ ]  District Assessment Results | [ ]  Work Sample Results |
| [ ]  Effective Accommodations | [ ]  Basic Skills | [ ]  On-Task Behavior |
| [ ]  Rate of Learning | [ ]  Work Completion | [ ]  Math Computation |
| [ ]  Math Reasoning | [ ]  Written Language | [ ]  Reading Decoding |
| [ ]  Reading Comprehension | [ ]  Universal Screening Data | [ ]  Observations |
| [ ]  Intervention Data | [ ]  School-Based Assessment | [ ]  Learning Styles |
| [ ]  Other, Specify       |
| **Summary:**       |
| **ARC Determined Additional Assessments [ ] are needed [ ] are not needed** |

|  |
| --- |
| **Health, Vision, Hearing, Motor Abilities [ ]  N/A** |
| [ ]  IEP Progress Data for each Goal | [ ]  Current Health Status | [ ]  Medications and Impact |
| [ ]  Diagnosis | [ ]  Vision Screening | [ ]  Hearing Screening |
| [ ]  Vision/Hearing Difficulties | [ ]  Gross/Fine Motor Skills | [ ]  Motor Planning |
| [ ]  Sensory Issues | [ ]  Injuries | [ ]  Mobility |
| [ ]  Observations | [ ]  Other, Specify       |
| **Summary:**       |
| **ARC Determined Additional Assessments [ ] are needed [ ] are not needed** |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name:  |       | SSID: |       |

|  |
| --- |
| **Social and Emotional Status [ ]  N/A** |
| [ ]  IEP Progress Data for each Goal | [ ]  Adaptive Skills | [ ]  Attention, Hyperactivity, Impulsivity Issues |
| [ ]  Disciplinary Referrals | [ ]  Suspensions Bus/School | [ ]  Peer Interaction |
| [ ]  Adult Interaction | [ ]  Aggression | [ ]  Self-Control |
| [ ]  Functional Behavior Assessments | [ ]  Observations | [ ]  Social/Developmental History Update |
| [ ]  Other, Specify       |
| **Summary:**       |
| **ARC Determined Additional Assessments [ ] are needed [ ] are not needed** |

|  |
| --- |
| **General Intelligence [ ]  N/A** |
| [ ]  Aptitude | [ ]  Retention of Information (memory) | [ ]  Application of Knowledge |
| [ ]  Reasoning Skills | [ ]  Generalizes Knowledge | [ ]  Problem Solving Skills |
| [ ]  Observations | [ ]  Other, Specify       |
| **Summary:**       |
| **ARC Determined Additional Assessments [ ] are needed [ ] are not needed** |

|  |
| --- |
| **Transition Needs (student is in 8th grade or age 14 years or older) [ ]  N/A** |
| [ ]  IEP Progress Data for each Goal *required* | [ ]  Individual Learning Plan (ILP) | [ ]  Transition Assessments |
| [ ]  Learning Styles | [ ]  Community Based Instruction | [ ]  Careers of Interest |
| [ ]  Work Experience | [ ]  Collaboration with Others | [ ]  Independent Living |
| [ ]  Home Responsibilities | [ ]  Multi-Year Course of Study *required* | [ ]  Observations |
| [ ]  Other, Specify       |
| **Summary:**       |
| **ARC Determined Additional Assessments [ ] are needed [ ] are not needed** |

|  |
| --- |
| **Functional Vision/Learning Media Assessment [ ]  N/A** |
| Provide information if blind or visually impaired       |
| **Summary:**       |
| **ARC Determined Additional Assessments [ ] are needed [ ] are not needed** |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name:  |       | SSID: |       |

**SECTION III: Reevaluation Determination (Completed by the ARC)**

|  |
| --- |
| **Does the ARC need additional information in any of the following areas?** |
| [ ]  Communication Status |
| [ ]  Academic Performance |
| [ ]  Health, Vision, Hearing, Motor Abilities |
| [ ]  Social and Emotional Status |
| [ ]  General Intelligence |
| [ ]  Transition Needs (student in 8th grade or age 14 years or older) |
| [ ]  Functional Vision/Learning Media Assessment |
| *If any box above is selected, further assessments are needed prior to determining eligibility* |

|  |
| --- |
| **The ARC members reviewed the EXISTING DATA contained in this document and determined that:** |
| [ ]  **Further assessments are not needed to determine eligibility and educational needs** for Special Education and Related Services. | [ ]  **Further assessments are needed to determine eligibility and educational needs** for Special Education and Related Services. The specific assessments needed to make that determination are recorded on the Evaluation Planning Form. |
| [ ]  Based on the existing and current data referenced in this document, this child continues to have a disability of . | [ ] ***Parent has requested a formal evaluation.*** |
| [ ]  Based on the existing and current data referenced in this document, this child does not continue to have a disability of . |
| The following Eligibility Form(s) is/are attached:           |  |
| **Attach: Consent To Evaluate/Re-evaluate Form** |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name:  |       | SSID: |       |

# SIGNATURES OF ADMISSION and RELEASE COMMITTEE MEMBERS

*By signing, members agree all checked items have accompanying documentation that has been provided to and reviewed by all members of the ARC.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Signatures** | **Agree** | **Disagree** |
| District Representative |       | [ ]  | [ ]  |
| Parent/Guardian |       | [ ]  | [ ]  |
| Regular Education Teacher |       | [ ]  | [ ]  |
| Special Education Teacher |       | [ ]  | [ ]  |
| School Psychologist/Evaluator |       | [ ]  | [ ]  |
| Speech/Language Therapist |       | [ ]  | [ ]  |
| Student |       | [ ]  | [ ]  |
| Other |       | [ ]  | [ ]  |
| Other |       | [ ]  | [ ]  |
| Other |       | [ ]  | [ ]  |
| Other |       | [ ]  | [ ]  |
| Other |       | [ ]  | [ ]  |

NOTE: The parent has a right to request a formal evaluation.