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:** | | | | | |

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

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| --- | --- | --- | --- | --- | --- |
| **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:** | | | | | |

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| **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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| **Interpretation of Results:** | | | | | |

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| 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** | | |

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| --- | --- | --- |
| **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: |  |

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| **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** | | |

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| --- | --- | --- |
| **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.