

RE-EVALUATION FOR SPECIAL SERVICES

Information from Parents

NAME: _____ DOB: _____

YES NO Student's parents have been contacted. Method of contact: LETTER TELEPHONE CONFERENCE

Contacted by: _____ Position: _____ Date: _____

The following information was obtained from: _____

GENERAL INFORMATION (If additional space is needed, please use the back of this page.)

_____ FATHER'S NAME _____ OCCUPATION _____ MOTHER'S NAME _____ OCCUPATION

Who has legal authority to make educational decisions for this child? _____

With whom does the child live? Please specify: _____

Table with 3 columns: Name, Age, Relationship. Title: OTHER CHILDREN IN THE HOME

Table with 3 columns: Name, Age, Relationship. Title: OTHER ADULTS IN THE HOME

What are some of your child's strengths?

Please describe your child's behavior at home. (For example, is he/she generally well-behaved? Have there been any recent changes in behavior? How does he/she get along with other family members, neighbors, playmates?)

What does your child do when not in school? (For example, watch TV, read, part-time job, play with other children.)

What activities does the family do together? (For example, watch TV, go camping, and participate in hobbies or sports.)

Have any family members had learning problems? Please explain:

Primary language spoken at home: _____

What time does your child go to bed at night? _____

Does your child eat breakfast? _____

Have there been any important changes within the family during the last three years? (For example, job changes, moves, births, deaths, illnesses, separations, divorce.)

What methods of discipline are used with your child at home? (For example, spanking, extra chores, early bedtime, rewards for good behavior.)

What is your child's reaction to discipline?

Do you feel that your child is experiencing problems in school? What kinds of problems?

When were you first aware of a problem?

What do you think is causing the problem?

Has your child mentioned problems with school? How does he/she feel about the problem?

Briefly discuss any other important information about your child:

HEALTH HISTORY

Were there any problems before, during, or immediately
YES NO after birth? If YES, please explain:

Compared to other children in the family, this child's development
has been:

SLOWER ABOUT THE SAME FASTER

Briefly describe any serious illnesses, accidents, or
hospitalizations. Please give your child's age at the time of the
illness, accident, or hospitalization.

Is your child under the care of a physician for a
YES NO medical problem? If YES, please explain:

Is your child now taking any medicines?
YES NO If YES, please explain:

Does your child appear to have any other physical
YES NO health problems, including allergies? If YES, please
explain:

Has your child ever taken medicine for a long period of
YES NO time? If YES, please explain:

Do you know of any side effects the medicine might
YES NO have? If YES, please explain:

Does your child use any special equipment or technology
YES NO to improve functioning? If YES, please explain:

Are there any family health concerns you would like
YES NO us to be aware of? If YES, please explain:

Would you like to talk to the person coordinating your
YES NO child's assessment?

Is your child receiving services from another
YES NO agency? If YES, please explain:

SIGNATURE OF PARENT

DATE

SIGNATURE OF PERSON COMPLETING THIS SECTION
(If information was obtained by parent interview)

POSITION

DATE

*DATE SENT:

ROBERTSON COUNTY PUBLIC SCHOOLS

- Initial Assessment
- Reevaluation
- Special Request by ARD Committee

NOTICE OF FULL AND INDIVIDUAL EVALUATION

NAME: _____	DOB: _____
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We have carefully reviewed your child's/your school records, information from his/her/your teachers, and information you have shared with us. More information is needed to determine his/her/your needs and to plan an appropriate school program. If this is the first time your child has/you have been assessed, you will also receive a form requesting your permission for the testing.

*We want to do a comprehensive assessment of your child/you for the following reasons:

*Before recommending this assessment, we considered the following alternatives:

*OPTIONS CONSIDERED	*WHY REJECTED

We want to test your child/you in all the areas listed below. These tests will help us learn more about his/her/your educational needs. *Your child may be audio or video recorded during the assessment process.* Tests may include but are not limited to the following:

****LANGUAGE (COMMUNICATIVE STATUS)**

Speech and language skills, voice, and fluency are assessed through informal observation and/or formal evaluation for articulation, language dominance, expressive language, and receptive language. We will employ multiple procedures and tests. Examples of the types of tests which may be used are Goldman-Fristoe Test of Articulation, Auditory Discrimination, Test of Language Development and the Peabody Picture Vocabulary test.

****PHYSICAL (MOTOR ABILITIES, HEALTH, VISION, HEARING)**

Health histories, medical reports, observations, test, and/or rating scales are used to evaluate the student's health and physical status, motor coordination, and visual/motor integration. We will employ multiple procedures and tests. Such assessment techniques may include: vision and hearing tests, medical examination by a physician and gross and fine motor inventories. examples of which follow, depending on the referral question:

****EMOTIONAL/BEHAVIORAL**

Informal and/or formal assessment of the student's social and emotional adjustment and interpersonal relationships which may include: behavioral observations and rating scales, parent and teacher observations, reports of home and classroom behavior, student interview, and/or projective tests as needed.

*DENOTES REQUIRED ITEMS

**STUDENT MUST BE ASSESSED IN ALL AREAS RELATED TO THE SUSPECTED DISABILITY, INCLUDING THE REQUIREMENTS OF 34 CFR §300.532(F), IF APPROPRIATE.

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****SOCIOLOGICAL**

A parent interview is conducted and a parent questionnaire is completed to obtain information about the student's social and developmental history, the child's role in the family and community, adaptive behavior, and parental expectation.

****COGNITIVE/INTELLECTUAL/ADAPTIVE BEHAVIOR**

Test and rating scales are used to assess the student's development in verbal abilities, and/or nonverbal abilities and adaptive social behavior in the community. Examples of such assessment techniques include the Wechsler Intelligence Scales, Woodcock-Johnson, and the Vineland Adaptive Behavior Scales.

****EDUCATIONAL LEARNING COMPETENCIES (ACADEMIC PERFORMANCE)**

Group achievement test, criterion reference tests, samples of classroom work, classroom observations, and/or individual tests are studied to determine abilities and skills in academic and vocationally related areas. Examples of individual tests which may be used include the Woodcock-Johnson Test of Achievement for reading, math, and language and the Wechsler Individual Achievement Test.

****ASSISTIVE TECHNOLOGY**

Information from teachers, related service providers and/or others with knowledge of the student may be collected. Formal measures and/or information observations may be completed to determine need and services to access areas of function within the educational environment.

Describe any other factors relevant to this proposal to assess (if applicable):

*Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child. A copy of the procedural safeguards (rights) is attached to this form.

Date given: _____ To: _____
NAME

If you want more information or if you have any questions, please call: _____
at: _____

*SIGNATURE OF INTERPRETER, IF USED

DATE

*DATE SENT:

ROBERTSON COUNTY PUBLIC SCHOOLS

DATE RECEIVED BY LEA
(PLEASE INITIAL)

CONSENT FOR FULL AND INDIVIDUAL EVALUATION

NAME: _____ DOB: _____

You have received the NOTICE OF FULL AND INDIVIDUAL EVALUATION.

We need your permission to test your child/you to find out what your child's/your educational needs are.

Please check the appropriate box by each statement, sign your name, and date and return this form to the school as soon as possible.

YES NO *I have been fully informed and understand the assessment process and why it has been recommended for my child/me. If NO, please explain:

YES NO *I give my permission for testing. I understand that my consent for testing is voluntary and may be revoked at any time. However, I understand that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before consent was revoked). If NO, please explain:

YES NO *I waive the five school days notice before testing can occur. If NO, please explain:

YES NO *I have received the Notice of Procedural Safeguards.

YES NO *I have been informed in my native language or other mode of communication.

*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

*DATE

*SIGNATURE OF INTERPRETER, IF USED

*DATE

Please return this form as soon as possible to:
_____ at _____
School Staff Person School

If you have any questions, please contact: Leslee Falco at (979) 279-3507

* DENOTES REQUIRED ITEMS

Revised 08/2020
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**Robertson County Special
Services**

**Receipt for Notice of Procedural Safeguards
Rights of Parents of Students with Disabilities**

as required by Individuals with Disabilities Education Act (IDEA)

Name: _____	D.O.B.: _____
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Note: Each time the *Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities* is distributed receipt must be documented.

This is to verify that I have received a copy of the **Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities**, which informs me of my rights throughout the child/student-centered educational process. The rights and procedural safeguards have been explained to me by the below listed staff.

I understand that my rights include the right to receive:

- this and all other notices in the language I understand (primary language) or if needed, a translation of such orally, in sign language or in Braille as appropriate, and
- answers from school personnel to additional questions I may have.

My signature below also indicates that I received a copy of *The Guide to the Admission, Review and Dismissal Process* provided by the district on the date specified.

Complete this section for initial distribution only.

<i>Staff Name</i>	<i>Signature of Parent/Guardian/Adult Student</i>
<i>Position</i>	<i>Date Signed</i>
<i>On, _____</i> <i>Date Issued</i>	<i>Signature of Interpreter (if used)</i>
<i>Name of Student's Current Campus</i>	<i>Date Signed</i>

**ROBERTSON COUNTY
SPECIAL SERVICES**

Permission to Photograph / Video Record / Audio Record

Student: _____ Grade: _____

DOB: _____ School: _____

I grant permission to have my child photographed, video recorded and/or audio recorded during assessments, curricular, and/or extracurricular activities. I understand my consent is voluntary and may be withdrawn in writing at any time, and if not earlier revoked, it shall terminate upon completion of services without expressed revocation.

Signature of Parent / Guardian

Date

*DATE SENT/MAILED:

ROBERTSON COUNTY SCHOOLS

Notice for Release/Consent to Request Confidential Information

Name: _____	DOB: _____
School: _____	Grade: _____

We are asking that you authorize the person or agency named below to release specified records containing confidential information regarding the above-named student.

*NAME AND POSITION OF SCHOOL STAFF PERSON

Robertson County Special Services

ADDRESS: **704 Wheelock Street**

Hearne, TX 77859

PHONE: **979/279/3507** FAX: **979/279/8040**

*PERSON/AGENCY TO WHOM REQUEST IS MADE/
*PERSON/AGENCY MAKING REQUEST

ADDRESS: _____

PHONE: _____ FAX: _____

*RECORDS TO BE RELEASED/RECORDS REQUESTED	*PURPOSE OF DISCLOSURE
Medical Records, Educational achievement, Social History, IQ Scores, Psychological evaluations, STAAR Report, ARD's & IEP's, Speech, OT, PT evaluations, Vocational evaluations, Transition info, and all other related services.	Appropriate programming and placement

Please check the appropriate boxes below:

YES NO *I have been fully informed and understand the school's request for my consent, as described above. This information will be released/requested upon receipt of my written consent.

YES NO *I understand that my consent is voluntary and may be revoked anytime.

YES NO *I understand that I will be notified in writing of each release of educationally related information.¹

*Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication at least once a year. Please contact Leslee Falco at (979) 279-3507 if you have any questions or need names of other individuals to assist you in understanding this document.

*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

*DATE

ADDRESS _____

*SIGNATURE OF INTERPRETER, IF USED

*DATE

Please return this form to: _____ at: _____ SCHOOL _____ as soon as possible.

¹ Required only when a school district does not include in its policy a notice that education records are forwarded to other agencies or institutions that have requested the records and in which the student seeks or intends to enroll.

² The student's current and previous school districts are not required to obtain parental consent for release of information before requesting or sending the student's records if the disclosure is conducted in accordance with 34 CFR, §99.31(a)(2) and §99.34.*Denotes required items