

SEWARD PUBLIC SCHOOLS
RECONSIDERATION FOR RE-EVALUATION

Name: _____ DOB: _____
Grade: _____ Address: _____
Parents: _____
Date of Last MDT: _____ Current Verification: _____
Case Manager: _____

Existing Evaluation

Information Provided by Parents:

Current Classroom Performance:

Achievement Level from Local or State Assessments:

Curriculum Based Measurement Performance Level:

Additional Observations by Staff:

Other Relevant Information (such as medical information, type and amount of special education services, etc.):

If the answer to all of the following questions is “yes” the team may determine that no further reevaluation is needed.

1. Does the existing information establish that the student continues to be a student with a disability and does it describe the student’s educational needs?
Yes _____ No _____

2. Does the existing information adequately describe the student’s present level of academic performance and related developmental needs?
Yes _____ No _____

3. Does the existing information establish that the student continues to need special education and related services? Yes _____ No _____

Team Decision

_____ No additional information is needed to continue special education verification.
(Complete “Notice that No Additional Information is Needed...”)

_____ The student’s teacher or parent requests a reevaluation of eligibility and needs.
(Complete Notice and Consent for Evaluation.)

_____ The team recommends further evaluation of the student’s eligibility and educational needs. (Complete Notice and Consent for Evaluation.)

The following areas for assessment are requested:

Signature of team members who reviewed the information:
