

(District Name)

## 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:	<input type="checkbox"/> N/A <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Speech <input type="checkbox"/> O&M <input type="checkbox"/> Special Transportation <input type="checkbox"/> Other, Specify _____		

Previous Eligibility Determinations	ARC Date(s) for Eligibility Determination	Evaluation/Reevaluation Report in File
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> 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, diagnostician or evaluator)

Communication Status						<input type="checkbox"/> N/A
Test: _____ Date: _____		Test: _____ Date: _____		Test: _____ Date: _____		
Scale:	Standard Score:	Scale:	Standard Score:	Scale Rank:	Standard Score:	
Interpretation of Results:						

Review of Records/Reevaluation Summary Form  
Revised February 2012

Student's Full Name:		SSID:	
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<b>Academic Performance</b>	<input type="checkbox"/> N/A
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Test: _____ Date: _____		Test: _____ Date: _____		Test: _____ Date: _____	
<b>Scale:</b>	<b>Standard Score:</b>	<b>Scale:</b>	<b>Standard Score:</b>	<b>Scale:</b>	<b>Standard Score:</b>

**Interpretation of Results:**

  
  
  
  
  
  
  
  
  
  

<b>Health, Vision, Hearing, Motor Abilities</b> <i>Attach Audiogram if applicable</i>	<input type="checkbox"/> N/A
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Test: _____ Date: _____		Test: _____ Date: _____		Test: _____ Date: _____	
<b>Scale:</b>	<b>Standard Score:</b>	<b>Scale:</b>	<b>Standard Score:</b>	<b>Scale:</b>	<b>Standard Score:</b>

**Interpretation of Results:**

Student's Full Name:		SSID:	
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<b>Social and Emotional Status</b>						<input type="checkbox"/> N/A
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Test: _____ Date: _____	Test: _____ Date: _____	Test: _____ Date: _____
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Scale:	Standard Score:	Scale:	Standard Score:	Scale:	Standard Score:

**Interpretation of Results:**

<b>General Intelligence</b>						<input type="checkbox"/> N/A
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Test: _____ Date: _____	Test: _____ Date: _____	Test: _____ Date: _____
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Scale:	Standard Score:	Scale:	Standard Score:	Scale:	Standard Score:

**Interpretation of Results:**

Student's Full Name:		SSID:	
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<b>Transition Needs (student is in 8<sup>th</sup> grade or age 14 years or older)</b>	<input type="checkbox"/> N/A
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Test: _____ Date: _____		Test: _____ Date: _____		Test: _____ Date: _____	
<b>Scale:</b>	<b>Standard Score:</b>	<b>Scale:</b>	<b>Standard Score:</b>	<b>Scale:</b>	<b>Standard Score:</b>

**Interpretation of Results:**

<b>Functional Vision/Learning Media Assessment</b>	<input type="checkbox"/> N/A
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Test: _____ Date: _____		Test: _____ Date: _____		Test: _____ Date: _____	
<b>Scale:</b>	<b>Standard Score:</b>	<b>Scale:</b>	<b>Standard Score:</b>	<b>Scale:</b>	<b>Standard Score:</b>

**Interpretation of Results:**

Student's Full Name:		SSID:	
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**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.**

<b>Communication Status</b>			<input type="checkbox"/> N/A
<input type="checkbox"/> IEP Progress Data for each Goal	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Augmentative Communication Devices	
<input type="checkbox"/> Primary Mode of Communication	<input type="checkbox"/> Observations	<input type="checkbox"/> Other, Specify _____	
<b>Summary:</b>			
ARC Determined Additional Assessments <input type="checkbox"/> <u>are</u> needed <input type="checkbox"/> <u>are not</u> needed			

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

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<b>Health, Vision, Hearing, Motor Abilities</b>			<input type="checkbox"/> N/A
<input type="checkbox"/> IEP Progress Data for each Goal	<input type="checkbox"/> Current Health Status	<input type="checkbox"/> Medications and Impact	
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Vision Screening	<input type="checkbox"/> Hearing Screening	
<input type="checkbox"/> Vision/Hearing Difficulties	<input type="checkbox"/> Gross/Fine Motor Skills	<input type="checkbox"/> Motor Planning	
<input type="checkbox"/> Sensory Issues	<input type="checkbox"/> Injuries	<input type="checkbox"/> Mobility	
<input type="checkbox"/> Observations	<input type="checkbox"/> Other, Specify _____		
<b>Summary:</b>			
<b>ARC Determined Additional Assessments</b> <input type="checkbox"/> <u>are needed</u> <input type="checkbox"/> <u>are not needed</u>			

<b>Social and Emotional Status</b>			<input type="checkbox"/> N/A
<input type="checkbox"/> IEP Progress Data for each Goal	<input type="checkbox"/> Adaptive Skills	<input type="checkbox"/> Attention, Hyperactivity, Impulsivity Issues	
<input type="checkbox"/> Disciplinary Referrals	<input type="checkbox"/> Suspensions Bus/School	<input type="checkbox"/> Peer Interaction	
<input type="checkbox"/> Adult Interaction	<input type="checkbox"/> Aggression	<input type="checkbox"/> Self-Control	
<input type="checkbox"/> Functional Behavior Assessments	<input type="checkbox"/> Observations	<input type="checkbox"/> Social/Developmental History Update	
<input type="checkbox"/> Other, Specify _____			
<b>Summary:</b>			
<b>ARC Determined Additional Assessments</b> <input type="checkbox"/> <u>are needed</u> <input type="checkbox"/> <u>are not needed</u>			

<b>General Intelligence</b>			<input type="checkbox"/> N/A
<input type="checkbox"/> Aptitude	<input type="checkbox"/> Retention of Information (memory)	<input type="checkbox"/> Application of Knowledge	
<input type="checkbox"/> Reasoning Skills	<input type="checkbox"/> Generalizes Knowledge	<input type="checkbox"/> Problem Solving Skills	
<input type="checkbox"/> Observations	<input type="checkbox"/> Other, Specify _____		
<b>Summary:</b>			
<b>ARC Determined Additional Assessments</b> <input type="checkbox"/> <u>are needed</u> <input type="checkbox"/> <u>are not needed</u>			

Student's Full Name:		SSID:	
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<b>Transition Needs (student is in 8<sup>th</sup> grade or age 14 years or older)</b>	<input type="checkbox"/> N/A
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<input type="checkbox"/> IEP Progress Data for each Goal <i>required</i>	<input type="checkbox"/> Individual Learning Plan (ILP)	<input type="checkbox"/> Transition Assessments
<input type="checkbox"/> Learning Styles	<input type="checkbox"/> Community Based Instruction	<input type="checkbox"/> Careers of Interest
<input type="checkbox"/> Work Experience	<input type="checkbox"/> Collaboration with Others	<input type="checkbox"/> Independent Living
<input type="checkbox"/> Home Responsibilities	<input type="checkbox"/> Multi-Year Course of Study <i>required</i>	<input type="checkbox"/> Observations
<input type="checkbox"/> Other, Specify _____		

**Summary:**

ARC Determined Additional Assessments	<input type="checkbox"/> <u>are</u> needed	<input type="checkbox"/> <u>are not</u> needed
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<b>Functional Vision/Learning Media Assessment</b>	<input type="checkbox"/> N/A
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Provide information if blind or visually impaired \_\_\_\_\_

**Summary:**

ARC Determined Additional Assessments	<input type="checkbox"/> <u>are</u> needed	<input type="checkbox"/> <u>are not</u> needed
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Student's Full Name:		SSID:	
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**SECTION III: Reevaluation Determination (Completed by the ARC)**

<b>Does the ARC need additional information in any of the following areas?</b>
<input type="checkbox"/> Communication Status
<input type="checkbox"/> Academic Performance
<input type="checkbox"/> Health, Vision, Hearing, Motor Abilities
<input type="checkbox"/> Social and Emotional Status
<input type="checkbox"/> General Intelligence
<input type="checkbox"/> Transition Needs (student in 8 <sup>th</sup> grade or age 14 years or older)
<input type="checkbox"/> Functional Vision/Learning Media Assessment
<i>If any box above is selected, further assessments are needed prior to determining eligibility</i>

<b>The ARC members reviewed the EXISTING DATA contained in this document and determined that:</b>	
<input type="checkbox"/> Further assessments <u>are not</u> needed to determine eligibility and educational needs for Special Education and Related Services.	<input type="checkbox"/> Further assessments <u>are</u> 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.
<input type="checkbox"/> Based on the existing and current data referenced in this document, this child continues to have a disability of _____ .	<input type="checkbox"/> <i>Parent has requested a formal evaluation.</i>
<input type="checkbox"/> Based on the existing and current data referenced in this document, this child <u>does not</u> continue to have a disability of _____ .	
The following Eligibility Form(s) is/are attached: _____ _____	
<b>Attach: Consent To Evaluate/Re-evaluate Form</b>	



Student's Full Name:		SSID:	
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**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.*

<b>Title</b>	<b>Signatures</b>	<b>Agree</b>	<b>Disagree</b>
District Representative		<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian		<input type="checkbox"/>	<input type="checkbox"/>
Regular Education Teacher		<input type="checkbox"/>	<input type="checkbox"/>
Special Education Teacher		<input type="checkbox"/>	<input type="checkbox"/>
School Psychologist/Evaluator		<input type="checkbox"/>	<input type="checkbox"/>
Speech/Language Therapist		<input type="checkbox"/>	<input type="checkbox"/>
Student		<input type="checkbox"/>	<input type="checkbox"/>
Other, specify _____		<input type="checkbox"/>	<input type="checkbox"/>
Other, specify _____		<input type="checkbox"/>	<input type="checkbox"/>
Other, specify _____		<input type="checkbox"/>	<input type="checkbox"/>
Other, specify _____		<input type="checkbox"/>	<input type="checkbox"/>
Other, specify _____		<input type="checkbox"/>	<input type="checkbox"/>

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