

Component Selection: Re-Evaluation

Student Name: _____ DOB: _____ Teacher: _____
 Address: _____
 Phone: _____

Medicaid Eligible? YES NO
Permission on File? YES NO

Your child is currently in a special education program. In order to determine whether your child continues to need special education services or is in need of additional services, Albemarle County intends to complete a re-evaluation of your child. All components of the re-evaluation are available at no cost to the parent. You, as a parent, are provided the opportunity to participate in the selection of evaluation components to be administered. When the evaluation is to be initiated you will be sent written notification.

Based on the needs of your child, this re-evaluation will consist of the following evaluation components checked below:

EDUCATIONAL: Written report describing current educational performance and identifying instructional strengths and weaknesses.
 Review Existing Data
 Administer Testing
 Concerns: _____

DEVELOPMENTAL: *(For children aged 2 to 5)*
 Review Existing Data Written report of your child's functioning in the major areas of development such as cognition, motor, social / adaptive behavior, perception and communication.
 Administer Testing
 Concerns: _____

MEDICAL:
 Review Existing Data Written report from a licensed physician indicating general medical history and any medical / health problems which may impede learning.
 Administer Testing
 Concerns: _____

SOCIOCULTURAL:
 Review Existing Data Written report from a qualified Family Specialist which describes family history, structure, and dynamics. The information may be obtained through interviews with parents or primary caretakers and review of available records.
 Administer Testing
 Concerns: _____

PSYCHOLOGICAL:
 Review Existing Data Written report from a qualified psychologist based on a battery of appropriate instruments which may include individual intelligence test(s), and psycho-educational tests.
 Administer Testing
 Concerns: _____

SPEECH / HEARING / LANGUAGE:
 Review Existing Data Written report based on assessment of communicative skills which could include an evaluation of child's hearing, articulation, voice, fluency and receptive/expressive language skills.
 Administer Testing
 Concerns: _____

OTHER RECOMMENDED EVALUATIONS: _____

I have participated in and agree with the selection of evaluation components.

Parent / Guardian Signature	Date	Regular Education Teacher	Date
LEA Designee	Date	Special Education Teacher	Date
	Date		Date