Parent Information for Reevaluation

Student’s Name _____________________ School _____________________ Date ____/____/_______

Parent/Guardian Name __________________________ Form Completed by_____________________

1. ❑ Yes ❑ No Does your child have serious medical or psychological problems that occurred in the last three years? If yes, please explain. ______________________________________________

2. ❑ Yes ❑ No Is your child currently taking prescribed medication? If yes, please describe the medication and the condition for which it is prescribed. ______________________________________________

3. ❑ Yes ❑ No Are there significant changes in your child’s home or family relationships in the last three years? If yes, please describe. ______________________________________________

4. ❑ Yes ❑ No Are there recent changes in your child’s behavior or school performance? If yes, please describe. ______________________________________________

5. Describe current concerns that you have about your child and his/her educational program. ______________________________________________

6. Is there additional information about your child that you think the professional staff involved in the three-year reevaluation needs to know? If so, please describe. ______________________________________________

7. ❑ Yes ❑ No Is there evidence of improvement in your child’s academic performance over the past three years? Please describe. ______________________________________________

8. ❑ Yes ❑ No Is there evidence of improvement in your child’s speech and language during the past three years? Please describe. ______________________________________________

9. ❑ Yes ❑ No Are there suggestions for improving the special education services being provided to your child? If so, please describe. ______________________________________________

10. What goals do you have for your child? ______________________________________________

Parent’s Signature _______________________________________ Date _____/_____/________

Attach any additional informational you feel could be helpful in meeting this student’s educational needs.