**Special Education Re-Evaluation Fidelity Checklist**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ GTID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  **RE- EVALUATION DATA** | **YES** | **NO** | **DATE** |
| Student Information |  |  |  |
| Date of Previous Psychological Evaluation |  |  |  |
| Previous IQ Test Results |  |  |  |
|  Previous Achievement Test Results |  |  |  |
| Previous Psychological Evaluation (**if new to district**) |  |  |  |
| Beginning and ending dates for all Special Education Progress Monitoring deficit areas and goals |  |  |  **Begin****Date** | **End****Date** |
| Reading |  |  |  |  |
| Math |  |  |  |  |
| Behavior |  |  |  |  |
| Speech/Language |  |  |  |  |
| Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Re-Evaluation Conference Dates and Results |  |  |  |  |
| School TransferPrevious School System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’ |  |  |  |  |
| Present Level of Performance Data |  |  |  |  |
| School Personnel Signatures |  |  |  |  |
| Vision Screening  |  |  |  |  |
| Hearing Screening |  |  |  |  |
| Parental Consent for EvaluationDate received  |  |  | Date |  |
| \*BD Checklist |  |  |  |
| \*FBA Screening |  |  |  |
| \*Adaptive Behavior Scales |  |  |  |
| \*LD Screening Checklist |  |  |  |
| Is a re-evaluation redetermination form included? |  |  |  |

 *\* If Applicable*