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# [fjsped](https://www.fjsped.org/fjsped) Franklin-Jefferson Special Education Dist. #801

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| INITIAL EVALUATION | RE-EVALUATION |

## Student Information

Name:      DOB:       Age in yrs:   mo:0Grade:      Gender:

Classroom Teacher:      Medicaid :     Student ID #

Resident District:      Serving School:      Case Manager:

|  |  |
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| Custodial Parent Information  Name: | 2nd Parent Information  Name: |
| Address: | Address: |
| Phone 1:       Phone 2: | Phone 1:       Phone 2: |

Ethnicity:      Student’s mode of communication:       student retained? Y  N

If retained, when?      Languages spoken by student:      Interpreter needed?\_

Date and result (pass/fail?) of most recent hearing screening:      vision:

Current related services: OT PT  SLP other?

List student’s current grades:

Attendance: # of days present this school year:       # days present last school year:       years in current dist.

## Areas of Concern – Please Describe

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| Basic Reading Skills  Reading Fluency  Reading Comprehension  Written Expression  and/or Spelling  Early Math Skills  Math Calculation  Math Application / Problem Solving  Additional Areas (Please Describe): | Speech Articulation  Expressive Language  Receptive Language |
| Hyperactivity/Impulsivity  Inattention  Physical Aggression  Verbal Aggression  Defiance  Noncompliance  Lack of Motivation  Depression /  Withdrawal  Atypical Behavior  Social Skills  Emotional Regulation | Medical  Hearing  Vision  Motor Skills  Does the student have any known medical or psychiatric diagnosis? If so, please list: |

**Required RtI Data and Procedures Prior to Referral:**

Benchmark Percentile Scores: Fall     Winter     Spring      Assessment used?

In which subject areas is the student receiving tier 2 and/or tier 3 interventions? (list the subject areas and tiers):

When did the student begin receiving intervention(s) in each subject?

Complete the chart below to list interventions that were administered. Interventions should match the student’s specific area of concern. An example is provided for you. Please provide any relevant RtI records along with this forms. This may include test scores, intervention information, or RtI meeting documentation.

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| **Target skill**  **(area of concern)**  -ex. Reading comprehension | **Intervention**  -ex. ask, read, tell strategy | **Setting**  -ex. small group, 3 students, with Reading interventionist | **Length &**  **Frequency**  -ex. 30 min, 4x week | **Date began & ended**  -ex. 8-20-19 to present (10-10-19) | **Results, method, & frequency of progress monitoring**  **(attach data)**  -ex. Story question probes showed little to no improvement over 8 weeks of intervention. 3% correct 8-15-19; 5% correct 10-10-19. |

## Domain Meeting Invitee List

LEA:       General Ed Teacher:

Interventionist:       Special Ed Teacher (if applicable):

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Person Completing Form:       Title:      Date:

Administrator Signature:      Title:      Date:

(form 8-19-2019)