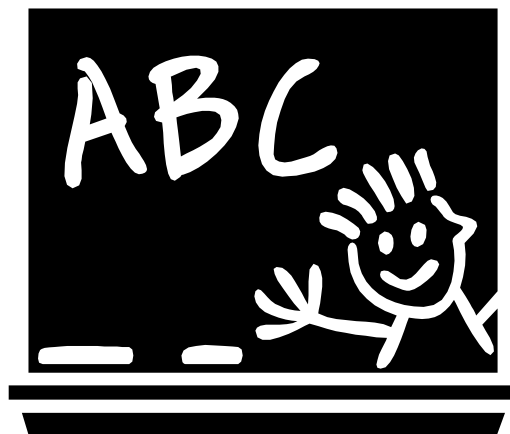


Pupil Appraisal Handbook
East Feliciana Parish Schools



East Feliciana Parish Pupil Appraisal Services

Table of Contents

	Page #
Record of Parent Contacts	4
Support Services	5
Pre-Screening Referral	6
Art Screening	7
Theatre Screening	8
Music Screening	9
Authorization for Release of Information	10
Request for Vision and Hearing Screening	11
Screening/Referral Checklist	12
Interoffice Referral Form	13
Parent Notification Letter: Prior Written Notice	14
Excusal Request	17
Parent Notification Letter	18
Staff Meeting	19
Re-Evaluation Report	20
Evaluation Closure	23
SER Entry Form	24
Teacher Info for Re-Eval and Data Review	25
Data Review: Related Services	30
Manifestation Determination Review	33
Interview Forms	35
Parent Interview/Questionnaire: Gifted	36
Teacher Interview: Gifted	38
Student Interview: Gifted	39
Gifted Matrix	40
Parent Interview/Questionnaire: Talented	41
Parent Checklist for Initial Gifted and Talented Referral	43
Teacher Interview: Preschool-Kindergarten	44
Teacher Interview/Curriculum-Based Assessment	45
Re-evaluation/Teacher Interview	47
Teacher Interview	48
Regular Classroom Teacher	51
Re-evaluation: Student Interview	52
Re-evaluation: Parent Questionnaire (Areas of Concerns)	53
Re-evaluation: Parent Questionnaire (Expectations and Concerns)	54
Parent Interview	57
Parent Interview – Speech, Lang, Hearing, Devp, and Medical	59
Transitional Assessment (Ages 14 or Older)	66
Student Behavior Survey	67
Checklists, Observations, Surveys	68
Checklist of Social & Emotional “At-Risk” Factors	69
ADD-ES Interpretation	70
Achievement Motivation Scale	71

East Feliciana Parish Pupil Appraisal Services

Orientation & Mobility Screening Checklist	73
Assistive Technology Checklist	74
Observation Form	75
Student Information Processing Profile	77-84
Theatre in Performing Arts: K-3 Score Sheet	85
Theatre in Performing Arts: 4-6 Score Sheet	86
Theatre in Performing Arts: 7-12 Score Sheet	87
Re-evaluation Procedures Checklist	88-91

East Feliciana Parish Pupil Appraisal Services EAST FELICIANA PARISH SCHOOL BOARD

Henderson Lewis, JR. Ph.D
Superintendent

Michael Ray Bradford
President

225-683-8277 ~ 225-683-5420
225-683-5378

12732 SILLIMAN STREET
P.O. BOX 397
CLINTON, LOUISIANA 70722

Mitchell Harrell
Vice President

FAX
225-683-3320

SUPPORT SERVICES

A support service is a service provided by Pupil Appraisal personnel (or other qualified school staff):

1. to children who are experiencing learning or behavior difficulties; or,
2. to children who have been evaluated but are found not to be exceptional.

Child's Name: _____	
Date: _____	
List Concerns in rank order for Pupil Appraisal Services to address:	
1. _____	
2. _____	
3. _____	
4. _____	
Committee Members Signature	Title/Role
	Referring Teacher
	SBLC Coordinator
	Pupil Appraisal Representative
	Principal or Designee
	Other
	Other
	Other
	Other

Parent Permission

I have reviewed all information collected by the school concerning my child and agree with the above proposed action for Support Services.

Signature of Parent

Date

East Feliciana Parish Pupil Appraisal Services

PRE-SCREENING REFERRAL Speech-Language-Hearing

Name _____ Student ID _____

DOB _____ School _____ Teacher/Grade _____

Parents(s): _____

Address: _____

Phone _____ Work Phone _____

Teacher Concerns: _____

ARTICULATION: [m,n,h,w,ng,f]; [p,d,j,k,g]; [v,sh,ch,s]; [l,dz,r,th] blends _____

LANGUAGE: [Count backwards, repeat sentences, familiar story] _____

FLUENCY: _____

VOICE: _____

HEARING: _____

OTHER: _____

RECOMMENDATIONS: (DATE)

____ Refer to SBLC for additional concerns ____ Refer to SBLC for Speech Only

____ Recheck by _____ (Date) ____ No concerns at this time

COMMENTS: _____

East Feliciana Parish Pupil Appraisal Services

Art Screening Instrument

Student's Name: _____ Date: _____
 School: _____
 Individual Completing Form: _____
 Job/Position Title: _____

DIRECTIONS: Your ratings should be based on the student's actual observable behavior. Please rate the student on each of the following items by circling the appropriate number in the column on the right. Each rating should be accompanied by concrete examples as justification.

BEHAVIOR	FREQUENCY				
	Seldom or Never	Occasionally	Average	Usually	Almost Always
Draws more than his/her peers Justification:	1	2	3	4	5
Draws better than his/her peers Justification:	1	2	3	4	5
Volunteers to do art or art-like activities Justification:	1	2	3	4	5
Deferred to by other students when drawing or making objects Justification:	1	2	3	4	5
Brings drawings or art made at home to-school Justification:	1	2	3	4	5
Sets high standards of quality for his/her art work Justification:	1	2	3	4	5
Reacts with interest and excitement to art activities and information Justification:	1	2	3	4	5

TOTAL RATING: _____ (Add all circled numbers.)

East Feliciana Parish Pupil Appraisal Services

Theatre Screening Instrument

Student's Name: _____ Date: _____
 School: _____
 Individual Completing Form: _____
 Job/Position Title: _____

DIRECTIONS: Your ratings should be based on the student's actual observable behavior. Please rate the student on each of the following items by circling the appropriate number in the column on the right. Each rating should be accompanied by concrete examples as justification.

BEHAVIOR	FREQUENCY				
	Seldom or Never	Occasionally	Average	Usually	Almost Always
Is effective in vocally communicating ideas, directions, and feelings to others Justification:	1	2	3	4	5
Shows leadership in group activities, but follows when appropriate Justification:	1	2	3	4	5
Shows emotion and feels with others in shared school experiences Justification:	1	2	3	4	5
Shows freedom in using facial expression, gestures, and body Justification:	1	2	3	4	5
Shows ability to focus on the activities at hand Justification:	1	2	3	4	5
Stays with a task until it is successfully completed Justification:	1	2	3	4	5
Shows imagination in deciding how to proceed with a problem Justification:	1	2	3	4	5
Responds to activities in elaborate detail Justification:	1	2	3	4	5
Shows ability to mimic physical and vocal behavior of others Justification:	1	2	3	4	5
Volunteers to perform in front of people Justification:	1	2	3	4	5
TOTAL RATING: _____ (Add all circled numbers.)					

East Feliciana Parish Pupil Appraisal Services

Music Screening Instrument

Student's Name: _____ Date: _____

School: _____

Individual Completing Form: _____

Job/Position Title: _____

DIRECTIONS: Your ratings should be based on the student's actual observable behavior. Please rate the student on each of the following items by circling the appropriate number in the column on the right. Each rating should be accompanied by concrete examples as justification.

BEHAVIOR	FREQUENCY				
	Seldom or Never	Occasionally	Average	Usually	Almost Always
Shows interest in and enjoyment of musical activities Justification:	1	2	3	4	5
Is eager to participate in musical activities Justification:	1	2	3	4	5
Is sensitive to the rhythm of the music; responds through body movements to changes in tempo of the music Justification:	1	2	3	4	5
Shows exceptional and/or fluent use of original, creative, or divergent ideas Justification:	1	2	3	4	5
Plays one or more musical instruments (or expresses a desire to); and/or sings with confidence Justification:	1	2	3	4	5
Demonstrates a high level of concentration for a sustained period of time Justification:	1	2	3	4	5
Is recognized by peers as talented in music Justification:	1	2	3	4	5

TOTAL RATING: _____ (Add all circled numbers.)

East Feliciana Parish Pupil Appraisal Services

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____ Date of Birth: _____
Student ID #: _____

I hereby authorize: _____
to release the following information/records on my child to: East Feliciana Parish Pupil
Appraisal Services, P.O. Box 397, Clinton, LA. 70722 ATTN: _____

Information/Records Requested

_____ Medical	_____ Implications for Educational Instruction
_____ History	
_____ Prognosis	
_____ Diagnosis	
_____ Vision:	_____ Individualized Educational Program/
_____ Acuity	_____ Individualized Family Service Plan
_____ Diagnosis	_____ Psychological Report
_____ Prognosis	
_____ Hearing:	_____ Evaluation Report
_____ Audio logical Results	
_____ Diagnosis	_____ Other: _____
_____ Prognosis	_____

These records are to be released so that the most appropriate educational program may be developed for my child. This consent (unless expressly revoke earlier) expires on:

Parent's Signature

Date

Address

Phone

East Feliciana Parish Pupil Appraisal Services

REQUEST FOR VISION AND HEARING SCREENING

Date: _____ To: _____ (School Nurse)

Student: _____ ID#: _____

DOB: _____ Grade: _____ Teacher: _____

Last Date Screened: _____

Please screen **vision** **hearing** of the above named student. Indicate results below and return to _____ by _____.

Thank you for your time and cooperation.

_____ Phone: _____

Team Member

SCREENING RESULTS

Date of Screening: _____

VISION: *Passed* _____ *Failed* _____

Visual Acuity: Without Glasses *Right Eye* ____ *Left eye* ____
 With Glasses *Right Eye* ____ *Left eye* ____

Color Test: *Passed* _____ *Failed* _____

Muscle Balance: *Passed* _____ *Failed* _____

HEARING: *Passed Right* _____ *Passed Left* _____

Failed Right _____ *Failed Left* _____

COMMENTS: ___ *Parent Notified* ___ *Referral to Health Unit* ___ *Private Doctor*
 ___ *Other* _____

School Nurse

East Feliciana Parish Pupil Appraisal Services

SCREENING/REFERRAL CHECKLIST Students with Health Care Needs

Student: _____ **School:** _____ **Date:** _____
Parent: _____ **Address:** _____
Telephone #s: _____
Person Completing Form: _____ **Contact #:** _____

Does this Student?	Yes	No	Comments
Experience severe allergic reactions that require immediate medications, i.e. Epi-Pen?			
Have a medical diagnosis of a chronic health problem (i.e. diabetes, tuberculosis, ADD, seizures, cystic fibrosis, asthma, muscular dystrophy, liver disease, digestive disorders, respiratory disorders, hemophilia)? Condition: _____			
Receive medical treatments during or outside the school day (i.e., oxygen, gastrostomy care, tracheostomy care, suctioning, injections)? Condition: _____			
Experience frequent absences due to illness or frequent hospitalizations?			
Receive ongoing medication at home or school for physical or emotional problems (i.e., seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building modifications for access)?			
Require environmental adjustments to classroom or school facilities (i.e. temperature control, refrigeration of medication, availability of water)?			
Require major safety considerations (i.e. special precautions in lifting, positioning, special safety equipment, special techniques for positioning, feeding)?			
Require a special diet (i.e., blended, soft, low salt, low fat, liquid supplement)?			
Require assistance with activities of daily Living (i.e., eating, toileting, walking)?			

If the answer is yes, refer to the school nurse.

REFERRED TO: _____ **Date:** _____ **Phone:** _____
BY: _____ **Date:** _____ **Phone:** _____

East Feliciana Parish Pupil Appraisal Services

Interoffice Referral Form

Student: _____ School: _____ Teacher: _____ DOB: _____

Concern (e.g, reading comprehension, etc.)/Reason: _____

Check	Discipline	Activity
_____	Education	<input type="checkbox"/> CBA <input type="checkbox"/> Achievement Testing <input type="checkbox"/> Observation <input type="checkbox"/> Teacher Interview <input type="checkbox"/> Student Interview <input type="checkbox"/> Intervention in area of weakness (_____) <input type="checkbox"/> Other _____
_____	Education	<input type="checkbox"/> CBA <input type="checkbox"/> Achievement Testing <input type="checkbox"/> Observation <input type="checkbox"/> Teacher Interview <input type="checkbox"/> Student Interview <input type="checkbox"/> Intervention in area of weakness (Reading -- see STEEP) <input type="checkbox"/> Other _____
_____	Social Work	<input type="checkbox"/> Parent Interview <input type="checkbox"/> Medical Information <input type="checkbox"/> Motivation Information <input type="checkbox"/> Homework Information <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Developmental Information <input type="checkbox"/> Behavioral Information <input type="checkbox"/> Reevaluation Update <input type="checkbox"/> Other _____
+++++	Psychology	<input type="checkbox"/> CBA <input type="checkbox"/> IQ Testing <input type="checkbox"/> Observation <input type="checkbox"/> Observation for Behavior concern <input type="checkbox"/> Teacher/Student Interview <input type="checkbox"/> Intervention in area of weakness (_____) <input type="checkbox"/> FBA <input type="checkbox"/> BIP (Review or Implementation) <input type="checkbox"/> Other _____
_____	Speech	<input type="checkbox"/> Fluency <input type="checkbox"/> Voice <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Hearing <input type="checkbox"/> Why is this a concern? _____
_____	APE	<input type="checkbox"/> Screening <input type="checkbox"/> Assessment <input type="checkbox"/> Re-evaluation <input type="checkbox"/> Concern: _____
_____	OT	<input type="checkbox"/> Screening <input type="checkbox"/> Assessment <input type="checkbox"/> Re-evaluation <input type="checkbox"/> Concern: _____
_____	PT	<input type="checkbox"/> Screening <input type="checkbox"/> Assessment <input type="checkbox"/> Re-evaluation <input type="checkbox"/> Concern: _____
_____	Nurse	<input type="checkbox"/> Assessment <input type="checkbox"/> Health Plan <input checked="" type="checkbox"/> Vision Screening <input type="checkbox"/> Concern: _____
-----	Parent Liaison	<input type="checkbox"/> Assessment for home services <input type="checkbox"/> Concern: _____

Evaluation Coordinator: _____ Date to Staff: _____

Date Report Needed: _____ Staffing Date: _____ Dissemination Date: _____

East Feliciana Parish Pupil Appraisal Services

PARENT NOTIFICATION LETTER *Prior Written Notice of Meeting*

Date: _____ Contact Name: _____

School: _____ Telephone No.: _____

To _____:
(Student's Name)

To the Parent(s)/Guardian(s) of _____:

Parents of a child with a disability have legal rights, called procedural safeguards, which are part of the *Regulations for Implementation of the Children with Exceptionalities Act*. The procedural safeguards are found in the enclosed copy of *Louisiana's Educational Rights of Children with Disabilities*.

If you are a person with a disability or speak another language, these rights can be given to you in a different format or language (e.g., Larger print, Braille, on CD, DVD, or tape, or translated into another language). The Individuals with Disabilities Education Act recognizes that it is important that families be fully informed so that they can participate equally in making decisions about their child's special education.

The following arrangements have been made for the meeting:

Date: _____

Time: _____

Location: _____

This letter of notification is for you to attend a meeting to:

- Discuss the results of the evaluation and documentation of the determination of eligibility.
- Develop, review, or amend an individualized education program (IEP) and to determine placement (i.e., services and support, not the building or classroom) for your child. The development of the IEP will be based on information from a variety of sources, including the strengths of the child, the concerns of the parents for enhancing the education of their child, the results of the initial or most recent evaluation of the child, the academic, developmental, and functional need of the child, and any other special factors. At this meeting we will have a draft copy of the IEP for the Team to review. In all cases, the IEP Team, of which you will be an equal participant, must review each section of the IEP to assure agreement. Any section of the IEP can be revised by the team before the IEP is finalized.

East Feliciana Parish Pupil Appraisal Services

- Consider your child's transitional services needs. Transitional services are designed to promote movement from school to post-school activities including post-secondary education, vocational training, integrated employment (including support employment), continuing and adult education, adult services, independent living or community participation. Beginning not later than the first IEP to be in effect when the child turns 16, (or younger if deemed appropriate by the IEP team), and updated annually, thereafter, the IEP will include a statement of transitional service needs including a statement of the interagency responsibilities or any needed linkages.
- At the IEP Team meeting, discuss your child's possible eligibility for working toward a Certificate of Achievement (instead of a high school diploma) because:
 - The latest information appears to support your child's participation in one of the latest assessments. Students participating in an alternate assessment are working towards a Certificate of Achievement and not the standard Louisiana High School Diploma. The decision for participation in alternate assessment will be made with you at the IEP meeting.

Or

- Your child will be participating in the general statewide assessment (GEE), but may meet the provisional (i.e., temporary) eligibility criteria for a Certificate of Achievement and not the standard Louisiana High School Diploma. Please note that this particular policy will not be in effect after the 2007-2008 school year.
- Discuss at the IEP Team meeting, your child's possible eligibility for entering the Options (PreGED/Skills) Program. Your child must be 16 years of age or turn 16 during the year they are to enroll in the program and meet eligibility criteria. In the Options Program, your child will be working toward a Louisiana Equivalency Diploma and/or a Skills Certificate, and not the standard Louisiana High School Diploma.
- Consider disciplinary action.
- Reevaluate your child's need for special education services. Your permission is requested for the reevaluation. The evaluation procedures we plan to use include the following:
 - A review of vision and hearing screening results.
 - A review of existing evaluation data, including evaluations and information provided by you.
 - A review of your child's progress toward meeting annual goals, benchmarks and short-term objectives.
 - Interview with you, your child, your child's teacher(s) and related services provider(s).

East Feliciana Parish Pupil Appraisal Services

- A review of current classroom-based assessments and observations in appropriate settings.
- A review of vocational and future transition needs for an IEP in effect when the child turns 16 years old (or younger, if deemed appropriate by the IEP team).
- Other tests and evaluation procedures that the IEP team decides are necessary.

- Your child will be invited to participate in the IEP Team meeting unless you disagree (if your child is under age of majority 18). We also need your permission to invite the selected representatives of adult transitional services listed below.

You may also bring other person(s) with you to assist in planning the IEP. The following persons listed below will be invited to attend this meeting:

School System Personnel:

Officially Designated Representative

Regular Education Teacher

Evaluation Representative

Special Education Teacher

Other

Representative Agency

Other

Representative Agency

East Feliciana Parish Pupil Appraisal Services

EXCUSAL REQUEST

We are asking permission to excuse the following persons from the meeting:

(Name and Position)

(Name and Position)

(Name and Position)

(Name and Position)

(Name and Position)

(Name and Position)

- This member's area of curriculum or related services is not being discussed at the meeting.
- This member's area of curriculum or related services will be discussed at the meeting. Included is the member's input to the general student information, academic and functional performance levels and goal(s), amount of services, and any other recommendations for your child.

Please return the attached sheet to indicate whether you plan to attend the IEP Team meeting as scheduled. If this date, time, or location, is not convenient for you, please indicate when you can attend.

Return the attached form within three (3) days to:

East Feliciana Parish Pupil Appraisal Services

PARENT NOTIFICATION LETTER

Student's Name: _____

Please check the appropriate spaces, sign and return to the school within (3) days to:

Name: _____

School: _____

Pertains to your child:

Check all that are applicable

- I have received a copy of Louisiana's Educational Rights of Children with Disabilities. Note: Parent(s)/Guardian(s) of a child with an exceptionality should receive a copy annually, as well as (1) the first time the child is referred for evaluation; (2) the first time a complaint is filed; (3) whenever a parent asks.
- I have received a copy of the evaluation report and documentation of the determination of eligibility.
- I give permission for you to conduct the reevaluation and any additional tests that may be needed.
- I plan to attend the IEP meeting at the time and place indicated in the notification letter. I plan to bring _____ additional person(s) with me.
- I am unable to attend the IEP Team meeting at the time and place indicated in the notification letter. The best day and time for me are: _____.
- I am unable to attend the IEP Team meeting scheduled, in person, but I would still like to participate by telephone conference. Please call me at (_____) _____ - _____ at the date and time specified.
- I give permission for you to invite the adult services agency(ies) listed on page 3 because they may be responsible for providing or paying for transition services.
- Give permission for you to excuse the attendance of the IEP participants as noted on page 3.

If you have any special needs, please indicate them here: _____

Parent(s)/Guardian(s) Signature

Date

East Feliciana Parish Pupil Appraisal Services

STAFF MEETING

Student: _____ Date: _____

Participant

Position

Following presentation of all data collected, it was determined that _____

_____ meets criteria in Bulletin 1508 as a student with _____

_____ does not meet criteria for an exceptionality found in Bulletin 1508.

Impairments were noted in: _____

Special services needed:

The following participants agree with these determinations:

Used by PA Staff

East Feliciana Parish Pupil Appraisal Services

**12732 Silliman Street
Clinton, Louisiana 70722
225-683-8277**

**CONFIDENTIAL DOCUMENT
REVISED 11/08**

RE-EVALUATION REPORT

Student's Name:

Parents:

Date of Birth :

Address:

Race: Sex:

Telephone: Home:

ID#:

Work:

School: Grade

RE-EVALUATION PARTICIPANTS (SIGN AND INDICATE POSITION):

Evaluation Coordinator	

I. REASON FOR RE-EVALUATION:

II. DOCUMENTATION

Triennial	Parental Permission Notification Date:	
Manifestation Determination Review	Receipt Date:	
Significant Change of Placement	Re-evaluation IEP Meeting Date(s):	
Declassification		
Other: (e.g., new concerns, court order, etc.) (Specify)	Dissemination Date:	
	Extension(s) Dates:	
	Extension(s) Reason(s):	I
	Next Eval. Date:	

III. REVIEW OF INFORMATION RELATIVE TO: (Check if applicable)

All appropriate documentation must be maintained by Pupil Appraisal.

Date of Most Current Information

Previous Evaluation Reports	
Curriculum Based Assessment	
Functional Behavioral Assessment	
Progress Reports/Information from Related Service Personnel: (List)	
Observation by Evaluation Coordinator	
PA Handbook Re-evaluation Procedures for Existing Exceptionality(ies)	
Vision/Hearing Screening	
Progress Toward Meeting IEP Goals, Benchmarks/Objectives	
Standardized Tests	
Performance in the General Curriculum	
Discipline Records Including Any Manifestation Determination	
Behavior Intervention Plans	
Transition/Vocational Data	
Medical Information	
Information Provided by Parent(s)	
Teacher Interview/Student Interview	
Other (Specify):	

COPIES: PUPIL APPRAISAL SCHOOL PARENT

East Feliciana Parish Pupil Appraisal Services

Student's Name

CONFIDENTIAL DOCUMENT
Revised 2008 Page 2

IV. SUMMARY OF STUDENT'S PERFORMANCE

--

V. EDUCATIONAL NEEDS (Check all that apply)

<input type="checkbox"/>	Academic/Cognitive	<input type="checkbox"/>	Behavior	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Motor
<input type="checkbox"/>	Vocational	<input type="checkbox"/>	Self Help	<input type="checkbox"/>	Social	<input type="checkbox"/>	

VI. RECOMMENDED MODIFICATIONS/ACCOMMODATIONS

TEACHING STRATEGIES

Provide individual/small group instruction
Teach to student's learning style: Multi
Modify assignments

TIME DEMANDS

Extended time to complete tests/assignments
Limit amount of work required or length of tests

ENVIRONMENT

Assign preferential seating
Use notebook for assignments/materials/homework

BEHAVIOR CONCERNS

MATERIALS

Modify/repeat/model directions
Shorten assignments

COPIES: PUPIL APPRAISAL SCHOOL PARENT

East Feliciana Parish Pupil Appraisal Services

Student's Name _____

CONFIDENTIAL DOCUMENT
Revised 2008 Page 3

VII. RESULTS OF RE-EVALUATION:

A. Is there sufficient data to determine whether the child/student continues to have the existing exceptionality?

X	Yes		No
----------	-----	--	-----------

B. Is there sufficient data to determine the child's/student's present levels of performance and educational needs?

X	Yes		No
----------	-----	--	-----------

C. Is there sufficient data to determine whether the child/student continues to need special education and related services?

X	Yes		No
----------	-----	--	-----------

D. Is there sufficient data to determine whether any additions or modifications to the special education and related services are needed to enable the child/student to meet the measurable annual goals set out in the Individualized Education Program (IEP) and to participate, as appropriate, in the general curriculum?

X	Yes		No
----------	-----	--	-----------

NOTE: If all of the answers are **Yes**, proceed to Section F. If any of the answers are **No**, proceed to Section E and indicate what additional data are needed to complete the re-evaluation.

E. Follow-Up Needed, if any:

1. _____ Additional Data Needed (Specify):
2. _____ Reconvene the IEP Team after additional data collected. **This meeting must be scheduled so as not to exceed the due date for this re-evaluation.** DATE to Reconvene: _____
3. _____ Other (Specify):

F. Exceptionality:

Diagnosed Impairments: _____

Additional Services Needed: _____

We have reviewed the information and agree with the findings in this report.

<u>Position</u>	<u>Name/Signature</u>	<u>Date</u>
Evaluation Coordinator	_____	_____
Special Education Teacher	_____	_____
Official Designee of School System	_____	_____
Regular Education Teacher	_____	_____
Parent	_____	_____
	_____	_____
	_____	_____

No IEP is permitted to expire while waiting for the re-evaluation to be completed. If the re-evaluation is delayed, an IEP meeting must be convened before its expiration date.

COPIES: PUPIL APPRAISAL SCHOOL PARENT

East Feliciana Parish Pupil Appraisal Services

EVALUATION CLOSURE FORM

Student's Name _____ Date _____

Parent's Name _____ School _____

Conference Results _____

I attended this conference and received a copy of the evaluation report.

Parent(s)/Guardian

Team Member, Discipline

Team Member, Discipline

Other

The results of the evaluation were explained to the following members of the SBLC, and a copy of the evaluation report was left with the school principal or designee.

Principal/SBLC Chairperson

SBLC Member

Referring Teacher

SBLC Member

Other

Date

(For use by PA Staff)

East Feliciana Parish Pupil Appraisal Services

Pupil Appraisal/Initial Evaluation/ Evaluation Coordinator _____

Student Name: _____ **School:** _____ **Grade:** _____

DOB: _____ **Gender:** _____ **Race:** _____ **SSN:** _____

Parent: _____ **Address:** _____

Pre-Referral Reason:

___ Visual Difficulties	___ Motor Difficulties	___ Social/Behavior	___ Parent Request
___ Health Problems	___ Hearing Difficulties	___ Academic Difficulty	___ Math Difficulty
___ Reading Difficulties	___ Communication	___ Gifted	___ Talented
___ Out of State Transfer	___ Other	___ Other	___ Other

SBLC Entry Date _____ **SBLC Decision Date** _____

SBLC DECISION: ___ No Further action at this time ___ Individual Evaluation
 ___ Section 504 Eligibility Eval. ___ Interventions/RTI Process

Parent Decision: Y or N **Decision/Start Date:** _____ **Due Date:** _____

When completed, SER Clerk enters, then returns to Evaluation Coordinator

Eligibility Determination Date: _____ **Primary Except:** _____ **Sec. Excep.:** _____

Medical Diagnosis: _____

Extension: ___ End of school year ___ Parentally Approved ___ Date Approved

Dissemination Date: _____

Screening Date and Result

Hearing Screening	P/F	Assistive Technology	P/F
Vision Screening	P/F	Educational Screening	P/F
Health Screening	P/F	Social/Emotional/Behavior	P/F
Speech/Lang. Screening	P/F	Sensory Processing	P/F
Motor Screening	P/F		

Folder and form to SER Clerk to put in SER and return to Eval Coordinator

Date report given to SER Clerk for SERS input: _____

Num. copies needed: ___ **Mail to parent:** Yes No

Include AEPSi? Yes/No **Medicaid?** Y/N **A-T Checklist?** Y/N **Beh. Plan?** Y/N

Date folder back to EvalCoor. _____ **Date folder given to IEP Fac.** _____

Eval.Coor. staffs with IEP Fac. to collaborate on meeting date/services

Date of Staffing (Eval Coordinator/Programming Team): _____

Date of staffing and folders disseminated to Service Providers:

___ OT/PT ___ SLP ___ APE ___ Nurse ___ SPED ___ OTHER

Need ___ Beh Plan ___ Health Plan ___ A-T Follow-Up

IEP Scheduled: _____ **IEP Held:** _____

IEP Received from Teacher _____ **IEP in SERS:** _____

This form stays with the student's Pupil Appraisal Folder and IEP folder

East Feliciana Parish Pupil Appraisal Services

**EAST FELICIANA PARISH SCHOOLS
PUPIL APPRAISAL SERVICES
12732 Silliman Street ~ P.O. Box 397
Clinton, LA 70722
Phone: 225-683-5638 or 683-8582
Fax: 225-683-8525**

Date: _____

Due Date: _____

Teacher: _____

I am in the process of beginning a re-evaluation on _____ . In order to determine if a re-evaluation is necessary, please complete the attached forms, (i.e., Data Review and Teacher/Related Service Provider Assessment) and return to me as soon as possible.

In the event you feel there are no changes necessary, I will contact the parent/guardian regarding their wishes and get their signature on a Waiver of Re-evaluation. Should the parent request their child be re-evaluated, I will open the case at that time.

Remember, an IEP still has to be written by the IEP date if the re-evaluation is waived.

Please feel free to call me should you have any questions.

Thanks for your prompt attention in this matter.

attachments

East Feliciana Parish Pupil Appraisal Services

TRIENNIAL RE-EVALUATION NOTIFICATION

TEACHER ASSESSMENT

The purpose of this re-evaluation notification document is to determine if there is a specific need for the special education student listed below to receive a triennial re-evaluation by East Feliciana Parish Pupil Appraisal Department. This assessment should be completed by the teacher with IEP authority providing support in the classroom and submitted to Pupil Appraisal.

STUDENT: _____ ID#: _____

EXCEPTIONALITY: _____

GRADE: _____

TEACHER: _____ SCHOOL: _____

Please complete by checking below the assessment that best describes _____ need for a triennial re-evaluation. In addition, please complete the two (2) pages of Data Review (attached).

- _____ (1) After review of _____ performance in the classroom, it is my assessment a re-evaluation is **not needed**.
- _____ (2) After review of _____ performance in the classroom, it is my assessment he/she **does need** a re-evaluation.

Signature - Teacher with IEP Authority

Date

Attachments(s): Data Review Forms (2 pages)

East Feliciana Parish Pupil Appraisal Services

Data Review

Student: _____ Date of Review: _____

Teacher: _____ Grade: _____ School: _____

Current Exceptionality: _____

Diagnosed Impairment or Condition: _____

Behavior	
# In-school suspension(s)	
# Out-of-school suspension/removal(s)	
Behavior Plan (Please circle) **If YES, please attach.	Yes No
Attendance (Days Absent)	
Excused	
Unexcused	

Most recent report card grades

Indicate Term #			
Subjects/Courses	Grades	Subjects/Courses	Grades

Results of most recent standardized tests

(Circle One) iLEAP/LAA1/LAA2	Scores/Performance Level	LEAP	Scores/Performance Level
English/Lang. Arts		English /Lang. Arts	
Mathematics		Mathematics	
Science		Science	
Social Studies		Social Studies	
OTHER	Scores/Performance Level		

East Feliciana Parish Pupil Appraisal Services

Curriculum-Based Assessment (CBA)

**(Only indicate those areas that apply to your student)

Skill Mastery	Indicate Grade Level	Skill Mastery	Indicate Instructional Level
Word Recognition		Initial Sound Fluency	
Reading Recognition		Letter Naming Fluency	
Math Calculation		Phoneme Segmentation Fluency	
Spelling		Nonsense Word Fluency	
Listening Comprehension		Word Use Fluency	
		Oral Reading Fluency	
		Retell Fluency	

Related/Direct Services

Related Service(s)	Indicate Service by checking box below	Individual (Y or N)	Group (Y or N)	Minutes	Frequency of Service
Assistive Technology					
Adapted PE					
Occupational Therapy					
Physical Therapy					
Speech Therapy					
Social Work					
Psychological					

Medical Information

	Most Recent Date	Yes (If yes, please attach most current IHP)	No
Current Individualized Health Plan			
Current medical information (attached)			

East Feliciana Parish Pupil Appraisal Services

Review of Progress toward Meeting IEP Goals

Based on review of IEP goals, objectives, and progress reports, it appears that _____
is making: _____ excellent progress _____ slow, steady progress
 _____ appropriate progress _____ unsatisfactory progress

*Comments: _____

*** Comments are required if progress is unsatisfactory.**

****PLEASE ATTACH TO TEACHER ASSESSMENT FORM****

East Feliciana Parish Pupil Appraisal Services

**EAST FELICIANA PARISH SCHOOLS
PUPIL APPRAISAL SERVICES
12732 Silliman Street ~ P.O. Box 397
Clinton, LA 70722
Phone: 225-683-5638 or 683-8582
Fax: 225-683-8525**

Date: _____

Due Date: _____

Teacher: _____

I am in the process of beginning a re-evaluation on _____. In order to determine if a re-evaluation is necessary, please complete the attached forms, (i.e., Data Review and Teacher/Related Service Provider Assessment) and return to me as soon as possible.

In the event you feel there are no changes necessary, I will contact the parent/guardian regarding their wishes and get their signature on a Waiver of Re-evaluation. Should the parent request their child be re-evaluated, I will open the case at that time.

Remember, an IEP still has to be written by the IEP date if the re-evaluation is waived.

Please feel free to call me should you have any questions.

Thanks for your prompt attention in this matter.

attachments

East Feliciana Parish Pupil Appraisal Services

TRIENNIAL RE-EVALUATION NOTIFICATION RELATED SERVICE PROVIDER ASSESSMENT

The purpose of this re-evaluation notification document is to determine if there is a specific need for the special education student listed below to receive a triennial re-evaluation by East Feliciana Parish Pupil Appraisal Department. This assessment should be completed by the teacher providing related services, (i.e., Speech, OT, PT, APE, etc) and submitted to Pupil Appraisal.

STUDENT: _____ ID#: XXX-XX- _____
EXCEPTIONALITY: _____ GRADE: _____
TEACHER: _____ SCHOOL: _____

Please complete by checking below the assessment that best describes _____ need for a triennial re-evaluation. In addition, please complete the Data Review form (attached).

____ (1) After review of _____ performance, it is my assessment a re-evaluation is **not needed**.

____ (2) After review of _____ performance, it is my assessment he/she **does need** a re-evaluation.

Signature - Related Service Provider

Date

Attachment(s): Data Review Form

East Feliciana Parish Pupil Appraisal Services

Data Review – Related Service

Student: _____ Date of Review: _____

Teacher/Provider's Name: _____ Grade: _____ School: _____

Current Exceptionality: _____

Diagnosed Impairment or Condition: _____

Related/Direct Services

Related Service(s)	Indicate Specific Service by checking appropriate box	Date of Most Current IEP	Duration	Group (Y or N)	Individual (Y or N)	Minutes	**Impairment <u>or</u> Reason for Service
Assistive Technology							
Adapted PE							
Occupational Therapy							
Physical Therapy							
Speech Therapy							
Social Work							
Psychological							

****Use space below for additional comments (re: impairment or reason for service)****

NOTES:

Review of Progress toward Meeting IEP Goals

Based on review of IEP goals, objectives, and progress reports, it appears that _____ is making:

excellent progress slow, steady progress
 appropriate progress unsatisfactory progress

*Comments: _____

*** Comments are required if progress is unsatisfactory.**

****PLEASE ATTACH TO RELATED SERVICE PROVIDER ASSESSMENT FORM****

East Feliciana Parish Pupil Appraisal Services

East Feliciana Parish Schools Manifestation Determination Review

The Manifestation Determination Review must be conducted when the school is considering an administrative recommendation for a disciplinary change in placement (e.g., interim disciplinary alternative education placement or expulsion of longer than 10 consecutive school days). The review must be conducted immediately after the recommendation, and no later than 10 school days after a student is assigned to a disciplinary setting.

Student's Name: _____ d.o.b.: _____ Grade: _____

School: _____ Date of MDR Meeting: _____

Student's Disabilities: _____

(MDR team members should review current evaluation data (INCLUDING IMPAIRMENTS) in making the determination)

Behavior(s) subject to potential disciplinary action (reference and attach documentation):

The MDR team members, including the parent, have reviewed all relevant information, including evaluation data, information regarding the disciplinary offense, relevant observations, the current IEP and placement, patterns of student behavior across settings and across time, and other relevant information and input provided by staff and/or parents. Based on this review, the MDR team makes the following determinations:

Was the conduct in question caused by, or directly and substantially related to, the student's DISABILITIES?

YES _____ NO _____

Summary of Team's reasoning:

Parent's opinion, if different than team members':

East Feliciana Parish Pupil Appraisal Services

Was the conduct in question the direct result of the school's failure to implement the student's IEP or IAP?

YES _____ NO _____

Summary of Team's reasoning:

Parent's opinion, if different than team members':

Participants:

<i>Signature</i>	<i>Role (parent, teacher, administrator)</i>	<i>Date</i>

NOTES:

If any of the two questions above are answered "yes," then the behavior must be considered a manifestation of the disabilities. In that event, the student cannot be removed to an interim alternative education setting or expelled longer than 10 consecutive school days, **AS DETERMINED DURING THE HEARING PROCESS. HOWEVER, THE IEP TEAM CAN EXCEED THIS NUMBER OF DAYS AS NEEDED.**

In situations of offenses involving drugs/controlled substances, weapons, or serious bodily injury, a student may be removed for up to 45 school days to an interim disciplinary alternative education setting even if the MDR team determines that the behavior was a manifestation of disability. If the behavior is found to not be a manifestation of disability, then the school may proceed with regular disciplinary procedures and sanctions applicable to non-disabled students. If a parent challenges a manifestation determination or disciplinary placement in an IDEA due process hearing, the student must remain in the disciplinary setting pending the decision of the IDEA hearing officer or the expiration of the disciplinary placement term, whichever comes first.

Instructions: Send Original completed MDR form to SPECIAL EDUCATION/PUPIL APPRAISAL; copy to Child Welfare & Attendance; retain a copy for the student's file. Add additional pages as needed.

INTERVIEW FORMS

East Feliciana Parish Pupil Appraisal Services

PARENT INTERVIEW/QUESTIONNAIRE

GIFTED

Child's Name: _____ Age: _____ Date of Birth: _____

Parent's Names(s): _____

Address: _____

Contact Information: Home phone: _____ Cell phone _____ Work Phone: _____

Please complete the following questions regarding your child. The purpose of this interview is to gather information about your child's academic ability, medical history, and interests. The information you provide will be included in your child's evaluation. Please feel free to add addition information.

1. What are your child's strengths in terms of academics? _____

2. Does your child have any involvement in extra-curricular activities or other interests? Please list if applicable. _____

3. Does your child have any medical conditions? _____ If yes, please describe and list any medication(s) if applicable. _____

4. Has your child ever been evaluated for exceptional student services (i.e., resource, speech, medical, gifted, talented)? _____ If yes, when, where, and results. _____

East Feliciana Parish Pupil Appraisal Services

Comments: _____

East Feliciana Parish Pupil Appraisal Services

TEACHER INTERVIEW GIFTED STUDENTS

Student: _____ School: _____ Grade: _____ Date: _____

Teacher: _____ Subjects: _____

Academic Performance: _____

Student's Rate of learning in the class (check the one that applies):

Significantly Above Average	
Above Average	
Average	
Below Average	
Significantly Below Average	

Reason/situation that suggests the student may be exceptional (attach samples as necessary):

Attempts made within the educational setting to meet the student's needs:

Behavior Concerns (describe behavior in class):

Functioning (Check the rating that corresponds to each item):

Behavior	Excellent	Good	Average	Below Average	Poor
Attention Span					
Self-motivation					
Peer relations					
Cooperation					
Creativity					
Vocabulary development					
Reaction to stress					
Self-concept					
Attitude toward school					
Maturity (for age)					

East Feliciana Parish Pupil Appraisal Services

Name _____ Date _____

Student Interview Gifted/Talented

1. How do you like school? _____

2. What is your favorite subject? _____

3. Are there any subjects you don't like or see as a challenge? _____

4. What is your best subject in terms of grade average? _____

5. Is there anything you wish you could change about school? _____

6. Do you get in trouble at school? _____ For what? _____

7. Have you been sent to the office? _____ Suspended? _____

8. Do you have friends at school? _____ How many/who? _____

9. What do you like to do after school and on the weekends? _____

10. Do you have chores/jobs to do at home? _____ What are they? _____

11. What would you like to do or be when you complete high school? _____

12. Who lives at home with you? _____

13. If you could have 3 wishes, what would you wish for? (1) _____

(2) _____ (3) _____

East Feliciana Parish Pupil Appraisal Services

*Standard Gifted Matrix

Points	1	2	3	4
	$1.0 \leq 1.49 \text{ SD}$	$1.5 \leq 1.99 \text{ SD}$	$\geq 2.0 \text{ SD}$	$\geq 2.5 \text{ SD}$ (Preschool & K only)
Intellectual Abilities				
Achievement in Reading				
Achievement in Math				

East Feliciana Parish Pupil Appraisal Services

PARENT INTERVIEW/QUESTIONNAIRE TALENTED

Child's Name: _____ Age: _____ Date of Birth: _____

Parent's Names(s): _____

Address: _____

Contact Information: Home phone: _____ Cell phone _____ Work Phone: _____

Please complete the following questions regarding your child. The purpose of this interview is to gather information about your child's talents, interests, and medical history. The information you provide will be included in your child's evaluation. Please feel free to add addition information.

1. What are your child's strengths in terms of talents? _____

2. Does your child have any involvement in extra-curricular activities or other interests? Please list if applicable. _____

3. Does your child have any medical conditions? _____ If yes, please describe and list any medication(s) if applicable. _____

East Feliciana Parish Pupil Appraisal Services

4. Has your child ever been evaluated for exceptional student services (i.e., resource, speech, medical, gifted, talented)? _____ If yes, when, where, and results. _____

Comments: _____

East Feliciana Parish Pupil Appraisal Services

PARENT CHECKLIST FOR INITIAL GIFTED AND TALENTED REFERRAL

Student: _____ School: _____ Grade: _____ Date: _____

	DOES NOT display the behavior or skill	INCONSISTENTLY displays the behavior or skill	CONSISTENTLY Displays the behavior or skill
INTELLECTUAL ABILITY			
Easily comprehends.			
Is an independent learner.			
Displays a superior ability to understand abstract concepts			
Applies information learned in one situation to a new situation			
CREATIVITY			
Develops creative and original ideas.			
Engages in self-initiated activities.			
Demonstrates a wide variety of interests.			
Has many projects or activities going on concomitantly.			
SPECIFIC ACADEMIC APTITUDE			
Succeeds with little effort in specific subject areas.			
Asks in-depth questions.			
Enjoys academically challenging activities.			
Is highly interested in his/her academic success			
LEADERSHIP ABILITY			
Enjoys working toward goals.			
Is chosen or elected to leadership positions.			
Naturally assumes leadership roles.			
PERFORMING and VISUAL ARTS			
Demonstrates superior manipulative skills in art, music, or sports.			
Demonstrates original talent in art, music, writing, dancing, acting, etc.			

Note: This form is an adaptation of the Zachary Community Schools Parent Checklist for Initial Gifted and Talented Referral Form.

Completed by: _____ Date: _____

East Feliciana Parish Pupil Appraisal Services

TEACHER INTERVIEW PRESCHOOL – KINDERGARTEN

Student: _____

Date: _____

Teacher: _____

Class: _____

Readiness skills mastered:

Readiness skills not mastered:

Student's rate of learning in this class is:

Significantly above average _____

Slightly below average _____

Above average _____

Below average _____

Average _____

Well below average _____

Does child usually:

YES

NO

Complete assigned work _____

Follow directions _____

Demonstrate good listening skills _____

Participate in discussions _____

Stay on task _____

Respect others' possession _____

Relate well to peers _____

Show respect for adults _____

Attend school regularly _____

Number of absences _____

Compared to others in the class, does this child have significant problems with:

YES

NO

Impulsivity _____

Distractibility _____

Aggression _____

Poor self-confidence _____

Health concerns _____

Communication _____

Notes/Comments: _____

East Feliciana Parish Pupil Appraisal Services

TEACHER INTERVIEW/CURRICULUM-BASED ASSESSMENT

Student _____

Teacher _____

Subjects _____

Date _____

The above student is being reevaluated. Please complete and return.

Evaluation Coordinator: _____

General Attitude and Performance

- ___ is making progress
- ___ is making limited progress
- ___ is not making progress
- ___ is self-directed
- ___ is easily motivated
- ___ appears to be unmotivated
- ___ is motivated by rewards
- ___ needs immediate rewards or reinforcement
- ___ performs at ability level
- ___ performs below ability level
- ___ requires repeated drills and practice
- ___ cannot work independently
- ___ follows written directions
- ___ does not follow written directions
- ___ needs oral questions and directions frequently repeated
- ___ is eager to attempt new tasks
- ___ is reluctant to attempt new tasks
- ___ understands abstract concepts
- ___ understands abstract concepts with concrete examples
- ___ requires slow, sequential, substantially broken down presentation of concepts
- ___ has difficulty concentrating
- ___ has difficulty retrieving or recalling information
- ___ is easily distracted
- ___ moves about unnecessarily
- ___ is disorganized
- ___ remembers information one time but not the next
- ___ fails to generalize knowledge from one situation to another
- ___ turns in homework
- ___ does not turn in homework
- ___ performs assignments carelessly
- ___ has unexcused absences/tardiness

Reading

Name of text and grade level: _____

- ___ recognizes basic sight words
- ___ does not recognize basic sight words
- ___ does not recognize words on grade level
- ___ poor reading comprehension

What is the student's instructional reading level?

What is the student's frustrational reading level? _____

Indicate other areas that the student is having difficulty in.

Spelling

Name of text and grade level: _____

- ___ requires continued drills and practices to learn spelling words
- ___ uses the phonetic approach to spelling
- ___ has difficulty with phonetic approach to spelling
- ___ student spells below/on grade level

Signature

Math

Name of text and grade level: _____

East Feliciana Parish Pupil Appraisal Services

- _____ has difficulty solving math word problems
- _____ fails to change from one math operation to another
- _____ correctly solves math problems requiring multiplication
- _____ fails to correctly solve math problem requiring multiplication
- _____ can solve simple fractions
- _____ can reduce fractions
- _____ knows basic geometry concepts

Indicate other areas you feel the student has difficulty in.

What is the student's involvement and progress in the general curriculum?

Do you feel that the student has the Academic ability to master this curriculum?

_____ Yes _____ No

What do you feel are the student's overall Strengths/support needs? _____

In your opinion what are the student's overall weaknesses? _____

Provide any other information that you feel will be helpful in completing this student's evaluation, including work samples.

Signature

East Feliciana Parish Pupil Appraisal Services

REEVALUATION (TEACHER INTERVIEW)

Student: _____

Return to: _____

Teacher: _____

Date: _____

_____ is being evaluated in order to determine the need for continued special education services. Please answer these questions with the appropriate comment(s).

_____ is not making progress in his resource program.

_____ is failing one or more of his regular courses.

_____ is receiving resource assistance in the areas of

_____, _____, _____.

_____ participates in class discussions.

_____ has difficulty following _____ verbal _____ written directions.
_____ frequently inattentive.

_____ difficulty sticking to assigned tasks.

_____ lacks self-motivation

_____ attends to assignments with minimum supervision.

_____ requires one-on-one instruction for most assignments.

_____ relates well to peers.

_____ displays adequate respect for authority.

In your opinion, what are this student's:

Strengths

Weaknesses

The student's current placement is considered adequate: _____ yes _____ no

The student's needs could be better served by: (please write)

What efforts have been or are currently being utilized to incorporate this student's special education program into his regular classroom program? (please list)

East Feliciana Parish Pupil Appraisal Services

TEACHER INTERVIEW

DATE

Student: _____ Grade: _____ Teacher: _____

Please list your major concerns/problems with this student as well as some notes about classroom behavior. _____

Behavioral functioning:	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Below Average</u>	<u>Poor</u>
Attention span	_____	_____	_____	_____	_____
Self-Control	_____	_____	_____	_____	_____
Self-Motivation	_____	_____	_____	_____	_____
Peer relations	_____	_____	_____	_____	_____
Respect for adults	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Interest/Enthusiasm	_____	_____	_____	_____	_____
Consideration of others	_____	_____	_____	_____	_____

Work Habits:	<u>Always</u>	<u>Often</u>	<u>Occasionally</u>	<u>Rarely</u>	<u>Never</u>
Works independently	_____	_____	_____	_____	_____
Works carefully	_____	_____	_____	_____	_____
Completes work	_____	_____	_____	_____	_____
Follows directions	_____	_____	_____	_____	_____
Participates in discussions	_____	_____	_____	_____	_____
Brings in homework	_____	_____	_____	_____	_____
Brings necessary supplies	_____	_____	_____	_____	_____

Comments: _____

* Please return to _____ by _____

East Feliciana Parish Pupil Appraisal Services

Subject: Reading

Teacher: _____

Text used: _____

Prerequisite and current reading skills mastered: _____

Prerequisite and current reading skills not mastered: _____

Student's rate of learning in this class:

Significantly above average	_____	Slightly below average	_____
Above average	_____	Below average	_____
Average	_____	Significantly below average	_____

On most reading tests, student is: Passing _____ Failing _____

List some recent reading grades: _____

Report card grades in this class: _____

Is this student able to read other class materials (math word problems, spelling lessons, social studies, or science books and tests)? _____

This student's best learning channel:

Auditory	_____	Combination	_____
Visual	_____	Unknown	_____
Tactile	_____		

Does this child read for pleasure? _____ If so, what does he/she enjoy reading? _____

Other comments: _____

East Feliciana Parish Pupil Appraisal Services

Does this student receive extra help in the reading lab? Yes _____ No _____

Subject : Math

Teacher: _____

Text used : _____

Prerequisite and math skills mastered: _____

Prerequisite and current math skills not mastered: _____

Student's rate of learning in this class:

Significantly above average	_____	Slightly below average	_____
Above average	_____	Below average	_____
Average	_____	Significantly below average	_____

On most math tests, student is: Passing _____ Failing _____

List some recent reading grades: _____

Report card grades in this class: _____

Does student usually complete math:	Classwork	Yes___	No___
	Homework	Yes___	No___

This student's best learning channel:

Auditory	_____	Combination	_____
Visual	_____	Unknown	_____
Tactile	_____		

Other comments: _____

Does this student receive extra help in the math lab? Yes ___ No ___

East Feliciana Parish Pupil Appraisal Services

REGULAR CLASSROOM TEACHER

STUDENT: _____ CLASSROOM TEACHER: _____ DATE: _____

1. Is this student making progress in your class room? If not, why?
2. Is this student (still) below grade level in any academic areas in your classroom? If so, in what areas?
3. In reviewing this student's performance in your classroom, please list strengths and weaknesses that you have observed.

Strengths:

Weaknesses:

4. Does the student complete classroom assignments?
5. Does the student complete homework assignments?
6. Does the student have any behavior concerns?
7. Does the student participate in class discussions?
8. Does the student ask for help as needed?

Thanks, _____

East Feliciana Parish Pupil Appraisal Services

RE-EVALUATION: STUDENT INTERVIEW

Student _____ School _____ Date _____
Teacher _____ Grade _____

1. Grades (Circle favorite subject)

	Teacher	Grade		Teacher	Grade
Reading			Math		
Science			SS		
PE			Other		

2. Who is your special education teacher? _____

3. Speech pathologist? _____ How often? _____

4. Do you receive APE, OT, or PT? _____

5. How do you like school? _____ What do you like about it? _____

6. Is there anything you would like to change about school? _____

7. Do you get in trouble at school? _____ For what? _____

8. Have you been sent to the office? _____ Suspended? _____

9. Who are your friends at school? _____ at Home? _____

10. Who lives in the house with you? _____

11. Does someone help you with homework? _____ Who? _____

12. What chores or jobs do you do at home? _____

13. What do you like to do in your free time? _____

14. What would you like to do when you finish school? _____

15. Do you know what training that job takes? _____

16. Would you like to go to trade school or college? _____

Notes _____

(Used by PA Staff)

East Feliciana Parish Pupil Appraisal Services

RE-EVALUATION: PARENT QUESTIONNAIRE

Student's Name _____ Parent's Name _____
Address _____
City _____ State _____ Zip _____
Work phone _____ Home phone _____

Please complete the following questions regarding your child. The information will be reviewed at the reevaluation/IEP meeting. The purpose of the information is to help identify area(s) of concern(s) and ways to help solve those concerns.

1. Are you pleased with the services that your child is receiving in special education?
 Yes No
If No, what would you like to be changed? _____
2. What are you doing to help your child to improve his/her grades/behavior? _____

3. Does your child have any medical problems? Yes No If yes, specify _____

Medication(s) taken _____ When _____
4. Thinking back over the last two weeks, how often was homework required?
 Never Daily Once or twice Other
5. Do you provide a place for your child to complete homework? Yes No
6. How much time is spent on homework? Less than 15 minutes 15 to 30 minutes
 More than 30 minutes
7. Who helps with homework? _____
8. What grade expectations do you have for your child? _____

9. Do you have any additional concerns about your child? Yes No
If Yes, specify.

East Feliciana Parish Pupil Appraisal Services

RE-EVALUATION: PARENT QUESTIONNAIRE

Dear Parent:

As you know a reevaluation is scheduled on your child. An important part of the reevaluation process is obtaining parental expectations and concerns. Please answer to following questions. If you have any additional comments, please write them in on the last page.

1. What special education services is your child receiving?
 reading math occupational therapy
 speech language adapted physical education
 behavior writing physical therapy
2. Do you know how often your child is receiving special education services?
 30 minutes per day
 One hour per day
 Two hours per day
 Three hours per day
 More than three hours per day
3. Are you satisfied with the special education services your child is receiving?
 Yes
 No Why? _____
4. How often do you contact the special education teacher?
 About once a week
 About once a month
 Only at report card time
 Only at IEP time
5. How often does your special education teacher contact you regarding your child?
 About once a week
 About once a month
 Only at report card time
 Only when there is a problem
 Only at IEP time
 When my child has done something good at school
6. Is your child taking any medication?
 Yes Doctor's Name _____
Name of medication(s) _____
Purpose _____
7. How much homework does your child complete?

East Feliciana Parish Pupil Appraisal Services

- 15 minutes per day
- 30 minutes per day
- more than 30 minutes per day
- Homework is completed at school
- Never has homework

8. Who helps with homework?

- I do
- A sister or a brother
- Grandparent
- Other _____

9. Where is homework completed?

- In child's room
- At the kitchen table
- In the living room
- Other _____

10. What are your expectations? (may check more than one)

- Make the grades student is capable of making
- Make mostly A's and B's
- Graduate from high school
- College
- Trade school
- Obtain a job skill while in school
- Future plans _____
- _____
- _____
- _____

11. Bed time is _____ Waking up time is _____

11. Chores at home include:

- Making bed
- Sweeping floors
- Washing dishes
- Washing clothes
- Mowing yard
- Cleaning up yards
- Ironing
- Taking out the garbage
- other _____

East Feliciana Parish Pupil Appraisal Services

Do you wish to make any additional comments about your child?

Please sign this form and date it.

Signature Date

Please return this questionnaire to _____ by _____.

East Feliciana Parish Pupil Appraisal Services

PARENT INTERVIEW

Name: _____

Date: _____

Interviewer: _____

Number of Children: ____ Birth Order of Child: ____ Number of persons in home: ____

Mother's educational level: _____ Father's educational level: _____

Occupation: _____ Occupation: _____

Family History: divorce, psychiatric problems, substance abuse, deaths, abuse (etc.)

Health:

Pregnancy: _____

Delivery: _____

Accidents/Illnesses: _____

General Health/Development: _____

Parents view of problem and expectation for student (home & school): _____

Efforts made by parent to deal with problem: _____

Relationship with peers/siblings: _____

(Used by PA Staff)

East Feliciana Parish Pupil Appraisal Services

Any concerns with social and emotional development: _____

Family's perception of student's self-concept and achievement motivation: _____

Signature

East Feliciana Parish Pupil Appraisal Services

PARENT INTERVIEW

Our evaluation of your child's hearing, speech and language will depend upon information about his/her speech, language, hearing, developmental, and medical history. Please fill out this form as completely as possible, and then return it to the address above.

NOTE: ALL INFORMATION GIVEN IS CONFIDENTIAL.

CASE HISTORY FORM - CHILD*

Person completing this form _____ Date _____

Relationship to the child _____

I. IDENTIFICATION

Child's Name _____ Birth date _____ Age _____

Address _____ Phone _____

Mother's Name _____ Mother's Occupation _____

Father's Name _____ Father's Occupation _____

Brothers and Sisters:

Name	Age	Sex	Speech, Hearing, or Medical Problems
------	-----	-----	--------------------------------------

Referred by _____ Address _____

Name of Child's Doctor _____

Address _____

II. STATEMENT OF PROBLEM

Describe the problem _____

When was the problem first noticed? _____

By whom? _____

What do you think caused the problem? _____

East Feliciana Parish Pupil Appraisal Services

What changes in your child's language, speech, or hearing have you noticed since that time? _____

List people or clinics you have consulted about the problem:

Date	Name and Address	What were you told about the problem
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever had speech or language therapy? _____
When? _____ Where? _____

III. HISTORY

A. Hearing/Speech/Language History

1. At what age did infant babble and coo? _____
2. When did child say his/her first word? _____
3. When did child begin to use two word phrases? _____
Sentences? _____
4. Did speech learning ever seem to stop for a period of time? _____
5. How well can he or she be understood by his or her parents? _____ Sisters and Brothers? _____ Strangers and relatives? _____ Friends? _____
6. How many words are in child's vocabulary? _____
7. Does child prefer to use speech or gestures? _____
8. Which does child prefer to use: Sentences _____ Phrases _____
9. One or two words _____ Sounds _____

East Feliciana Parish Pupil Appraisal Services

10. Do you question your child's ability to understand directions and conversation? _____
11. What is the primary language spoken at home? _____
12. Do you question you child's ability to express himself? _____
Why? _____
13. Does your child hesitate, "get stuck", repeat, or stutter on sounds or words? _____
14. Does your child's voice sound hoarse? _____ low-pitched? _____ Nasal? _____
15. Do you think you child hears adequately? _____ Do you think that his/her hearing changes from day to day? _____
16. What do you think may have caused his/her hearing problem? _____
17. Does your child wear a hearing aid(s)? _____ Which ear? _____ What kind? _____ When did he begin to wear hearing aids? _____ Who recommended it? _____
18. Does he/she like to wear the aid(s)? _____ Do you think that his hearing changes from day to day? _____
19. Does your child use any other assistive listening devices at home? _____
20. Does you child use an auditory training device at school? _____
What kind? _____

B. Family History

Child is our biological _____, foster _____, or adopted _____ child.

List any relatives of child closer than second cousins who have or had a hearing loss or speech-language problem. Indicate the cause, if it is known.

Name	Relationship	Type of Problem/Cause
_____	_____	_____
_____	_____	_____

East Feliciana Parish Pupil Appraisal Services

C. Pregnancy and Birth History

Number of pregnancies mother has had? _____ Which pregnancy was this child? _____

1. Did mother have any of the following? What month? Was hospitalization necessary?

Bleeding	Virus Infection
Swelling	German Measles
High Blood Pressure	Diabetes
High Fever	Heart Condition
Convulsions	Asthma
Excessive weight gain or loss	Thyroid Condition
Toxemia	Kidney Disease
Rh Negative Blood	X-Rays
Medications (what?)	Accidents
Anesthetics	Surgeries
Alcohol	Smoking

2. What was the length of pregnancy? _____

3. What was the length of hard labor? _____

4. Type of delivery? (a) Vertex (head presentation) (b) Breech (c) Caesarian (d) Dry (e) Other

5. Were there any unusual problems at birth? (If so, describe) _____

6. Were instruments used? _____ Bruises? _____

7. Birth Weight _____

8. Apgar score at 1 minute _____ At 5 minutes _____

9. Were there any health problems during the first two weeks of infant life?

Juandice	Transfusion
Blueness	Oxygen
Difficulty breathing	Feeding difficulty
Convulsions	Intravenous or intramuscular fluids

East Feliciana Parish Pupil Appraisal Services

Infection
Tube fed

Cry (strong, weak, high)
Hemorrhage

10. How long did child remain in hospital? _____

11. Is there any other information about the mother or baby which can help us evaluate your child? _____

D. Developmental History

Note the ages when the following occurred:

- | | |
|--------------------------------|----------------------|
| 1. Hold the head erect | Crawl |
| Follow objects with eyes | Feed self with spoon |
| Awareness of light | Sit unsupported |
| Roll over from back to stomach | Stand alone |
| Play with hands | Walk alone |
| Reach for objects | |

2. Dress self _____

3. Toilet trained _____

4. Is child well coordinated or clumsy? _____

Does child lose balance or fall easily? _____

E. Medical History

1. At what ages did any of the following illnesses or surgeries occur?
Indicate severity and temperature.

Illness/Surgery	Age	Severity
Whooping Cough		
Mumps		
Scarlet Fever		
Measles		
Chicken Pox		
Pneumonia		
Diphtheria		
Croup		
Influenza		
Headaches		
Ear Infections		
Draining Ears		
Chronic Colds		

East Feliciana Parish Pupil Appraisal Services

Head Injuries
Asthma
Allergies
Epilepsy
Encephalitis
Typhoid
Tonsillitis
Sinus
Meningitis
Rickets
Rheumatic Fever
Polio
Tonsillectomy
Adenoidectomy
Mastoidectomy
PE Tube Insertion
Other

2. Describe any other operations your child has had. _____

Name and address of attending physician _____

3. Describe any other serious illnesses your child has had. _____

Name and address of attending physician _____

4. Has child had any convulsions? _____ Under what circumstances did they occur? _____ Was medication prescribed? _____

5. Have the child's eyes been examined? _____ Date? _____
By whom? _____ Results _____

6. Has the child's hearing been examined? _____ Date? _____
By whom? _____ Results _____

7. Is child presently taking any medication? _____ For what reason? _____ Name of Medication _____

F. Social/Behavioral/Educational History

1. Difficulty Sleeping? _____

East Feliciana Parish Pupil Appraisal Services

2. Does child play alone or with other children? _____ How does child get along with other children? _____
3. Is child difficult to discipline? _____
Explain: _____
4. Would you describe your child as happy or unhappy? _____
5. Is your child unusually quiet or unusually active? _____
6. Does your child have difficulty in concentrating? _____
7. Did your child attend preschool or daycare? _____
8. School attending _____ Address _____ Grade _____
Teacher _____ Special Program? _____ What kind of grades does child make? _____

IV. ASSOCIATED SERVICES

1. Intelligence testing _____ Date _____
Where _____ Were the results normal? _____
2. Neurologic testing _____ Date _____
Where _____ Were the results normal? _____
3. Physical Therapy and/or evaluation _____ Date _____
Where? _____
4. Occupational therapy and/or evaluation _____ Date _____
Where? _____

V. PLEASE ADD ANY INFORMATION OR COMMENTS YOU THINK MIGHT BE HELPFUL. Thank you.

Adopted from: Ehrlich, Carol H., Ph.D., "Evaluation of Young Children and the Elderly" (Chapter 32), Handbook of Clinical Audiology (second edition); Edited by Jack Katz, Ph. D., The Williams and Wilkins Company, Baltimore, Maryland (1978), pp. 388-396

East Feliciana Parish Pupil Appraisal Services

TRANSITIONAL ASSESSMENT (Age 14 and older)

STUDENT _____ DATE _____

A. Student's strengths which may affect future planning:

B. Student's identified weaknesses which may affect future planning:

C. Student's limitations which may affect future planning:

____ No physical limitations or medical needs

____ Physical limitations (Describe below)

D. Medical/ Health Needs:

E. Home Chores:

F. Job Experience/Outcome:

G. Future Vocational Interest:

Teacher's Signature

Date

East Feliciana Parish Pupil Appraisal Services

STUDENT BEHAVIOR SURVEY

Student: _____

Please write the number that best describe progress of the student:

- 5 – Strongly Agree**
- 4 – Agree**
- 3 – Strongly Disagree**
- 2 – Disagree**
- 1 – Undecided**

Student has maintained proper behavior consistently. _____

Student has not been in total compliance with rules. _____

Student takes medication regularly. _____

The medication is provided for the school as it should be. _____

The student's grades are improving. _____

The student's behavior has improved. _____

The student's behavior is appropriate and acceptable. _____

A student conference should be made. _____

The parent of the child has maintained communication. _____

School home note is signed and returned daily. _____

The child has more good days than bad. _____

The child has had to see the principal in the last two weeks. _____

The child has turned in all homework daily in the past two weeks. _____

Teacher's comments: _____

Teacher's Signature: _____ Date: _____

Team Member: _____

CHECKLISTS

OBSERVATIONS

SURVEYS

East Feliciana Parish Pupil Appraisal Services

CHECKLIST OF SOCIAL AND EMOTIONAL “AT RISK” FACTORS

(Always consider the student’s developmental level when looking at these)

EXTERNAL CHARACTERISTICS

Almost
Never

Almost
Always

1. Argues with peers and adults.....
2. Does not comply with teacher instructions or directives.....
3. Displays aggression toward objects or persons.....
4. Has tantrums.....
5. Often is hyperactive.....
6. Intimidates, bullies and/or victimizes other students.....
7. Disturbs others.....
8. Steals and/or destroys other’s property.....
9. Does not follow teacher- or school- imposed rules.....
10. Is known to be cruel to animals.....
11. Demands attention.....
12. Indicates extremely negative feelings about school.....

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Note: 5 to 7 with “4” or “5” frequency indicates more screening needed
8 or more factors with a “4” or “5” frequency indicates an evaluation needed

INTERNAL CHARACTERISTICS

1. Has low or restricted activity levels.....
2. Doesn’t talk to other children.....
3. Appears fearful.....
4. Is observed to be shy, timid, and/or unassertive.....
5. Avoids or withdraws from social situations.....
6. Prefers to play or spend time alone.....
7. Does not participate in games and activities.....
8. Does not stand up for one’s self.....
9. Expresses suicidal thoughts.....
10. Reports hearing or seeing things that are not in reality.....
11. Avoids school.....

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Note: 5 or 6 factors with a “4” or “5” frequency indicates more screening needed.
7 or more factors with a “4” or “5” frequency indicates an evaluation needed.
A total of 10 to 14 factors with a “4” or “5” frequency in the 2 areas indicates more screening needed.

East Feliciana Parish Pupil Appraisal Services

ADD-ES Interpretation

Standard Scores

7-13	Average/Atypical
Below 7	Below Average (significant behavior)
Below 4	Serious level of concern (extreme behavior; significant enough to qualify student, along with documentation from other instruments, for a significant intervention program.)

The student need not score one or more standard deviations below the mean on both subscales in order to be recognized as demonstrating behaviors which are representative of the criteria for ADHD.

Quotient

85-115	Normal Range
84-81	Below Average
80-below	Significant indication of a major behavior concern; constitutes a need for attention/intervention

East Feliciana Parish Pupil Appraisal Services

ACHIEVEMENT MOTIVATION SCALE East Feliciana Parish Pupil Appraisal Services.

Student: _____ Teacher: _____

#	Rating	Item
1		Does the student bring necessary materials to class?
2		Is the student's attention to the learning task satisfactory?
3		Does the student work independently on assigned tasks?
4		Does the student present a positive attitude in class?
5		Is the student working at his/her ability level?
6		Does the student appear eager to learn?
7		Does the student finish his/her assigned classwork?
8		Does the student complete his/her homework assignments?
9		Is the student alert/attentive when assignments are being made?
10		Does the student comply with teacher instructions/directions?
11		Does the student show immediate interest in learning activities?
12		Does the student ask questions which indicate curiosity about subject matter?
13		Does the student show good effort in attempting to complete assignments?
14		Is his/her attention/concentration such that the student becomes absorbed in classroom activities and assignments?
15		Does the student show self-confidence regarding challenging academic work?
16		Does the student complete assignments on time?
17		Does the student present a positive mood when assignments are made?
18		Does the student participate well in most classroom activities?
19		Does the student shift easily from one task to another?
20		Is the student's overall achievement motivation level considered satisfactory?

*Instructions: Please fill in the 2nd column with the number rating that best describes this child:
1 = Always 2 = Usually 3 = Sometimes 4 = Never*

Teacher completes form and returns to Pupil Appraisal for scoring.

East Feliciana Parish Pupil Appraisal Services

Scoring Scale

Stinnet & Stinnet

Range	Rating
20 – 29	Excellent
30 – 49	Satisfactory
50 – 69	Questionable
70 – 80	Unsatisfactory

East Feliciana Parish Pupil Appraisal Services

ORIENTATION and MOBILITY SCREENING CHECKLIST

Name: _____ DOB: _____ Screening Date: _____

Screened by: _____ LEA: _____ School: _____

This orientation and mobility checklist, developed by the orientation and mobility instructors at the LA School for the Visually Impaired, may be used by the teacher or pupil appraisal personnel to screen the student's ability to travel in his or her environment.

(If three or more questions are answered with *Yes* or cannot be answered, the student should be referred to a certified orientation and mobility instructor for formal assessment.)

1. Student's visual acuity is less than 20/200 in the better eye after best correction.
2. Student has difficulty adjusting to changes in light intensity (bright sunlight to dim indoor light or vice versa).
3. Student stumbles over low obstacles, steps, and drop-offs.
4. Student veers and pinballs while walking down a hallway or corridor.
5. Student becomes disoriented in new environments.
6. Student maintains contacts with wall with hand while walking.
7. Student would rather hold hand or arm of another person while traveling in new environments.
8. Student veers onto grass while walking on a sidewalk.
9. Student becomes disoriented on reverse route back to starting point.
10. Student holds head at an angle while walking.
11. Student makes body contact with walls and other obstacles; bumps into other students.
12. Student uses hands to detect and avoid obstacles while walking.
13. Student uncertain to apprehensive about crossing at traffic intersections.
14. Student has difficulty determining cardinal directions using sun position.

East Feliciana Parish Pupil Appraisal Services

Louisiana Department of Education

Assistive Technology Checklist

<p>A. Motor Aspects of Writing</p> <ul style="list-style-type: none">◦ Pencil or pen with adaptive grip◦ Adapted paper (e.g., raised lines, highlighted lines)◦ Slantboard◦ Type Writer◦ Portable Word Processor◦ Computer◦ Other:	<p>B. Computer Access</p> <ul style="list-style-type: none">◦ Keyboard with easy access◦ Keyguard◦ Arm Support◦ Track Ball, track pad, joystick with onscreen keyboard◦ Alternate keyboard◦ Mouth stick or head pointer with standard or alternate keyboard◦ Head mouse with onscreen keyboard◦ Switch with Morse code◦ Switch with scanning◦ Voice recognition software◦ Word prediction software to reduce keystrokes◦ Other:
<p>C. Composing Written Material</p> <ul style="list-style-type: none">◦ Word cards, word book, or word wall◦ Pocket dictionary or thesaurus◦ Electronic or talking electronic dictionary, thesaurus, or spell checker◦ Word processor with spelling and grammar checker◦ Word processor with word prediction software to facilitate spelling and sentence◦ Talking word processor◦ Voice recognition software◦ Multimedia software for expression of ideas◦ Other:	<p>D. Communication</p> <ul style="list-style-type: none">◦ Communication board or book with pictures, objects, letters, or words◦ Eye gaze board (Eye gaze communication)◦ Simple voice output device◦ Voice output device with dynamic display◦ Voice output device with icon sequencing◦ Device with speech synthesis for typing◦ Other:
<p>E. Reading</p> <ul style="list-style-type: none">◦ Changes in text size, spacing, color, or background color◦ Use of pictures with text◦ Book adapted for page turning (e.g., page fluffers, 3-ring binder, cardboard in page protector)◦ Talking electronic device to pronounce challenging words◦ Scanner with talking word processor◦ Electronic books◦ Other:	<p>F. Learning and Studying</p> <ul style="list-style-type: none">◦ Print or picture schedule◦ Low tech aids to find materials (i.e. index tabs, color coded folders)◦ Highlight text (e.g., markers, highlight tape, ruler)◦ Software for manipulation of objects or concept development. Consider alternate input device (e.g., switch or touch screen)◦ Recorded material (books on tape, taped lectures with number coded index)◦ Other:

East Feliciana Parish Pupil Appraisal Services

Assistive Technology Checklist	
<p>G. Math</p> <ul style="list-style-type: none"> ◦ Abacus or math line ◦ Calculator, with or without print out ◦ Talking calculator ◦ Calculator with large keys or large LCD print out ◦ On screen calculator ◦ Software with templates for math computation (Consider adapted input methods) ◦ Tactile or voice output (“talking”) measuring devices (e.g., clock, ruler) ◦ Other: 	<p>H. Recreation</p> <ul style="list-style-type: none"> ◦ Adapted toys and games (e.g., toy with adaptive handle) ◦ Use of battery interrupter and switch to operate a toy ◦ Adaptive sporting equipment (e.g., lighted or bell ball, Velcro mitt) ◦ Universal cuff to hold crayons, markers, or paint brush ◦ Modified utensils (e.g., rollers, stampers, scissors) ◦ Ergo Rest to support arm for drawing or painting ◦ Drawing or graphic program on computer ◦ Playing games on the computer ◦ Music software on computer ◦ Other
<p>I. Activities of Daily Living (ADLs)</p> <ul style="list-style-type: none"> ◦ Adaptive eating devices (e.g., foam handle on utensil) ◦ Adaptive drinking devices (e.g., cup with cut out rim) ◦ Adaptive dressing equipment (e.g., button hook, reader) ◦ Other: 	<p>J. Mobility</p> <ul style="list-style-type: none"> ◦ Walker ◦ Grab rails ◦ Manual wheelchair ◦ Powered mobility toy ◦ Powered wheelchair with joystick, head switch, or sip/puff controls ◦ Other:
<p>K. Environmental Control</p> <ul style="list-style-type: none"> ◦ Light switch extension ◦ Environmental control device with switch to turn on electrical appliances (e.g., radio, fan, blender, and so on) ◦ Radio or ultrasound remote controlled appliances ◦ Other: 	<p>L. Positioning and Seating</p> <ul style="list-style-type: none"> ◦ Non-slip surface on chair to prevent slipping ◦ Bolster, rolled towel, or blocks for feet ◦ Adapted or alternate chair, sidelyer, stander ◦ Custom fitted wheel chair or insert ◦ Other:

East Feliciana Parish Pupil Appraisal Services

OBSERVATION FORM

Student _____

Date _____ School _____

Teacher _____

Time started _____ Time Finished _____

15 second interval recording

Classroom activity:

teacher lecturing free time
 small groups seat work
 student-led activities other

Codes:

On-task- O
 Off-task Motor- M
 Off-task Verbal- V
 Off-task Doing nothing- N

Directions:

Compare target student with a classmate. At the 15 second interval, note what each student is doing at that point in time.

Results:

Target Student:

of O _____
 # of M _____
 # of V _____
 # of N _____
 Total _____
 % on-task _____
 % off-task _____

Comparison Student:

of O _____
 # of M _____
 # of V _____
 # of N _____
 Total _____
 % on-task _____
 % off-task _____

	Target Student				Comparison Student			
1	O	M	V	N	O	M	V	N
2	O	M	V	N	O	M	V	N
3	O	M	V	N	O	M	V	N
4	O	M	V	N	O	M	V	N
5	O	M	V	N	O	M	V	N
6	O	M	V	N	O	M	V	N
7	O	M	V	N	O	M	V	N
8	O	M	V	N	O	M	V	N
9	O	M	V	N	O	M	V	N
10	O	M	V	N	O	M	V	N
11	O	M	V	N	O	M	V	N
12	O	M	V	N	O	M	V	N
13	O	M	V	N	O	M	V	N
14	O	M	V	N	O	M	V	N
15	O	M	V	N	O	M	V	N
16	O	M	V	N	O	M	V	N
17	O	M	V	N	O	M	V	N
18	O	M	V	N	O	M	V	N
19	O	M	V	N	O	M	V	N
20	O	M	V	N	O	M	V	N
21	O	M	V	N	O	M	V	N
22	O	M	V	N	O	M	V	N
23	O	M	V	N	O	M	V	N
24	O	M	V	N	O	M	V	N
25	O	M	V	N	O	M	V	N
26	O	M	V	N	O	M	V	N
27	O	M	V	N	O	M	V	N
28	O	M	V	N	O	M	V	N
29	O	M	V	N	O	M	V	N
30	O	M	V	N	O	M	V	N
31	O	M	V	N	O	M	V	N
32	O	M	V	N	O	M	V	N
33	O	M	V	N	O	M	V	N
34	O	M	V	N	O	M	V	N
35	O	M	V	N	O	M	V	N
36	O	M	V	N	O	M	V	N
37	O	M	V	N	O	M	V	N
38	O	M	V	N	O	M	V	N
39	O	M	V	N	O	M	V	N
40	O	M	V	N	O	M	V	N

East Feliciana Parish Pupil Appraisal Services

EAST FELICIANA PARISH SCHOOLS STUDENT INFORMATION PROCESSING PROFILE FREQUENTLY ASKED QUESTIONS

What is the Student Information Processing Profile (SIPP)?

The Information Processing Profile is an informal assessment of how effective the student processes information. This rating scale assists teachers and other support personnel in determining what strategies the student uses to access data.

What do the rating scales measure?

The rating scales focus on six categories of information processing. Each category has the same 7 items for a total of 42 items on each of the three scales.

How old does the student have to be to benefit from a SIPP?

All school-aged students can be rated on all items. Students should be compared to themselves so that the student's strengths and weaknesses in information processing can be pinpointed. Items should be adapted to the student's age. For example, students in kindergarten should be compared to other kindergarten students in letter mastery rather than word or sentence mastery.

Where should the rating scale be completed?

Since this rating scale has a significant impact on the development of the student's IEP and on the techniques used in this student's instruction, it should be carefully completed in a comfortable setting when other students are not present.

How much of my time will the rating scale take?

The rating scales can easily be completed and scored within ten minutes. For students needing assistance in completion of the scale, i.e., needing to have the test read and items clarified, the maximum time needed will be doubled.

How many rating scales are there?

There are three: Teacher, Student, and Home Scale.

Who completed the rating scales?

On the Teacher scale, the teacher who knows the student best should complete the scale. Typically this would be the special education teacher should the student be identified as an exceptional student.

On the Home scale, the primary caregiver should complete the scale and return it to school. If this is a problem, the scale can be completed by the parent via phone.

The student should complete the Student scale. Most students under fifth grade, developmentally delayed, or those not used to completion of questionnaires may need assistance with this scale. Since it is important to determine that the student can reliably complete the scale, the teacher needs to be available to assist the student as needed. This scale should be the student's rating, not the teacher's.

How often do the rating scales need to be completed?

The rating scales must be completed during the initial evaluation. If a student comes to the teacher's class without a SIPP, the teacher should conduct it immediately to identify strategies that would meet the student's processing deficits and thus be addressed on his/her IEP (instructional program in the classroom).

East Feliciana Parish Pupil Appraisal Services

STUDENT INFORMATION PROCESSING PROFILE: TEACHER CHECKLIST

Student: _____ Date: _____ Grade: _____

Respondent: _____

Directions: This questionnaire will provide an informal measure of processing skills, which can affect student access to the general educational curriculum. For each item, circle how often the student demonstrates the processing skill. Total the numbers for each category and place the number in the designated box.

For each category, a total score of 0-7 is regarded as a processing area of relative strength. Relative processing weaknesses are from 8 to 21. Rank order totals of 8 or above from the highest number to the lowest on the next page. The highest total is the weakest processing area.

<u>Acquisition</u>				
Accurately receiving and/or perceiving information.	Usually	Sometimes	Seldom	Never
Discriminates auditorially.	0	1	2	3
Discriminates visually.	0	1	2	3
Acquires information by hearing.	0	1	2	3
Acquires information by seeing.	0	1	2	3
Acquires information by touching.	0	1	2	3
Acquires information through a multi-sensory approach.	0	1	2	3
Links new information to previous information.				
<u>Acquisition Total:</u>				
<u>Organization</u>				
Structuring information (categorizing, sequencing)	Usually	Sometimes	Seldom	Never
Brings needed materials to class.				
Finishes tasks.				
Turns in completed assignments on time.				
Prioritizes information.				
Sequences information.				
Categorizes and associates information.				
Uses planning skills, planning aids, etc.				
<u>Organization Total:</u>				
<u>Storage</u>				
Retains, adds information to existing information				
Follows two- to three-step directions.				
Immediately recalls information.				
Remembers visual materials.				
Remembers auditory materials.				
Recognizes information over a period of time.				
Recalls information over a period of time.				
Tests well on information studied.				
<u>Storage Total:</u>				

East Feliciana Parish Pupil Appraisal Services

STUDENT INFORMATION PROCESSING PROFILE: TEACHER, continued

<u>Retrieval</u>				
Locating or recalling stored information	Usually	Sometimes	Seldom	Never
Locates key facts or ideas.	0	1	2	3
Remembers facts.	0	1	2	3
Counts and calculates automatically.	0	1	2	3
Develops strategies to help recall information.	0	1	2	3
Responds in an acceptable amount of time.	0	1	2	3
Names or labels.	0	1	2	3
Uses rote memory skills.	0	1	2	3
<u>Retrieval Total:</u>				
<u>Expression</u>				
Communicating information	Usually	Sometimes	Seldom	Never
Communicates information verbally/manually.	0	1	2	3
Communicates information through writing.	0	1	2	3
Communicates through nonverbal means—gestures, etc.	0	1	2	3
Responds appropriately to communication (verbal/manual).	0	1	2	3
Asks questions related to content (verbal/manual).	0	1	2	3
Answers questions related to content (verbal/manual).	0	1	2	3
Gives directions verbally (or main form of communication).	0	1	2	3
<u>Expression Total:</u>				
<u>Manipulation</u>				
Applying, using, and/or altering information	Usually	Sometimes	Seldom	Never
Makes age-appropriate inferences from materials learned.	0	1	2	3
Finds more than one way to answer a question.	0	1	2	3
Summarizes information, analyzes and solves at age level.	0	1	2	3
Applies learned information to new situations.	0	1	2	3
Writes sentences at age-appropriate length and complexity.	0	1	2	3
Interprets information.	0	1	2	3
Applies information.	0	1	2	3
<u>Manipulation Total:</u>				
<u>Summary Table: List all Category Totals in first column.</u>				
<u>Rank ONLY Totals 8 or above in second column.</u>				
(Highest Number is 1)				
<u>Category</u>	<u>Category Total</u>	<u>Ranking</u>		
Acquisition Total:				
Organization Total:				
Storage Total:				
Retrieval Total:				
Expression Total:				
Manipulation Total:				

East Feliciana Parish Pupil Appraisal Services

STUDENT INFORMATION PROCESSING PROFILE – HOME/FAMILY CHECKLIST

Student: _____ **Date:** _____ **Grade:** _____

Respondent: _____ **Relationship to Student:** _____

Directions: Please complete this form and return it to school. This questionnaire will provide an information measure of processing skills, which can affect your child’s access to the educational curriculum. The information will be used in planning appropriate services for your child.

For each item, circle how often your child demonstrates the processing skill.

<u>Acquisition</u>				
Accurately receiving and/or perceiving information.	Usually	Sometimes	Seldom	Never
Tells differences through sound.	0	1	2	3
Tells differences through seeing.	0	1	2	3
Gets information by hearing.	0	1	2	3
Gets information by seeing.	0	1	2	3
Gets information by touching.	0	1	2	3
Gets information through combining hearing/seeing, etc.	0	1	2	3
Links new information to previous information.	0	1	2	3
<u>Acquisition Total:</u>				
<u>Organization</u>				
Structuring information (categorizing, sequencing)	Usually	Sometimes	Seldom	Never
Takes needed materials to activities at home and school.	0	1	2	3
Finishes tasks.	0	1	2	3
Completes work and other activities at home on time.	0	1	2	3
Prioritizes information.	0	1	2	3
Sequences information.	0	1	2	3
Categorizes and puts information together.	0	1	2	3
Uses planning skills, planning aids, etc.	0	1	2	3
<u>Organization Total:</u>				
<u>Storage</u>				
Retains, adds information to existing information	Usually	Sometimes	Seldom	Never
Follows two- to three-step directions.	0	1	2	3
Immediately recalls information.	0	1	2	3
Remembers materials seen.	0	1	2	3
Remembers materials heard.	0	1	2	3
Recognizes information over a period of time	0	1	2	3
Recalls information over a period of time.	0	1	2	3
Tests well on information studied.	0	1	2	3
<u>Storage Total:</u>				

East Feliciana Parish Pupil Appraisal Services

STUDENT INFORMATION PROCESSING PROFILE: HOME/FAMILY, continued

<u>Retrieval</u>				
Locating or recalling stored information	Usually	Sometimes	Seldom	Never
Finds key facts or ideas when studying or talking.	0	1	2	3
Remembers facts.	0	1	2	3
Counts and calculates automatically.	0	1	2	3
Develops ways to help recall information.	0	1	2	3
Responds in an acceptable amount of time.	0	1	2	3
Names or labels.	0	1	2	3
Uses rote memory skills; recalls information automatically.	0	1	2	3
<u>Retrieval Total:</u>				
<u>Expression</u>				
Communicating information	Usually	Sometimes	Seldom	Never
Communicates information by talking or gesturing.	0	1	2	3
Communicates information through writing.	0	1	2	3
Communicates through nonverbal means—gestures, etc.	0	1	2	3
Responds appropriately to communication (talking/gesturing).	0	1	2	3
Asks questions related to content (talking/gesturing).	0	1	2	3
Answers questions related to content (talking/gesturing).	0	1	2	3
Gives directions verbally (or main form of communication).	0	1	2	3
<u>Expression Total:</u>				
<u>Manipulation</u>				
Applying, using, and/or altering information	Usually	Sometimes	Seldom	Never
Makes age-appropriate inferences from materials learned.	0	1	2	3
Finds more than one way to answer a question.	0	1	2	3
Summarizes information, analyzes and solves at age level.	0	1	2	3
Applies learned information to new situations.	0	1	2	3
Writes sentences at age-appropriate length and complexity.	0	1	2	3
Interprets information.	0	1	2	3
Applies information.	0	1	2	3
<u>Manipulation Total:</u>				
<u>Summary Table: List all Category Totals in first column.</u>				
<u>Rank ONLY Totals 8 or above in second column.</u>				
TEACHER to complete summary (follow instructions in Teacher Checklist)				
(Highest Number is 1)				
<u>Category</u>	<u>Category Total</u>	<u>Ranking</u>		
Acquisition Total:				
Organization Total:				
Storage Total:				
Retrieval Total:				
Expression Total:				
Manipulation Total:				

East Feliciana Parish Pupil Appraisal Services

STUDENT INFORMATION PROCESSING PROFILE – STUDENT QUESTIONNAIRE/INTERVIEW

Student: _____ Date: _____ Grade: _____

_____ Check if the student was interviewed (student did not complete questionnaire)

Name of interviewer/relationship to student: _____

Directions: Circle the word that best describes you (Items may be read to the student)

<u>Acquisition</u>				
Accurately receiving and/or perceiving information.	Usually	Sometimes	Seldom	Never
I tell differences through sound.	0	1	2	3
I tell differences through what I see.	0	1	2	3
I get information through hearing.	0	1	2	3
I get information through seeing.	0	1	2	3
I get information through touching.	0	1	2	3
I get information through combining hearing/seeing, etc.	0	1	2	3
I put the new information I learn with things I know.	0	1	2	3
Acquisition Total:				
<u>Organization</u>				
Structuring information (categorizing, sequencing)	Usually	Sometimes	Seldom	Never
I bring needed materials to class.	0	1	2	3
I finish a task.	0	1	2	3
I turn in completed assignments on time.	0	1	2	3
I prioritize information (I put it in order of importance).	0	1	2	3
I sequence information (I put things one after the other).	0	1	2	3
I categorize and bring together information.	0	1	2	3
I use planning skills, planning aids, and so forth.	0	1	2	3
Organization Total:				
<u>Storage</u>				
Retains, adds information to existing information	Usually	Sometimes	Seldom	Never
I follow two- to three-step directions.	0	1	2	3
I immediately recall information.	0	1	2	3
I remember materials I see.	0	1	2	3
I remember materials I have heard.	0	1	2	3
I recognize information over a period of time.	0	1	2	3
I recall information over a period of time.	0	1	2	3
I test well on information I have studied.	0	1	2	3
Storage Total:				

East Feliciana Parish Pupil Appraisal Services

STUDENT INFORMATION PROCESSING PROFILE: STUDENT, continued

<u>Retrieval</u>				
Locating or recalling stored information	Usually	Sometimes	Seldom	Never
I find key facts or ideas when I study or talk.	0	1	2	3
I remember facts.	0	1	2	3
I count and calculate automatically.	0	1	2	3
I develop strategies to help recall information.	0	1	2	3
I respond in an acceptable amount of time.	0	1	2	3
I name or label things.	0	1	2	3
I use rote memory skills (I recall information automatically).	0	1	2	3
Retrieval Total:				
<u>Expression</u>				
Communicating information	Usually	Sometimes	Seldom	Never
I communicate information by talking or gesturing.	0	1	2	3
I communicate information through writing.	0	1	2	3
I communicate through non-verbal means (for non-talkers*)	0	1	2	3
I respond appropriately to communication (for non-talkers*)	0	1	2	3
I ask questions related to content (for non-talkers*)	0	1	2	3
I answer questions related to content (for non-talkers*)	0	1	2	3
I give directions verbally (for non-talkers*)	0	1	2	3
Expression Total:				
<u>Manipulation</u>				
Applying, using, and/or altering information	Usually	Sometimes	Seldom	Never
I make age-appropriate inferences from material I learned.	0	1	2	3
I find more than one way to answer a question.	0	1	2	3
I summarize information, analyze and solve problems.	0	1	2	3
I apply what I learned to new situations.	0	1	2	3
I write letters, words, or sentences at my age level.*	0	1	2	3
I interpret information (explain the meaning of information).	0	1	2	3
I apply information (I put information to use).	0	1	2	3
Manipulation Total:	*This considers length and complexity.			

East Feliciana Parish Pupil Appraisal Services

Summary Table: List all Category Totals in first column.

Rank ONLY Totals 8 or above in second column.

TEACHER to complete summary (follow instructions in Teacher Checklist)
(Highest Number is 1)

<u>Category</u>	<u>Category Total</u>	<u>Ranking</u>
Acquisition Total:		
Organization Total:		
Storage Total:		
Retrieval Total:		
Expression Total:		
Manipulation Total:		

STUDENT INFORMATION PROCESSING PROFILE SUMMARY

Directions:

1. Place total scores in each category by form below.
2. If one checklist is completed, totals stand as they are and weaknesses are ranked on the back of the form.
3. For 2 checklists completed, add totals by categories and divide by two. Weaknesses are ranked from highest to lowest.
4. For 3 checklists completed, add totals by categories and divide by three. Weaknesses are ranked from highest to lowest.
5. All seven items need to be rated in each category to use the rating.

SUMMARY TABLE

Acquisition	Organization	Storage	Retrieval	Expression	Manipulation
Teacher T: __	Teacher T: __	Teacher T: __	Teacher T: __	Teacher T: __	Teacher T: __
Student T: __	Student T: __	Student T: __	Student T: __	Student T: __	Student T: __
Home T: __	Home T: __	Home T: __	Home T: __	Home T: __	Home T: __
Sum Total: __	Sum Total: __	Sum Total: __	Sum Total: __	Sum Total: __	Sum Total: __
Divided T: __	Divided T: __	Divided T: __	Divided T: __	Divided T: __	Divided T: __

East Feliciana Parish Pupil Appraisal Services

Student _____

Evaluator _____

Date _____

Test Given _____

Total (42-45 needed to pass) _____

Theatre in Performing Arts K-3 Score Sheet

		Little/No	Somewhat	Average	Above Av.	Outstanding
I. Use of Body						
Stage Presence	0	1	2	3	4	4
Freedom of Movement/Plasticity	0	1	2	3	4	4
Gestures/Mannerisms/Facial Expressions	1	-	2	-	3	3
II. Focus and Concentration						
	0	1	2	3	4	4
III. Use of Voice						
Quality/Pitch/Rate/Diction	0	1	2	3	4	4
Expression/Projection	0	1	2	3	4	4
IV. Characterization/Improvisation						
Create character	0	1	2	3	4	4
Create Dialogue	0	1	2	3	4	4
Respond to Side-Coaching/Actor	0	1	2	3	4	4
V. Creativity/Imagination/ Manipulation of Imaginary Objects						
Creativity/Imagination	0	1	2	3	4	4
Manipulation of Imaginary Objects	0	1	2	3	4	4
Fluency (number of images in 2 minutes)	0 (3 or less)	1 (4)	2 (5)	3 (6)	4 (7)	4

East Feliciana Parish Pupil Appraisal Services

Student _____

Evaluator _____

Date _____

Test Given _____

Total (42-45 needed to pass) _____

Theatre in Performing Arts 4-6 Score Sheet

		Little/No	Somewhat	Average	Above Av.	Outstanding
I. Use of Body						
Stage Presence	0	1	2	3	4	
Freedom of Movement/Plasticity	0	1	2	3	4	
Gestures/Mannerisms/Facial Expressions	1	-	2	-	3	
II. Focus and Concentration						
	0	1	2	3	4	
III. Use of Voice						
Quality/Pitch/Rate/Diction	0	1	2	3	4	
Expression/Projection	0	1	2	3	4	
IV. Characterization/Interpretation						
Prepared Presentation						
Ability to Create a Character	0	1	2	3	4	
Range of Emotion	0	1	2	3	4	
Ability to Take Direction	0	1	2	3	4	
V. Creativity/Imagination/ Manipulation of Imaginary Objects						
Creativity/Imagination	1	-	2	-	3	
Manipulation of Imaginary Objects	1	-	2	-	3	
Fluency (number of images in 2 minutes)	0 (under 5)	1 (5-6)	2 (7-8)	3 (9-10)	4 (over 10)	

East Feliciana Parish Pupil Appraisal Services

Student _____
Evaluator _____
Date _____
Test Given _____
Total (42-45 needed to pass) _____

Theatre in Performing Arts 7-12 Score Sheet

		Little/No	Somewhat	Average	Above Av.	Outstanding
I. Use of Body						
Freedom of Movement/Plasticity	0	1	2	3	4	
Gestures/Mannerisms/Facial Expressions	0	1	2	3	4	
Commitment to Movement/Activity	0	1	2	3	4	
Focus and Concentration	0	1	2	3	4	
Stage Presence	1	2	3	4	5	
II. Use of Voice						
Voice Control	0	1	2	3	4	
Vocal Projection	0	1	2	3	4	
Expression	0	1	2	3	4	
III. Characterization/Interpretation						
Prepared Presentation						
Create a Character	0	1	2	3	4	
Range of Emotion	0	1	2	3	4	
Interpretation	0	1	2	3	4	
Ability to Take Direction	1	2	3	4	5	

East Feliciana Parish Pupil Appraisal Services

PUPIL APPRAISAL HANDBOOK RE-EVALUATION PROCEDURES CHECKLIST

STUDENT: _____ LEA: _____ I.D.#:

AGE: _____ SCHOOL: _____ REVIEWER: _____ DATE:

INSTRUCTIONS: Complete the section(s) that correspond with the child's exceptionality(s) using a ✓ for Yes, and X for No, or N/A for Not Applicable.

AUTISM

___ All requirements of the Individual Evaluation Process Re-evaluation Section

DEAF-BLINDNESS

___ All requirements of the Individual Evaluation Process Re-evaluation Section

___ Vision evaluation by optometrist or ophthalmologist when eye condition is progressive or unstable

___ A hearing assessment conducted by an audiologist or otologist, if warranted

DEVELOPMENTAL DELAY

___ All requirements of the Individual Evaluation Process Re-evaluation Section

___ A re-evaluation conducted prior to student's ninth birthday to declassify or to classify categorically, including initial evaluation procedures for the suspected exceptionality

EMOTIONAL DISTURBANCE

___ All requirements of the Individual Evaluation Process Re-evaluation Section

___ A determination of the following
___ current out-of-home placement
___ risk of out-of-home placement
___ risk of out-of-school placement, and need for multi-agency services

___ A psycho-social evaluation conducted by a school social worker or other qualified examiner to determine whether the behavior or concern occurs out-of-school, and if so
___ when
___ where

East Feliciana Parish Pupil Appraisal Services

___ under what circumstances **and**
___ description of parental efforts to deal with the problem behavior

___ Assessments of the student's cognitive, emotional, and social functioning, and a review of related / services provided through education and/or other agencies

GIFTED

___ If there were no concerns, a copy of the revised IEP form documenting that the re-evaluation summary was received.

___ If concerns exist, all requirements of the IEP Re-evaluation Section were followed.

HEARING IMPAIRMENT

___ All requirements specified under the Individual Evaluation Process Re-Evaluation Section, including vision screening, were followed.

___ Assessments were reviewed/administered to determine receptive and expressive language levels AND academic levels of functioning in relationship to the general curriculum to determine progress.

___ Information from the teacher(s) that determines opportunities for direct communication and instruction with peers and professionals in the student's language and communication mode was obtained.

___ Hearing sensitivity and speech understanding assessments were conducted by an audiologist or specially trained physician
___ with amplification and
___ without amplification.

___ If this student was old enough [approximately six (6) years old] for valid results to be obtained, a comprehensive vision examination was conducted by an ophthalmologist or optometrist to screen for the presence of any progressive eye disease. This examination is to be conducted at least once during the student's educational career. **Please note whether this was addressed during a previous evaluation. Date:**

___ If the above procedure was conducted by an optometrist and disease was suspected, the student was referred to an ophthalmologist.

___ If this student is fourteen (14) years of age and has been considered "at risk" for Ushers Syndrome, a comprehensive vision examination was conducted by an ophthalmologist or optometrist.

East Feliciana Parish Pupil Appraisal Services

___ If the above procedure was conducted by an optometrist and disease was suspected, the student was referred to an ophthalmologist.

MENTAL DISABILITIES

___ All requirements of the Individual Evaluation Process Re-evaluation Section

___ An adaptive behavior assessment (required for only mildly impaired)

MULTIPLE DISABILITIES

___ All requirements of the Individual Evaluation Process Re-evaluation Section

ORTHOPEDIC IMPAIRMENT

___ All requirements of the Individual Evaluation Process Re-evaluation Section

___ A medical examination conducted within the past year by a physician qualified to assess orthopedic or neurological problems

The above report provides

___ a description of the impairment

___ any medical implications for instruction or physical education **and**

___ information to indicate adaptive equipment and support services necessary.

OTHER HEALTH IMPAIRMENT

___ All requirements of the Individual Evaluation Process Re-evaluation Section

___ A medical examination conducted within the past year by a physician qualified to assess the student's health problem.

The above report provides

___ a description of the impairment **and**

___ any medical implications for instruction and physical education.

SPECIFIC LEARNING DISABILITY

___ All requirements of the Individual Evaluation Process Re-evaluation Section

SPEECH OR LANGUAGE IMPAIRMENT

East Feliciana Parish Pupil Appraisal Services

___ All requirements of the Individual Evaluation Process Re-evaluation Section

TALENTED

___ If there were no concerns, a copy of the revised IEP form documenting re-evaluation summary was received.

___ If concerns exist, all requirements of the IEP Re-evaluation Section were followed.

TRAUMATIC BRAIN INJURY

___ All requirements of the Individual Evaluation Process Re-evaluation Section

___ Medical examination or health assessment, when deemed appropriate

VISUAL IMPAIRMENT

___ All requirements of the Individual Evaluation Process Re-evaluation Section

___ Eye examination conducted by an ophthalmologist or optometrist. If this student's impairment is a progressive or unstable loss of vision, the eye examination shall occur yearly.

___ Consideration shall be given to the appropriateness of current reading/learning media and travel abilities, especially for the student whose vision may change or may have changed.

(Revised

7-1-2000)