

IBERVILLE PARISH SCHOOLS
Pupil Appraisal Services
Referral for Re-Evaluation

Student Name _____ Date of Birth _____

Parent/Guardian _____ Phone # Home _____ Work# _____

Address _____

School _____ Exceptionality _____ Grade _____ Age _____

REASON FOR EVALUATION:

- _____ Triennial
- _____ Results of Manifestation Determination Review
- _____ Significant Change in Placement
- _____ Other (e.g., new concerns, court order, etc.)
- _____ (Specify) _____

1. Check services student is currently receiving: _____ Speech _____ APE _____ O.T. _____ P.T.
(Attach progress reports)

2. Are there student needs which are not being addressed in his/her current program? (Speech, motor, vocational training, etc.) Yes _____ No _____ If Yes; Please explain _____

3. List the student's current strengths and weaknesses. Please address both academic and behavioral areas:
Strengths: _____
Weaknesses: _____

4. Are parents satisfied with the student's current performance? _____

5. Does this student have any health problems? _____

6. List medications taken regularly. _____

Please attach Vision and Hearing Screening.
Please attach Vocational Assessment and any Functional Behavior Assessment and Behavioral Management Plans.

Current Iowa Scores: Date: _____ Current WRAT Scores: Date: _____

	%tile		Grade	Standard Scores	%tile
Reading	_____	Reading	_____	_____	_____
Mathematics	_____	Spelling	_____	_____	_____
Language	_____	Arithmetic	_____	_____	_____
Composite	_____				

Most current LEAP Test: _____ Grade Level _____ Reading – Passed/Failed _____ Mathematics – Passed/Failed _____

Person completing this report _____ Date _____