

IBERVILLE PARISH SCHOOLS  
Pupil Appraisal Services  
Referral for Re-Evaluation

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Please verify with student)

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 address 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 \_\_\_\_\_