

# REEVALUATION PROCEDURE



## CHAPTER H

### RE-EVALUATION PROCEDURE

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COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT NO. 10  
DEPARTMENT OF SPECIAL EDUCATION

**CHECKLIST FOR RE-EVALUATIONS**

In order to process re-evaluations, it is necessary for the following information to be completed and sent to the Special Education Office. Please note that **all blanks** on the form must be filled in or they will be returned. Please submit the required forms to the Special Education Office no later than two weeks of receipt.

1. \_\_\_\_\_ Re-evaluation form (all sections)
2. \_\_\_\_\_ Copy of cumulative record (i.e., grades for all schools attended).
3. \_\_\_\_\_ Copy of most recent group ability and achievement tests (i.e., IGAP, IOWA, OLSAT).
4. \_\_\_\_\_ Copy of current year's grade card
5. \_\_\_\_\_ Vision/Hearing Screening (completed by School Nurse).
6. \_\_\_\_\_ Speech and Language Screening form (completed by Speech/Language Pathologist).

[http://www.kahoks.org/CUSD/Forms/Special Ed Forms/Speech and Language Screening Template.doc](http://www.kahoks.org/CUSD/Forms/Special_Ed_Forms/Speech_and_Language_Screening_Template.doc)

(Date) \_\_\_\_\_ Sent to Special Education Office.

Checked by: \_\_\_\_\_

Initial Referral   
Re-evaluation

Date of Exam: \_\_\_\_\_

**VISION AND  
HEARING EXAM**

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Vision passed: \_\_\_\_\_ Vision failed: \_\_\_\_\_

Hearing passed: \_\_\_\_\_ Hearing failed: \_\_\_\_\_

Unable to test (reason): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this student wear glasses? Yes  No

Did the student have his glasses on the day of testing? Yes  No

When was the student's last vision exam? \_\_\_\_\_

Does the student wear a hearing aid? Yes  No

Did the student have his hearing aid on the day of testing? Yes  No

When was the student's last hearing exam? \_\_\_\_\_

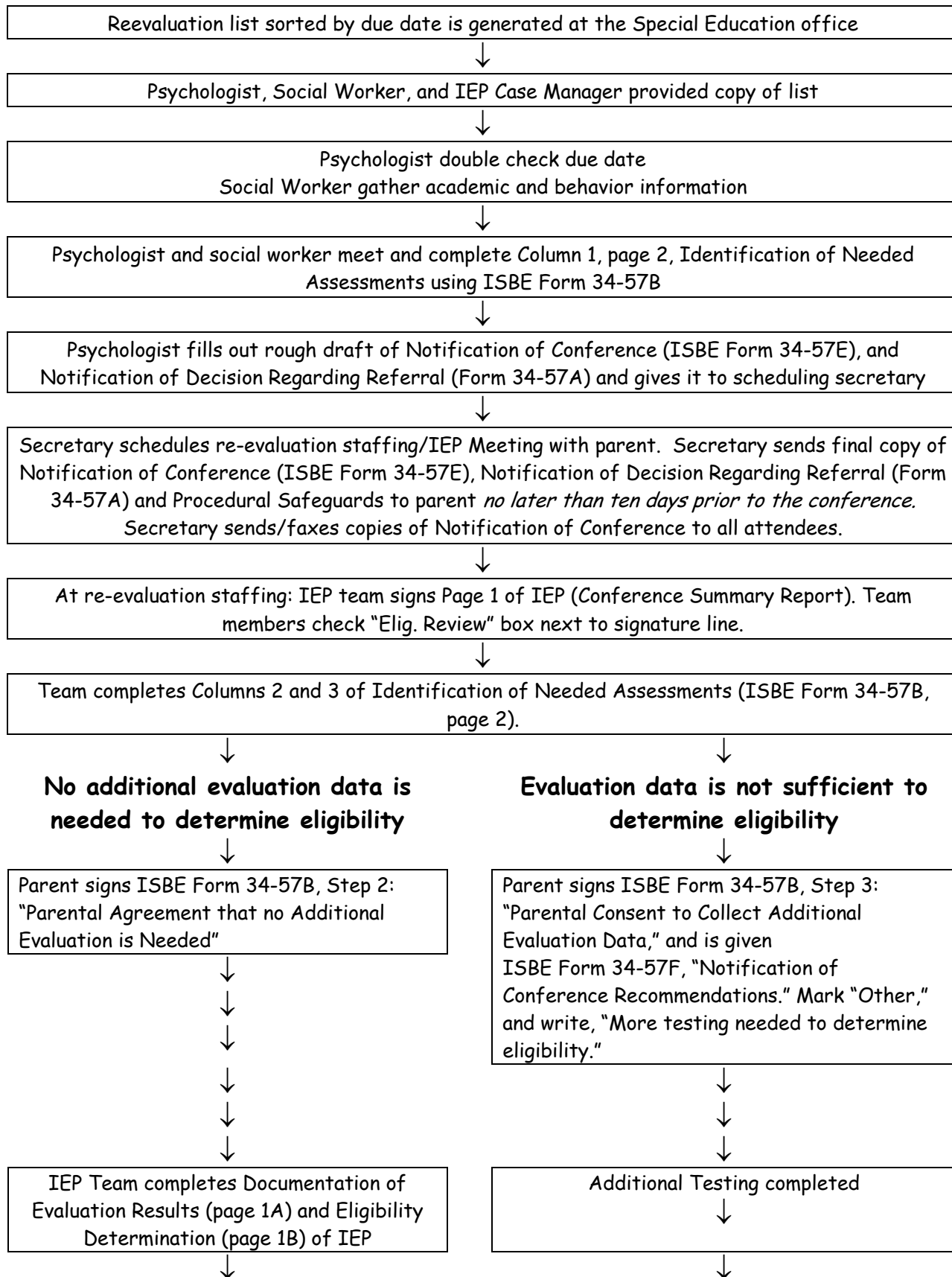
Was a referral made to parent for a vision exam? Yes  No

Was a referral made to parent for a hearing exam? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

## Triennial Reevaluation Procedures



## Triennial Reevaluation Procedures

