

School District:

Special Education Speech-Language Reevaluation Report

Child _____ DOB _____

School _____ Grade _____

Teacher _____ SLP _____

Evaluation Dates _____ Report Date _____

Reason for the Reevaluation: *(Include pertinent information about initial/previous evaluation results; date of initial identification.)*

Summary of Services: *(Include history of speech and language and other services, speech-language intervention targets and progress since last evaluation as well as any additional information that emerged at the reevaluation planning PPT.)*

Pertinent Information: *(Summarize information gathered since last evaluation, such as changes in medical, health, family status, as well as any additional information that emerged at the reevaluation planning PPT.)*

Assessment Information:

NOTE: *No child can be considered eligible solely on the basis of standardized test results. Observations in the classroom and/or other relevant settings are required. Areas of difficulty delineated by standardized tests must be confirmed by descriptive measures of functional communicative ability in order to determine adverse educational impact.*

- Hearing Screening/Evaluation Results

Comments:

- Observations in the classroom and/or other relevant settings yielded the following pertinent functional information.

Comments:

Check which descriptive measures were used.

___ speech sample

___ oral language sample

