

Special Education Student Record Review

Student: _____ Reviewer: _____ Date of Review: _____

Purpose (Check One): Initial Evaluation Reevaluation Compliance/Monitoring Other _____

Background Information

Custody Information: Primary Custodian _____ Secondary Custodian _____

Living situation: Both parents Mother only Father only Joint/shared in two homes Other _____

Primary language spoken at home English Spanish French Other _____

Siblings No Yes – List Names/Ages _____

Previous Schools (attach additional sheet if more than seven):

School Name/Address _____ Dates/Grade(s) _____

School Name/Address _____ Dates/Grade(s) _____

School Name/Address _____ Dates/Grade(s) _____

School Name/Address _____ Dates/Grade(s) _____

School Name/Address _____ Dates/Grade(s) _____

Medical Concerns:

Vision Problems – Documented when? _____ Hearing difficulties – Documented when? _____

Other Medical Concerns (List) _____

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Services Information:

Receiving special Ed Services: Initial Evaluation Date: _____ Reevaluation Date(s): _____

Discipline History (Summarize, or attach copies of reports): _____

Home Correspondence (Summarize, or attach copies of letters): _____

Adverse Effect Information

Current grade: _____ Retained in grade _____

Previous test scores (attach copies):

Group Administered: Stanford Achievement Terra Novas Otis Lennon Gates-Maginitie

IOWA PSAT SAT Other _____

Criterion Referenced: QRI-4 Brigance DRA POA NECAP Other _____

Report Cards Available (attach copies): Yes No Requested from previous school(s)

Work samples/portfolios (List for reference):

Reviewer's Comments: _____
