**Annotated Re-Evaluation Report (RR)**

*Date of report:* This date should be the last day that you worked on the report; this date is pulled from IEPwriter for compliance checking and should be no more than 3 years from the last RR (2 years from the last RR for all ID students) and no more than 30 days prior to the IEP meeting

*Date Report Provided to Parent/Guardian/Surrogate:* date when report was presented to parent at a meeting. This CANNOT exceed 60 calendar days from date of receipt of signed Permission to Reevaluate-Consent form.

*Date IEP Team Reviewed Existing Evaluation Data:* 30 days prior from the date the permission was sent.

1. **SUMMARIZE INFORMATION REVIEWED**
2. *Physical condition, social, or cultural background, and adaptive behavior relevant to the student’s disability and need for special education:*

* Summary of student’s medical information (**CURRENT** vision/hearing screenings, current doctor, history of and current medical diagnoses, current medications, history and current agency involvement, history of and current hospitalizations) via nurse’s report and parent disclosure (if provided
* Developmental history provided by the parent input or initial ER.
* Summary of social/cultural background (family constellation, languages spoken at home and by child, changes in residence/school) obtained through review of previous evaluation (or initial evaluation)
* Summary of regular educational history (attendance, retentions, years of IST/Title/ESL) obtained through review of previous evaluation
* Summary of special education history (years in service, type of service(s) Obtained through a review of last 2/3 IEPs.
* Adaptive information, including rating scales by the psychologist. Can reference previous adaptive testing with a statement that the student continues to demonstrate the skills at a level that is consistent with those previously obtained on DATE . If the student’s adaptive functioning appears to be noticeably different from the previous adaptive testing results, you should request that the school psychologist re-administer the testing; which needs to be indicated on the Permission to Reevaluate-Consent Form

1. *Evaluations and information provided by the parent (or documentation of LEA’s attempts to obtain parental input):*

* Parent input form (or indications that information was solicited, but not returned, and documented in the contact log but reiterated/noted in this section of dates and methods of attempts to contact)
* Summary of previous medical/psychological reports provided by the parent

1. *Aptitude and achievement tests:*

* Aptitude results (IQ testing scores **ONLY**). Do not copy/paste the whole entire test.
* Achievement results (achievement testing/historical CBA data scores **ONLY**, 1-3 years prior to current school year **ONLY**)

1. *Current classroom based assessments and local and/or state assessments:*

* State assessments results (PSSA/PASA results 4-12)
* Curriculum Based Assessment results (Burns/Roe, Jerry Johns, GMADE, Brigance for current year **ONLY**)
* ESL testing results (initial WIDA results, current WIDA results, current level, frequency of service, ESL progress monitoring data)
* Vocational Technical Education Assessment results
  + Vocational data (NOCTI testing for all students enrolled in a vocational program at HACC)
* Secondary Transition
  + Transition data (interest inventories, interviews, etc). Required for any student who is turning 13 during the course of the IEP duration OR any student as appropriate (If new/updated testing is required; it must be listed on the Permission to Reevaluate-Consent Form)
* Functional Behavior Assessment data
  + Behavioral rating scales per school psychologist (if updated and was indicated on the Permission to Reevaluate-Consent Form)
  + Summary of behavioral progress over past 1-3 years/previous evaluation
  + Behavioral charting information

1. *Observations by teacher(s) and related service provider(s), when appropriate:*

* Observations by guidance/teachers
* Disciplinary infractions (administrative reprimands/suspensions/expulsions)
* Behavioral rating scales and/or behavioral charting information
* Related service provider data (speech, OT, PT, vision, hearing; current information **ONLY.** *Related service providers should summarize rate of progress since previous evaluation as part of their input. DO NOT reiterate previous testing results in this section!)*

1. *Teacher recommendations:*

* Recommendation regarding area of need relating to instruction and assessment (oral language, listening comprehension, written expression, basic reading skill, reading fluency, reading comprehension, mathematics calculation, math problem solving, daily living skills, attention to task, increase/decrease specific behaviors, social skills, etc.)
* This is **NOT** a recommendation for a certain type/amount of services (e.g. speech therapy 1x/week for 30 minutes)

1. *Determining factors:*
   1. *Lack of appropriate instruction in reading:*

* Statement of reading curriculum, reading interventions provided through regular education, title, special ed, and if poor attendance has had an impact in reading instruction
  1. *Lack of appropriate instruction in math:*
* State of math curriculum, math interventions provided through regular education, title, special ed, and if poor attendance has had an impact in math instruction
  1. *Limited English proficiency:*
* Statement that the student was considered for eligibility for ESL and was deemed eligible/ineligible. If receiving ESL, document levels, duration, frequency of services, and summary of progress in ESL services.

**DETERMINATION OF SPECIFIC LEARNING DISABILITY**

**(This section MUST be addressed for every student! If the child has a primary or secondary disability of SLD, all sections must be completed in full. If the child does not have a disability of SLD, only items 1 and 10 must be completed, and all other sections may be marked ‘NA’).**

1. *The student does not achieve adequately for the student’s age or does not meet State-approved grade-level standards in one or more of the following areas when provided with learning experiences and scientifically based instruction appropriate for the student’s age or State-approved grade level standards and level of English language proficiency: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, and mathematics problem-solving.*

* Indicate which of the above areas the student is demonstrating significant need
* If the student does not have any academic need, indicate that they are achieving adequately for their age and/or State-approved grade-level standards
* If the student is not SLD, you can include a statement of what their disability category is and that they do not meet the criteria for SLD.

1. *Response to Scientific Research-Based Intervention (RtI).*

* The district is **NOT** RtI approved and this section must not be completed

*Severe Discrepancy between Intellectual Ability and Achievement.*

* Discrepancy statement from psychologist’s testing in original evaluation in which the student was labeled SLD indicating areas of significant weakness

OR

A statement that “[the student] continues to demonstrate the characteristics associated with a specific learning disability in the \_\_\_\_\_\_\_ (area(s) from the original evaluation and/or any additional areas identified through testing data (Burns and Roe IRI compared to Systems 44/Read 180 level; GMADE level, etc)

* If student is not SLD: “NA”

1. *The instructional strategies used and the student-centered data collected:*

* Specially designed instruction as it pertains to the student’s academic needs
* If student is not SLD: “NA”

1. *The educationally relevant medical findings, if any:*

* Nurse’s report data if there is relevant data
* “There are no reported educationally relevant medical findings” if none indicated
* If student is not SLD: “NA”

1. *The effects of the student’s environment, culture, or economic background:*

* Indications of any C&Y involvement, homelessness, transience, or any significant cultural issues
* “There are no environmental, cultural, or economic effects noted” if none indicated
* If student is not SLD: “NA”

1. *Data demonstrating that prior to referral or as part of the referral process for an evaluation for specific learning disability, the student’s regular education instruction was delivered by qualified personnel, including the English as a Second Language (ESL) program, if applicable:*

* “[the principal] verifies that all regular education instruction was delivered by highly qualified personnel”
* If student is not SLD: “NA”

1. *Data based documentation of repeated assessments of achievement at reasonable intervals, reflecting progress during instruction, which was provided to the parents:*

* Progress monitoring data (DIBELS progress monitoring, Aimsweb, etc.)
* If the student is not SLD: “NA”

1. *An observation in the student’s learning environment (including the regular classroom setting) to document the student’s academic performance and behavior in the areas of difficulty. Note the relationship of that behavior to the student’s academic functioning:*

* Service provider’s observation of student’s functioning within the regular education curriculum and classroom, if applicable
* Regular education teacher’s observation of student’s general performance in academic areas as they pertain to the areas of need
* If the student is not SLD: “NA”

1. *Other data, if needed, as determined by the evaluation team:*

* Any other pertinent information, such as agency input/involvement, high truancy, significant behaviors that may be impacting the student’s ability to access the regular ed curriculum, etc.
* If none of these area noted, indicate this
* If the student is not SLD: “NA”

1. *Include a statement of each item below to support the conclusions of the evaluation team that the findings are not primarily a result of*
   1. *Visual, hearing, motor disability:*

* Statement of any vision needs, hearing needs, motor needs, ADHD as per nurse’s report **OR**
* “The student’s disability is primarily not a result of a visual, hearing, or motor disability”
  1. *Intellectual disability:*
* Statement of extremely low intellectual functioning with comparable adaptive functioning **OR**
* “The student’s disability is primarily not a result of an intellectual disability”
  1. *Emotional disturbance:*
* Statement of any significant behaviors that impede the student’s learning or the learning of others **OR**
* “The student’s disability is primarily not a result of an emotional disturbance”
  1. *Cultural factors:*
* Statement of any significant cultural factors **OR**
* “The student’s disability is primarily not a result of cultural factors”
  1. *Environmental or economic disadvantage:*
* Statement of any significant environmental or economic disadvantages **OR**
* “The student’s disability is primarily not a result of environmental or economic disadvantages”
  1. *Limited English proficiency:*
* Statement of student’s current ESL level **OR**
* “The student’s disability is primarily not a result of limited English proficiency”