

AMARILLO INDEPENDENT SCHOOL DISTRICT  
SPECIAL EDUCATION DEPARTMENT

AMARILLO, TEXAS

FULL INDIVIDUAL EVALUATION  
TEAM RE-EVALUATION REPORT

Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Date of Evaluation Report: \_\_\_\_\_

Current Disability(ies):  
 Auditory Impairment       Autism       Deaf-blindness  
 Emotional Disturbance       Learning Disability       Mental Retardation  
 Orthopedic Impairment       Other Health Impairment       Speech Impairment  
 Traumatic Brain Injury       Noncategorical Early Childhood       Visual Impairment

Required assessment areas:  
 Speech/Language       Developmental scale       Sociological       Medical  
 Emotional/Behavioral       Achievement       Psychological       Intelligence  
 Adaptive Behavior       Other: \_\_\_\_\_

Current Special Education services provided:

Present levels of performance (Address all required assessment areas):

Is the student currently experiencing any difficulties in school?     Yes     No    If Yes, describe:

Do these challenges appear to be the result of his/her identified disability?     Yes     No

Is another disability suspected which might be causing these difficulties?     Yes     No

How has the student progressed in each disability area since the last evaluation? (Review previous evaluation findings, as appropriate)

Has the student's involvement and progress in the general curriculum and his/her ability to function independently improved since the last evaluation?     Yes     No

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

Does this student still have a disability?     Yes     No     Further assessment is needed.

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

Has this student's special education program been effective in addressing his/her educational goals/needs?  
 Yes     No     Further assessment is needed.

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

Are this student's educational needs/goals adequately identified and understood?     Yes     No     Further assessment is needed.

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

Does he/she continue to have an educational need for special education and related services?     Yes     No  
 Further assessment is needed.

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

Information considered for this evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further evaluation procedures recommended or evaluation data to be collected (indicate person responsible and timeline for evaluation procedures):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Re-evaluation team decision:**

\_\_\_\_\_ Continue to identify the student as having a disability.

\_\_\_\_\_ Gather more information before determining eligibility.

\_\_\_\_\_ Dismiss from special education services. The student no longer is no longer eligible for services.

Comments:

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**Parent agreement:**

- Yes     No    I agree with the above decision.
- Yes     No    I understand I have the right to request evaluation to determine whether my child continues to be a child with a disability.
- Yes     No    I understand the Amarillo ISD is not required to conduct further evaluation unless I (the student's parent) have requested.

\_\_\_\_\_  
**Parent/Guardian/Adult Student**

\_\_\_\_\_  
**Date**

**Team Members contributing to this evaluation/decision:**

<b>Signature</b>		<b>Signature</b>	
	<b>Parent</b>		<b>Administrator</b>
	<b>Student</b>		<b>Assessment</b>
	<b>General Education Teacher</b>		<b>Special Education Teacher</b>
	<b>Representative of LPAC</b>		