

JAMP Special Education Services Reevaluation Packet

Student's Full Name:		SSID:	
Date of Birth:	Gender:	Race/Ethnicity:	
Student Represented by: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Surrogate			
Does Student Live with Parents? <input type="checkbox"/> YES <input type="checkbox"/> No			
If No, With Whom Does the Student Live?:		Relationship:	
P a r e n t / G u a r d i a n :			
Home Address:			
Home Phone:		Work Phone:	
Primary Mode of Communication of the Student:			
Primary Mode of Communication in the Home:			
General Education Teacher:		Grade:	
Specialized Equipment Used by Student:			

Year and Grade:		Grades Repeated:	
Number of Absences	Excused		
	Unexcused		
Disciplinary Concerns	Behaviors Noted		
	Suspensions		

Medical/Psychiatric Diagnosis (es)

Diagnosis _____ Age of diagnosis _____
 Diagnosis _____ Age of diagnosis _____

Child's current state of health? _____ Excellent _____ Good _____ Fair _____ Poor

Health/Medical Changes:

JAMP Special Education Services Reevaluation Packet

Summary of Most Recent Grades (Provide Current or Most Recent Grades the Student Received by Content):

Reading		English		Other		
Spelling		Science		Other		
Math		Social Studies		Other		

Summary of Standardized Group Test Data (Attach copies):

<i>Achievement:</i>	Test Name:		Date:
Reading	Math	Language	Spelling

Physical Functioning:

VISION	HEARING
<i>Required for all students referred for possible special education</i>	
Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed

Academic/Behavior Comments by Teacher:

JAMP Special Education Services Reevaluation Packet

Documentation of Student **Progress** (Scores from District Universal Screenings):

Test Name:			
Reading:	Math:	Language:	Behavior:
Date:	Date:	Date:	Date:
Test Name:			
Reading:	Math:	Language:	Behavior:
Date:	Date:	Date:	Date:

Interventions Implemented: (Documentation of Progress Data Must be Attached)

Targeted Area	Strategies/Interventions	Start Date	End Date	Impact on Targeted Area