

Wakulla County Schools
 Exceptional Student Education
Re-Evaluation Report

Student Name: _____ School _____ DOB _____

- No Formal Assessment Recommended Dismissal Summary
 Formal Assessment Recommended

Formal Assessment Type	Date	Name of Assessment	Evaluator
<input type="checkbox"/> Academic			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Occupational Therapy			
<input type="checkbox"/> Speech			
<input type="checkbox"/> Language			
<input type="checkbox"/> Assistive Technology			
<input type="checkbox"/> FBA			
<input type="checkbox"/> IQ			
<input type="checkbox"/> Other (Specify)			

Formal Assessment Results

IEP TEAM RECOMMENDATIONS:
Continued Need for Special Education Services
 YES NO
(If NO is checked, complete Staffing Form & Notice of Dismissal)

Related Services:
 ADD DISCONTINUE N/A
 Occupational Therapy
 Speech Therapy
 Language Therapy
 Orientation & Mobility
 Behavior Services

Change in Eligibility Status
 YES NO
(If YES is checked, complete Staffing Form)

Review of Student Progress/Comments

Next Re-evaluation Due Date:

Form completed by:

Date: _____