

Franklin-Jefferson Special Education District 801

P.O. Box 1027, Benton, IL 62812

Phone: (618) 439-7231 - Fax: (618) 438-2210

INITIAL EVALUATION

SPECIAL EDUCATION CASE STUDY REFERRAL

RE-EVALUATION

Name:	Birthdate:	CA: Yrs. Mos.	Grade:	Gender:
Resident District:	Case Manager:		Student ID:	
Serving School:	Classroom Teacher:		Medicaid Number:	

Custodial Parent Titles: _____ Address: _____ Town State Zip: _____ Home Ph. 1: (____) _____ Work Ph. 1: (____) _____	2nd Parent Titles: _____ Address, if Different: _____ Town State Zip: _____ Home Ph. 2: (____) _____ Work Ph. 2: (____) _____
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Name of Other _____ Parent Guardian Surrogate

Ethnic Code Desc.:	Student's Mode of Communication:
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Languages Spoken in Home:	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Languages Used by Student:	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of Most Recent Screening: Hearing: Vision:

Current Related Services: _____

List the student's current grades: Reading _____ Language Arts/English _____ Spelling _____
 Social Studies _____ Science _____ Math _____ Other: _____

Identify specific areas of concern:

Reading:

- Phonemic Awareness
- Letter/Sound Association
- Reading Fluency
- Vocabulary
- Comprehension

Written Expression:

- Spelling
- Grammar
- Writing Content

Speech/Language

- Articulation
- Language
- Expressive
- Receptive

Math

- Early Numeracy
- Calculation
- Problem Solving

Behavior/Social-Emotional

- Hyperactive/Impulsive
- Inattention
- Aggression
- Depression/Withdrawal
- Motivation
- Homework Completion
- Defiance
- Atypical Behavior

Other

- Medical
- Vision
- Hearing
- Physical
- Attendance
- Other: _____

Grid Team Members: _____
 LEA _____ Classroom Teacher _____ Interventionist _____

 Date Person Completing Form Title

 Date Administrative Signature