STUDENT NAME_____ PARENT CONTACT_____

CHECKLIST OF DOCUMENTS REQUIRED IN RE-EVALUATION PACKET

DOCUMENTS INCLUDED	CHECK ITEMS INCLUDED
HEARING / VISION DATE: _____	
TEACHER NARRATIVE DATE: _____	
DEVELOPMENTAL HISTORY FORM	
REVIEW OF PREVIOUS COMPREHENSIVE EVALUATION (IN FOLDER)	
UPDATED PROGRESS MONITORING FOR IEP GOALS	
COPY OF REPORT CARD	
COPY OF CUMULATIVE RECORD INSERT	
DISCIPLINE REPORT FOR CURRENT AND PREVIOUS YEARS (if any)	
OFFICE REFERRALS/BEHAVIOR LOGS (if any)	
MANIFESTATION DETERMINATION (if applies)	
FBA AND/OR BIP (if applies)	
ATTENDANCE REPORTS FOR CURRENT AND PREVIOUS YEARS	
UPDATED MEDICAL INFORMATION (PARENT INTERVIEW)	
INFORMATION PROVIDED BY PARENT, CONCERNS	
NOTICE FOR RE-EVALUATION TO PARENT 7 DAYS IN ADVANCE	
PARENT RESPONSE FORM - SIGNED	
PRIOR WRITTEN NOTICE [redacted]	
MET DOCUMENTATION FORM	
CLASSROOM OBSERVATION IF SLD RULING	
RE-EVALUATION SUMMARY REPORT ELIGIBILITY DETERMINATION COMPLETELY FILLED OUT	
ELIGIBILITY CRITERIA OF DISABILITY (ON WEBSITE- CHOOSE THE ONE THAT HAS THE CRITERIA FOR THIS STUDENT'S DISABILITY	
REVIEW OF IEP – 2ND PAGE OF IEP MUST BE SIGNED – ELIGIBILITY DATE WILL CHANGE _____NEW ELIGIBILITY DATE	_____

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HEARING/VISION SCREENING REPORT

PERSONAL DATA			
Child's Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
District/School:	**MSIS #:**	**Grade:**	**Age:**

PART I – INSTRUMENTAL ASSESSMENT

A. HEARING SCREENING

Instrument:

		1st Screening		2nd Screening	
1000 Hz / 25 dB	L Ear		L Ear		
	R Ear		R Ear		
2000 Hz / 25 dB	L Ear		L Ear		
	R Ear		R Ear		
4000 Hz / 25 dB	L Ear		L Ear		
	R Ear		R Ear		
Optional:	L Ear		L Ear		
	R Ear		R Ear		
Hearing	**PASS**		**PASS**		
	FAIL		**FAIL**		

EXAMINER
DATE

B. VISION SCREENING

Instrument:

		1st Screening		2nd Screening	
Screened wearing glasses?		YES		YES	
		NO		NO	
Near Vision (Both Eyes)		**PASS**		**PASS**	
		FAIL		**FAIL**	
Far Vision	Left Eye	/		/	
	Right Eye	/		/	
	Both Eyes	/		/	
		PASS		**PASS**	
		FAIL		**FAIL**	

EXAMINER
DATE

PART II – FUNCTIONAL ASSESSMENT – TO BE COMPLETED BY SOMEONE FAMILIAR WITH THE CHILD

A. HEARING	YES	NO
1. Does the child respond to his or her name when called?		
2. Does the child respond to a noise that occurs out of his or her line of sight (e.g., ringing bell or jingling keys)?		
3. Does the child interact with others verbally?		
4. Can the child identify a body part when requested to do so verbally?		
5. Does the child respond to simple verbal commands?		
6. Can the child point to a person or objects when asked?		
7. Does the child imitate the speech of others?		
8. Does the child turn his or her eyes and/or head toward a voice?		
9. Does the child react when told "No!"? (NOTE: Compliance is not required.)		
10. Does the child attend to music or songs sung to him or her?		

EXAMINER
DATE

B. VISION	YES	NO
1. Does the child follow an object with his or her eyes?		
2. When using a drawing/writing implement (e.g., pencil, crayon, or paintbrush) does the child follow markings with his or her eyes?		
3. Does the child pick up objects placed on a table or the floor?		
4. Does the child reach for objects being handed to him or her?		
5. Does the child reach for objects unaided or without direction from teacher?		
6. Does the child look at an object or scan an image placed in front of him or her?		
7. Does the child look at pictures in a book?		
8. Does the child turn his or her eyes and/or head toward a light that is introduced?		
9. Does the child watch his or her own hand movements?		
10. Does the child look at himself or herself in a mirror?		
11. Does the child turn his or her eyes and/or head to search for an object moved out of his or her line of sight?		

EXAMINER
DATE

Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming:

Teacher Narrative

The *Teacher Narrative* is used to document the concerns of the child's general education teacher (and/or special education teacher when used for a reevaluation) and important information about the child's learning and development. It should be used to identify areas that should be examined in depth by the Multidisciplinary Evaluation Team (MET). The *Teacher Narrative*, or a similar form containing the same information, must be used when considering eligibility under any disability category.

1. The *Teacher Narrative* must be completed prior to the administration of any academic or social/emotional/behavioral assessments. The information gathered from this document should be used by the MET to assist in the selection of assessment instruments in these areas.

2. The *Teacher Narrative* must be completed by the child's general education teacher and/or the child's special education teacher.

3. The *Teacher Narrative* must document any academic and/or behavioral problems that might affect the child's performance in an educational setting.

4. The *Teacher Narrative* must document any interventions and/or accommodations that have been used with the child to address academic and/or behavioral problems.

5. Supporting evidence such as academic and behavioral records that highlight concerns about the child (e.g., State and/or districtwide assessment data, grade reports, attendance records, office referrals, disciplinary actions, universal screening data, Tier intervention records, progress monitoring charts, work samples, behavior intervention plans, etc.) must be collected with the *Teacher Narrative*.

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TEACHER NARRATIVE

PERSONAL DATA			
Child's Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
District/School:	**MSIS #:**	**Grade:**	**Age:**

HOME AND FAMILY INFORMATION

Parent(s)/Guardian(s):

Language(s) Spoken in the Home

Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)

Language(s)	Child		Parent(s)/Guardian(s)	
	Understands	Speaks	Understands	Speaks
English				

History of Parent Contacts

Has the child's parent(s) requested a comprehensive evaluation or "testing" for the child verbally or in writing? ☐ Yes ☐ No

Have you contacted/been contacted by the child's parent(s) to discuss any concerns about the child's academic progress, development, and/or behavior? ☐ Yes ☐ No (skip to next section)

Date	Reason for Contact	Results

REFERRAL INFORMATION

Child's Strengths

Describe the child's strengths.

Reason for Referral

Describe any concerns that you have or any recent changes in the child's academic progress, development, or behavior (e.g., attendance, difficulties with school work, difficulties with adults or peers, changes in concentration or activity level, inattention, disruptive behavior, withdrawn, etc.).

Has the child ever been evaluated/assessed/tested for special education? ☐ Yes ☐ No (skip to next section)

By whom: _____ When: _____

Results: _____

COGNITIVE AND ACADEMIC CONCERNS

Please attach any applicable academic records available that highlight your concerns about the child's cognitive and/or academic progress such as State and/or districtwide assessment data (MCT scores), grade reports, universal screening data, Tier intervention records, progress monitoring charts, work samples, etc.

Cognitive Concerns

Can the child understand and follow directions? ☐ Yes ☐ No

If yes: *Indicate*: ☐ One-step directions only ☐ Two-step directions ☐ Multi-step directions

If no: *Describe any additional support the child requires to understand and follow directions.*

Describe any concerns you have about the child's cognitive abilities (e.g., memory, problem-solving, imagination, etc.).

Academic Concerns

Indicate any academic areas in which the child is having difficulties:

☐ Listening comprehension	☐ Basic reading skills	☐ Mathematics calculation
☐ Oral expression	☐ Reading fluency skills	☐ Mathematics reasoning
☐ Written expression	☐ Reading comprehension	☐ Other: _____

Describe the specific problems the child is having in any area(s) indicated.

Does the child know learning expectations (e.g., learning goals and demonstration of mastery)? ☐ Yes ☐ No

Describe how you communicate these expectations to the child.

Indicate all instructional methods that engage the child and support his/her successful learning:

☐ independent seatwork	☐ whole class instruction	☐ cooperative/small group learning
☐ independent reading	☐ whole class discussions	☐ small group activities/projects
☐ child-directed activities	☐ highly-structured activities	☐ one-on-one/peer-assisted learning

Describe how the child participates in the classroom.

Can the child complete classroom assignments with typical instruction and guidance? ☐ Yes ☐ No

Describe the child's learning needs (compared to other children his/her age):

How much explanation does s/he need?	☐ less than most	☐ about the same	☐ more than most
How much guided practice does s/he need?	☐ less than most	☐ about the same	☐ more than most
How much independent practice does s/he need?	☐ less than most	☐ about the same	☐ more than most
How much feedback does s/he need?	☐ less than most	☐ about the same	☐ more than most

Describe the child's learning behaviors (compared to other children his/her age):

How much initiative does s/he demonstrate?	☐ less than most	☐ about the same	☐ more than most
How conscientious or attentive to detail is s/he?	☐ less than most	☐ about the same	☐ more than most
How much persistence does s/he demonstrate?	☐ less than most	☐ about the same	☐ more than most
How often does s/he ask for assistance?	☐ less than most	☐ about the same	☐ more than most

Describe any additional support(s) and/or modification(s) the child requires to complete classroom assignments.

ADAPTIVE CONCERNS

Describe any concerns you have about the child's adaptive functioning and daily living skills.

MEDICAL / PHYSICAL CONCERNS

General Health

Has the child had any significant medical conditions and/or accidents? ☐ Yes ☐ No (skip to next question)
Describe any concerns.

Does the child take any regular medications? ☐ Yes ☐ No (skip to next question)
Describe any impacts noted.

Does the child receive physical or occupational therapy? ☐ Yes ☐ No (skip to next question)
☐ PT - frequency: _____
☐ OT - frequency: _____

Hearing and Vision

Has the child been screened for hearing and/or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing only ☐ Vision only ☐ Hearing and vision
Hearing results: _____
Vision results: _____

Does the child use devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing aids (when acquired:_____) ☐ Glasses (when acquired:_____)

Describe any concerns you have about the child's hearing or vision.

Motor Skills

Describe any concerns you have about the child's gross motor skills, fine motor skills, and/or physical development.

COMMUNICATION CONCERNS

Does the child receive speech or language therapy? ☐ Yes ☐ No (skip to next question)
Frequency: _____

Does the child seem to understand what is said to her/him? ☐ Yes (skip to next question) ☐ No
Explain:

Does the child express his/her wants/needs/ideas/feelings appropriately for her/his age?
☐ Yes (skip to next question) ☐ No
Explain:

Does the child misarticulate speech (e.g., omissions, substitutions, distortions, additions)?
☐ Yes ☐ No (skip to next question)
Explain:

Describe any additional concerns you have about the child's language or speech development and skills (e.g., voice is always hoarse/harsh/breathy, voice is too loud/soft, speaks too fast/slow, stuttering, etc.).

SOCIAL, EMOTIONAL, AND BEHAVIORAL CONCERNS

Please attach any applicable behavioral records that highlight your concerns about the child's social/emotional/behavioral progress such as attendance records, office referrals, disciplinary actions, universal screening data, Tier intervention records, progress monitoring charts, behavior intervention plans, etc.

Does the child know the classroom rules and behavior expectations? ☐ Yes ☐ No

Describe how you communicate these rules and expectations to the child.

Does the child receive social skills instruction or counseling services? ☐ Yes ☐ No (skip to next question)

☐ social skills instruction - frequency: _____

☐ counseling services - frequency: _____

Indicate if the child has had any of the following difficulties:

☐ Difficulty making friends	☐ Being a victim of teasing/bullying	☐ Engaging in teasing/bullying behavior
☐ Aggression/fighting	☐ Anxious in groups of people	☐ Fearful of speaking in social settings
☐ Withdrawn or keeps to self	☐ Inflexible/difficulty compromising	☐ Insensitive to others' emotions/needs
☐ Does not speak in class	☐ Refrains from physical contact	☐ Does not interact well in groups

Describe any concerns you have about the child's ability to get along with peers.

Indicate if the child has had any of the following difficulties:

☐ Extremely fearful or nervous	☐ Cries easily or whines frequently	☐ Frequently complains of aches/pains
☐ Depressed or very unhappy	☐ Easily frustrated	☐ Explosive/angry outbursts
☐ Self-injurious (e.g., cutting)	☐ Suicidal thoughts	☐ Obsessive/compulsive behaviors
☐ Unwarranted self-blame/criticism	☐ Out of touch with reality	☐ Repetitive behaviors (e.g., rocking)

Describe any concerns you have about the child's emotional functioning.

Describe the child's behavior (compared to other children his/her age):

How active is the child?	☐ less active than others	☐ about the same	☐ more active
How well does the child pay attention?	☐ less distracted than others	☐ about the same	☐ easily distracted
How does the child handle change?	☐ handles change easily	☐ about the same	☐ resists change
How does the child respond to new things?	☐ readily accepts new things	☐ about the same	☐ resists new things
How strongly are the child's emotions?	☐ passive/indifferent	☐ about the same	☐ very intense
How moody is the child?	☐ very easygoing	☐ about the same	☐ very changeable
How predictable is the child?	☐ unpredictable	☐ about the same	☐ rigid routines

Indicate if the child has had any of the following difficulties:

☐ Stealing or lying	☐ Suspected gang involvement	☐ Defiance/oppositional behavior
☐ Suspected drug/alcohol abuse	☐ Abusive to others	☐ Destructive behavior
☐ Denies mistakes/blames others	☐ Cheating on assignments/tests	☐ Truancy/cuts classes

Describe any additional concerns you have about the child's behavior.

Disciplinary Actions

Has the child ever:

☐ been suspended from school (*indicate the reason for each suspension and the total days of each suspension*)

- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____

☐ been expelled from school (*indicate the reason for expulsion and the amount days of expulsion*)

- reason: _____ days: _____
- reason: _____ days: _____

ADDITIONAL INFORMATION

Please attach any additional information that would help us understand the child and his/her difficulties better.

Form completed by _____ **Date completed** _____

(OPTIONAL FORM) Characteristics: Please check those characteristics that the student exhibits consistently and in relation to the other students in your classroom. If the child exhibits none of the characteristics, check "no problems observed." Please circle the appropriate characteristic(s) if there are multiple options per item. Written explanation and/or additional explanation may be requested at the MET meeting.

General Physical ☐ **No problems noted.**		
☐ Always complains of feeling sick	☐ Takes prescription medicine	☐ Has improper eye movements
☐ Is continually thirsty	☐ Wears glasses	☐ Seizures observed in classroom
☐ Has fluid draining from ears	☐ Complains of double/blurred vision	☐ Often has bruises on body
☐ Wears hearing aids	☐ Frequently squints/rubs eyes	☐ Tics – involuntary movements/noises
☐ Has frequent earaches	☐ Eating problems	☐ Has a serious illness
☐ Complains of not being able to see the board	☐ Holds printed material too close/too far away	☐ Health problems that require special care
☐ Other (Specify):		

Gross Motor ☐ **No problems noted.**		
☐ Difficulty going up/down stairs, alternating feet	☐ Difficulty throwing a ball	☐ Has unusual gait
☐ Problems with lower body motor movement	☐ Difficulty catching a ball	☐ Problems with balancing
☐ Problems with upper body motor movement	☐ Difficulty hopping, skipping, or jumping	☐ Uses walker/wheelchair
☐ Other (Specify):		

Fine Motor ☐ **No problems noted.**		
☐ Problems with reaching/retaining motions	☐ Problems with grasping reflex	☐ Difficulty copying letters/numbers/words
☐ Cannot transfer objects hand to hand	☐ Difficulty holding crayon/pencil	☐ Difficulty spacing
☐ Difficulty cutting paper with scissors	☐ Difficulty building a tower of blocks	☐ Other (Specify):
☐ Difficulty tying/buttoning/zipping	☐ Difficulty staying in lines when writing	

Social Skills ☐ **No problems noted.**		
☐ Rarely interacts with others	☐ Engages in rocking/repetitive movements	☐ Does not join in group
☐ Is frequently alone at lunch/recess	☐ Unaware/takes no interest in other people	☐ Does not share with others
☐ Is frequently teased by others	☐ Does not recognize another's feelings	☐ Does not apologize
☐ Usually withdraws from touch	☐ Cannot deal with being left out	☐ Does not express own feelings
☐ Does not ask for help	☐ Does not accept "no" as an answer	☐ Other (specify):
☐ Does not look at person talking	☐ Does not accept consequences of own actions	

Adaptive Behavior ☐ **No problems noted.**		
☐ Need for a high degree of supervision	☐ Unable to wash/dry hands independently	☐ Not toilet trained
☐ Immature for his/her age	☐ Inadequate skills in exchange of money	☐ Inadequate skills in telling time
☐ Has only younger playmates	☐ Inadequate skills in using telephone	☐
☐ Constant thumb/finger sucking	☐ Does not engage in independent community skills	
☐ Constant hair chewing	☐ Inadequate skills in appropriate personal hygiene	
☐ Difficulty feeding self	☐ Lacks daily living skills such as sweeping, mopping, using washer/dryer, etc.	
☐ Other (Specify):		

Behavior ☐ **No problems noted.**		
☐ Unable to interact with minimal friction	☐ Frequently quarrels, pouts, or sulks	☐ Difficulty staying on task
☐ Denies mistakes/blames others	☐ Insults other students/adults	☐ Easily frustrated
☐ Prefers to be alone or isolated	☐ Acts before thinking/impulsive	☐ Easily loses temper
☐ Frequently found to be untruthful	☐ Yells at other students/adults	☐ Teases others
☐ Mute/refuses to speak	☐ Fails to complete assignments	☐ Bullies others
☐ Threatens other students	☐ Fails to turn in homework	☐ Interrupts others
☐ Puts down peers	☐ Refuses to complete work	☐ Fails to bring materials to class
☐ Difficulty paying attention to a task, extracurricular activity, or academics		
☐ Disciplinary actions have been initiated by principal or other school authorities		
☐ Oppositional/resistant/noncompliant/negative/defiant		
☐ Disciplinary actions initiated through juvenile court system		
☐ Other (Specify):		

Emotional ☐ **No problems noted.**		
☐ Upset by ANY change in routine	☐ Talks about suicide or death wishes	☐ Unresponsiveness
☐ Pronounced fear of failure	☐ Exhibits unwarranted self-blame/self-criticism	☐ Shows excessive fears of specific objects
☐ Irritable for greater part of day	☐ Performs obsessive/compulsive behaviors	☐ Engages in self-destructive behaviors
☐ Appears withdrawn from peers	☐ Changes mood for no apparent reason	☐ Rarely laughs or smiles
☐ Depressed for most of the day	☐ Creates imaginary/fantasy situations in an attempt to escape reality	
☐ Has attempted suicide	☐ Tells of extremely strange/illogical thoughts or fears	
☐ Has experienced significant changes in activity levels or concentration or school grades or interests		
☐ Other (Specify):		

Receptive Language ☐ **No problems noted.**	
☐ Difficulty comprehending new ideas	☐ Does not understand vocabulary words related to the curriculum
☐ Does not comprehend questions	☐ Does not understand age-appropriate vocabulary
☐ Does not understand spoken directions	☐ Does not understand information in class that is presented orally
☐ Cannot identify simple objects	☐ Does not follow multi-step directions
☐ Does not demonstrate use of position words such as on, under, front, behind, beside, over, etc.	
☐ Other (Specify):	

Expressive Language ☐ **No problems noted.**		
☐ Difficulty organizing thoughts	☐ Nonverbal	☐ Uses oral grammar incorrectly
☐ Does not use age appropriate grammar	☐ Difficulty asking questions	☐ Hesitant to engage in verbal interaction
☐ Difficulty finding the right words	☐ Silent much of the time	☐ Difficulty giving directions
☐ Does not tell definitions of words	☐ Cannot retell a story	☐ Difficulty telling a story
☐ Difficulty putting thoughts down on paper	☐ Does not use spoken compound sentences	☐ Does not name objects/actions in pictures
☐ Uses immature words	☐ Uses immature sentence patterns	
☐ Verbal responses do not relate to questions asked or subject under discussion		
☐ Other (Specify):		

Speech ☐ **No problems noted.**		
Articulation	Voice	Fluency
☐ Substitutes one sound for another	☐ Too loud or too soft	☐ Rate of delivery too fast or too slow
☐ Omits sounds	☐ Consistently hoarse/harsh/breathy	☐ Disruption in normal flow of speech
☐ Distorts sounds	☐ Nasal sounding – like a constant cold	☐ Words prolonged
☐ Difficulty sequencing sounds	☐ Pitch too high or too low	☐ Excessive repetition syllable/sound/word
☐ Difficult to understand	☐ Voice "lost" by end of or during day	☐ Interferes with daily communication
☐ Able to self-correct errors	☐ Quality makes difficult to understand	☐ Inserts unnecessary words into speech
☐ Uses dialect	☐ Quality resulting from culture	☐
☐ If additional characteristics are noted in any area of speech, please specify:		

Visual Perception ☐ **No problems noted.**		
☐ Visual tracking difficulties	☐ Transposes letters	☐ Prefers auditory activities
☐ Visually confuses objects/letters/numbers	☐ Confuses left to right on pencil/paper activities	☐ Difficulty identifying shapes in various sizes and positions
☐ Difficulty discriminating between words with similar appearance	☐ Difficulty completing missing details in objects or pictures	☐ Difficulty in copying assignments from board to desk/book to paper
☐ Continues to demonstrate difficulty in reversing or inverting letters of alphabet after age 6		
☐ Other (Specify):		

Auditory Perception ☐ **No problems noted.**	
☐ Difficulty understanding spoken directions	☐ Does not orally form phrase/sentence correctly
☐ Difficulty sounding out word, sound by sound	☐ Does not retain auditory stimuli
☐ Difficulty identifying rhyming words	☐ Other (Specify):
☐ Difficulty sequencing syllables/letters in speaking and/or reading and/or oral spelling	

RE-EVALUATION TEACHER NARRATIVE	BENTON COUNTY SCHOOL DISTRICT P.O. Box 247; Ashland, MS 38603; 662-224-6252 Pamela Gray, Director of Special Education

This for is only used for re-evaluations without additional assessment/testing.

I. IDENTIFYING INFORMATION

Name	Grade	☐ AES ☐ AMS ☐ AHS ☐HFAC ☐ Other
Sex: ☐ Male or ☐ Female	Race: ☐ W ☐ B ☐ H ☐ Other	DOB: Age:
Grades Repeated:	Irregularities in Attendance:	Native Language Spoken at Home: English or
o Regular Diploma or o Occupational Diploma or o Certificate or o GED	Parent's Name: Parent's Phone:	Address:

II. GENERAL

Report average academic grades in each subject or curriculum area for the current school year. Please note if subject(s) or curriculum area is taught in a special class with the grade given by the special education teacher. Please include grading scale used by the district.

DISTRICT GRADING SCALE: A 90-100 B 80-89 C 70-79 D 65-69 F 64 or below

Curriculum Area/Subject	Grade	☐ Gen Ed ☐ SPED	Curriculum Area/Subject	Grade	☐ Gen Ed ☐ SPED
		☐ Gen Ed ☐ SPED			☐ Gen Ed ☐ SPED
		☐ Gen Ed ☐ SPED			☐ Gen Ed ☐ SPED
		☐ Gen Ed ☐ SPED			☐ Gen Ed ☐ SPED
		☐ Gen Ed ☐ SPED			☐ Gen Ed ☐ SPED
		☐ Gen Ed ☐ SPED			☐ Gen Ed ☐ SPED

III. CHARACTERISTICS

Indicate whether the child has a problem in any of the designated areas. To complete this section, utilize the current IEP, mastery of skills documentation, the previous assessment date, knowledge of the child from the parent or child, and any available reports/information on file. Information in this section will be discussed with the Assessment Team to ensure a valid and appropriate evaluation, as well as to determine the child's problem areas in Step A of the Comprehensive Assessment. When it is determined the child's only problem is Language/Speech, indicate if problems are in Hearing, Orofacial, and Language/Speech areas.

AREA	PROBLEM		COMMENTS
PHYSICAL	YES	NO	
Hearing			
Vision			
Physical Condition			
Orofacial			
Gross Motor Skills			
Fine Motor Skills			

AREA	PROBLEM		COMMENTS
LANGUAGE/SPEECH	**YES**	**NO**	
Language			
Articulation			
Voice			
Fluency			

AREA	PROBLEM		COMMENTS
SOCIAL/BEHAVIORAL EMOTIONAL	**YES**	**NO**	
Social Skills			
Behavior			
Emotional			

AREA	PROBLEM		COMMENTS
EDUCATIONAL	**YES**	**NO**	
Visual Perception			
Auditory Perception (including Listening Comprehension)			
Achievement			
Reading			
Math			
Written Expression			
Oral Expression			
Functional Academics			
Transition			

IV. OTHER TEACHER COMMENTS

A copy of the child's IEP, which is current at the time this narrative is completed, must be attached, along with mastery of skills documentation, date utilized to obtain previous eligibility ruling, and any other relevant reports/information.

Teacher's Signature

Date

Developmental History (Ages 3 – 9)

The *Developmental History (Ages 3 – 9)* is used to document a parent or guardian's concerns for their child and information about their child's overall development and functioning. It should be used to identify concerns that should be examined in depth by the Multidisciplinary Evaluation Team (MET). The, or a similar form containing the same information, should be used when considering eligibility under any category, especially for children ages three (3) to nine (9) years of age.

1. The *Developmental History (Ages 3 – 9)* should be completed as part of a **structured interview** with the child's parent or guardian. Most parents/guardians will not be able to complete all areas of the *Developmental History (Ages 3 – 9)* without adequate guidance and explanations.

2. The child's parent or guardian should be encouraged—but not required—to answer all of the questions included on the *Developmental History (Ages 3 – 9)*. Make sure parents or guardians are aware that they are not required to answer any questions they do not wish to answer or feel uncomfortable answering.

3. The *Developmental History (Ages 3 – 9)* should document any concerns of the parent or guardian.

4. If the parent or guardian does not speak English, a translator should be provided to assist with the collection of this information.

5. The person conducting the structured interview should record her/his name and the date the interview was conducted at the end of the form.

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DEVELOPMENTAL HISTORY (Ages 3 – 9)

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

Informant:	Relationship to the Child:

PERSONAL DATA

Child's Name:	Race/Ethnicity:	Gender:	DOB:
District/School:	**MSIS #:**	**Grade:**	**Age:**

HOME AND FAMILY INFORMATION

Parent(s)/Guardian(s):	Age:
Home Address:	**Home Phone:**
Employer/Occupation:	**Work Phone:**

Child lives with: ☐ Birth Parent(s) ☐ Adoptive Parent(s) ☐ Parent and Step-Parent ☐ Grandparent(s) ☐ Foster Parent(s) ☐ Other: _____

Persons Living in the Home

Name	Age	Gender	Relationship	Special Needs
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No
6.				☐ Yes ☐ No

Language(s) Spoken in the Home

Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)

Language(s)	Child		Parent(s)/Guardian(s)	
	Understands	Speaks	Understands	Speaks
English				

Your Child's Strengths

Describe your child's strengths.

Concerns for Your Child

Describe any concerns that you have or any recent changes in your child's development, behavior, or learning (e.g., missing developmental milestones, inattention, angry outbursts, withdrawn, difficulty learning information).

Life Events or Family Transitions

Describe any major life events or changes in the family situation that may have affected your child (e.g., abuse, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.).

MEDICAL / PHYSICAL DEVELOPMENT

Birth History

Mother's age at birth:_____ years | **Mother received prenatal care during pregnancy?** ☐ Yes ☐ No

Were there any complications during pregnancy or delivery? ☐ Yes ☐ No (skip to next question)
☐ High blood pressure/toxemia ☐ Maternal injury/illness ☐ Exposure to alcohol/cigarettes /drugs
☐ Rubella/German measles ☐ Gestational diabetes ☐ Emergency C-section
☐ Premature (___ weeks gestation) ☐ Low birth weight (indicate one: ☐ <2.3 lbs. ☐ 2.3-3.3lbs ☐ 3.4-5.4 lbs.)
☐ Other: _____

Did your child have an extended stay in the hospital after birth? ☐ Yes ☐ No (skip to next question)
Length of time: ☐ < one week ☐ one to four weeks ☐ one month or more (___ months)
Reason: _____

General Health

Has your child been hospitalized or had any significant operations? ☐ Yes ☐ No (skip to next question)
Explain: _____

Has your child had any significant medical conditions or illnesses? ☐ Yes ☐ No (skip to next question)
☐ Eye or vision problems ☐ Heart problems ☐ Hydrocephalus, hemorrhages, and/or shunt
☐ Ear infections and/or ear tubes ☐ Seizures/neurological issues ☐ Allergies (specify:_____)
☐ Asthma or breathing difficulties ☐ Significant infections (e.g., meningitis, encephalitis, etc.) or high fevers
☐ Other: _____

Has your child had any significant accidents/injuries (e.g., head injuries)? ☐ Yes ☐ No (skip to next question)
☐ Motor vehicle accident(s) ☐ Fall-related injury(ies) ☐ Significant blow(s) to the head
☐ Other: _____
Explain: _____

Has your child had any difficulties or disorders with the following? ☐ Yes ☐ No (skip to next question)
☐ Eating difficulties/disorders ☐ Sleeping difficulties/disorders ☐ Toileting difficulties/disorders
Explain: _____

Is your child currently being treated for a medical condition? ☐ Yes ☐ No (skip to next question)
Does your child have a regular healthcare provider/medical home? ☐ Yes ☐ No
When was your child's last visit to a healthcare provider? Indicate one: ☐ <6 months ☐ 6-12 months ☐ >1 year
May we access your child's medical records? ☐ Yes (please complete a release form) ☐ No
Is your child currently taking any medications? ☐ Yes ☐ No
Explain: _____

Has your child ever received speech, physical, or occupational therapy? ☐ Yes ☐ No (skip to next question)
Explain: _____

Hearing and Vision

Has your child ever had his/her hearing and/or vision tested? ☐ Yes ☐ No (skip to next question)
☐ Hearing only ☐ Vision only ☐ Hearing and vision
Hearing results: _____
Vision results: _____

Does your child require devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing aids (when acquired:_____) ☐ Glasses (when acquired:_____)

Motor Development

Describe any concerns you have about your child's gross motor skills (e.g., walking, hopping, jumping, running, climbing stairs, kicking balls, etc.).

Describe any concerns you have about your child's fine motor skills (e.g., writing or coloring, working buttons/zippers, tying shoes, cutting, etc.).

Describe any additional concerns you have about your child's physical development.

EDUCATIONAL BACKGROUND

Has your child ever attended a preschool program or childcare center? ☐ Yes ☐ No (skip to next question)
Name: _____ Phone: _____
Address: _____ Teacher: _____

Describe any difficulties your child has had with learning activities.

Has your child ever been evaluated/assessed/tested for learning difficulties? ☐ Yes ☐ No (skip to next section)
By whom: _____ When: _____
Results: _____

COGNITIVE / ADAPTIVE DEVELOPMENT

Can your child follow directions? ☐ Yes ☐ No (skip to next question)
☐ One-step directions only ☐ Two-step directions ☐ Multi-step directions

Does your child know any of the following information about him/herself?
☐ Name ☐ Age ☐ Gender
☐ Parent(s) name(s) ☐ Address ☐ Home phone number

Does your child:
☐ Identify parts of the body ☐ Identify colors ☐ Count (highest number: _____)
☐ Identify letters of the alphabet ☐ Play with building toys/puzzles ☐ Identify size (e.g., big, little, tall, short, etc.)
☐ Looks at books independently ☐ Enjoy being read to ☐ Identify shapes (e.g., circle, square, etc.)
☐ Recognize written words ☐ Read books independently ☐ Identify money (e.g., dime, quarter, dollar)

Does your child independently:
☐ Drink from a cup without spilling ☐ Dress self completely ☐ Use toilet without accidents during day
☐ Eat with a spoon and fork ☐ Put shoes on correct feet ☐ Use toilet without accidents during night
☐ Brush hair and teeth ☐ Put on a coat/jacket ☐ Clean table/space after eating/activity
☐ Bathe self ☐ Make up bed ☐ Cross the street safely

Describe any additional concerns you have about your child's thinking or daily living skills.

COMMUNICATION DEVELOPMENT

Does your child seem to understand what is said to her/him? ☐ Yes (skip to next question) ☐ No
Explain:

How does your child communicate?
☐ Gestures only ☐ Gestures and some speech ☐ Primarily speech with some gestures

Does your child...
☐ Make up stories/songs ☐ Talk about daily activities ☐ Use "*me*," "*you*," plurals, and past tense

Who can understand what your child says? (check all that apply)
☐ Family/caregivers ☐ Other children ☐ Unfamiliar adults

Describe any additional concerns you have about your child's language or speech skills.

SOCIAL / EMOTIONAL DEVELOPMENT

In the first three years, was/did your child:

- ☐ Difficult to calm/comfort
- ☐ Excessively irritable
- ☐ Have poor sleep routines
- ☐ Resist being cuddled
- ☐ Fail to make eye contact
- ☐ Fail to look at caregivers
- ☐ Show fascination with specific objects
- ☐ Engage in frequent head banging
- ☐ Difficult to feed/nurse

If any of these behaviors have continued beyond age 3, give an example:

Describe your child's behavior (compared to other children his/her age):

How active is your child?	☐ less active than others	☐ about the same	☐ more active
How well does your child pay attention?	☐ less distracted than others	☐ about the same	☐ easily distracted
How does your child handle change?	☐ handles change easily	☐ about the same	☐ resists change
How does your child respond to new things?	☐ readily accepts new things	☐ about the same	☐ resists new things
How strong are your child's emotions?	☐ passive/indifferent	☐ about the same	☐ very intense
How moody is your child?	☐ very easygoing	☐ about the same	☐ very changeable
How predictable is your child?	☐ unpredictable	☐ about the same	☐ rigid routines

Indicate if your child has had any of the following difficulties:

- ☐ Refuses to follow directions
- ☐ Aggression/fighting
- ☐ Cruelty to animals
- ☐ Destructive behavior/starts fires
- ☐ Withdrawn or keeps to self
- ☐ Extremely fearful or nervous
- ☐ Depressed or very unhappy
- ☐ Easily frustrated
- ☐ Cries easily or whines frequently
- ☐ Explosive outbursts or impulsive
- ☐ Stealing or lying
- ☐ Frequently complains of aches/pains

For any difficulties identified, give an example:

Does your child play with siblings or other children? ☐ Yes ☐ No (skip to next question)

Describe how your child plays with siblings or other children?

- ☐ plays near—not with—others (e.g., dolls, cars)
- ☐ plays together with others (e.g., chase/tag games)
- ☐ plays turn-taking games (e.g., hide-and-seek, hopscotch)
- ☐ plays games with rules (e.g., board games, sports)
- ☐ plays make-believe or role-playing games (e.g., playing house, cops and robbers, recreating scenes from movies)

Describe any additional concerns you have about your child's social-emotional development or behavior.

ADDITIONAL INFORMATION

Please provide any additional information that would help us understand your child better.

What is the best day and time to contact you?

What is the best day and time to arrange a meeting with you?

Form completed by _____ **Date completed** _____

Developmental History (Ages 10 – 21)

The *Developmental History* (Ages 10 – 21) is used to document a parent or guardian's concerns for their child and information about their child's overall development and functioning. It should be used to identify concerns that should be examined in depth by the Multidisciplinary Evaluation Team (MET). The *Developmental History (Ages 10 – 21),* or a similar form containing the same information, should be used when considering eligibility under any category, especially for children ages ten (10) to twenty-one (21) years of age.

1. The *Developmental History (Ages 10 – 21)* should be completed as part of a **structured interview** with the child's parent or guardian. Most parents/guardians will not be able to complete all areas of the *Developmental History (Ages 10 – 21)* without adequate guidance and explanations.

2. The child's parent or guardian should be encouraged—but not required—to answer all of the questions included on the *Developmental History (Ages 10 – 21).* Make sure parents or guardians are aware that they are not required to answer any questions they do not wish to answer or feel uncomfortable answering.

3. The *Developmental History (Ages 10 – 21)* should document any concerns of the parent or guardian.

4. If the parent or guardian does not speak English, a translator should be provided to assist with the collection of this information.

5. The person conducting the structured interview should record her/his name and the date the interview was conducted at the end of the form.

MISSISSIPPI DEPARTMENT OF EDUCATION • OFFICE OF SPECIAL EDUCATION

DEVELOPMENTAL HISTORY (Ages 10 – 21)

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

Informant:	**Relationship to the Child:**

PERSONAL DATA			
Child's Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
District/School:	**MSIS #:**	**Grade:**	**Age:**

HOME AND FAMILY INFORMATION		
Parent(s)/Guardian(s):		**Age:**
Home Address:	**Home Phone:**	
Employer/Occupation:	**Work Phone:**	

Child lives with: ☐ Birth Parent(s) ☐ Adoptive Parent(s) ☐ Parent and Step-Parent ☐ Grandparent(s) ☐ Foster Parent(s) ☐ Other: _____

Persons Living in the Home

Name	Age	Gender	Relationship	Special Needs
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No
6.				☐ Yes ☐ No

Language(s) Spoken in the Home

Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)

Language(s)	**Child**		**Parent(s)/Guardian(s)**	
	Understands	**Speaks**	**Understands**	**Speaks**
English				

Your Child's Strengths

Describe your child's strengths.

Concerns for Your Child

Describe any concerns that you have or any recent changes in your child's behavior, learning, or functioning (e.g., inattention, angry outbursts, withdrawn, difficulties with school work, difficulties with adults or peers, etc.).

Life Events or Family Transitions

Describe any major life events or changes in the family situation that may have affected your child (e.g., abuse, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.).

Describe any involvement your child has had with State/local agencies (e.g., mental health, human services, juvenile justice, etc.).

MEDICAL / PHYSICAL

Developmental

Describe any problems in birth or early childhood that may have impacted your child's development.

General Health

Has your child been hospitalized or had any significant operations? ☐ Yes ☐ No (skip to next question)
Explain: _____

Has your child had any significant medical conditions or illnesses? ☐ Yes ☐ No (skip to next question)
☐ Eye or vision problems ☐ Heart problems ☐ Hydrocephalus, hemorrhages, and/or shunt
☐ Ear infections and/or ear tubes ☐ Seizures/neurological issues ☐ Allergies (specify:_____)
☐ Asthma or breathing difficulties ☐ Significant infections (e.g., meningitis, encephalitis, etc.) or high fevers
☐ Other: _____

Has your child had any significant accidents/injuries (e.g., head injuries)? ☐ Yes ☐ No (skip to next question)
☐ Motor vehicle accident(s) ☐ Fall-related injury(ies) ☐ Significant blow(s) to the head
☐ Other: _____
Explain: _____

Has your child had any difficulties or disorders with the following? ☐ Yes ☐ No (skip to next question)
☐ Eating difficulties/disorders ☐ Sleeping difficulties/disorders
Explain: _____

Is your child currently being treated for a medical condition? ☐ Yes ☐ No (skip to next question)
Does your child have a regular healthcare provider/medical home? ☐ Yes ☐ No
When was your child's last visit to a healthcare provider? Indicate one: ☐ <6 months ☐ 6-12 months ☐ >1 year
May we access your child's medical records? ☐ Yes (please complete a release form) ☐ No
Is your child currently taking any medications? ☐ Yes ☐ No
Explain: _____

Has your child ever received physical or occupational therapy? ☐ Yes ☐ No (skip to next question)
Explain: _____

Hearing and Vision

Does your child have normal hearing and vision? ☐ Yes (skip to next question) ☐ No
☐ Problems with hearing only ☐ Problems with vision only ☐ Problems with hearing and vision
Hearing difficulties: _____
Vision difficulties: _____

Does your child require devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing aids (when acquired:_____) ☐ Glasses (when acquired:_____)

Physical Functioning

Describe any concerns you have about your child's physical functioning.

EDUCATIONAL / COGNITIVE

Can your child follow multi-step directions? ☐ Yes ☐ No (skip to next question)

Does your child regularly need:

☐ significant help with homework ☐ afterschool tutoring ☐ significant help organizing their school work
☐ follow-up to ensure s/he completes homework ☐ instructions or directions to be repeated or explained

Indicate any areas that your child has difficulties with:

☐ Getting along with teachers ☐ Basic math calculations ☐ Reading aloud, pronouncing words
☐ Planning ahead/solving problems ☐ Figuring money, time, etc. ☐ Understanding what s/he reads
☐ Other: _____
☐ Other: _____

Describe any difficulties your child has with thinking or learning activities.

Has your child ever been evaluated/assessed/tested for learning difficulties? ☐ Yes ☐ No (skip to next section)

By whom: _____ When: _____
Results: _____

ADAPTIVE

Does your child independently:

☐ Groom his/herself appropriately ☐ Run errands for the family ☐ Take care of his/her possessions
☐ Complete chores at home ☐ Handle money/make change ☐ Take care of younger siblings or relatives

Describe any concerns you have about your child's daily living skills.

COMMUNICATION

Indicate any areas that your child has difficulties with:

☐ Articulation (e.g., pronouncing sounds and words) ☐ Receptive language (e.g., understanding what others say)
☐ Expressive language (e.g., express thoughts and feelings)

Describe any concerns you have about your child's language or speech skills.

Has your child ever received language/speech therapy? ☐ Yes ☐ No (skip to next question)

Explain: _____

SOCIAL / EMOTIONAL / BEHAVIORAL

Indicate if your child has had any of the following difficulties:

☐ Difficulty making friends ☐ Being a victim of teasing/bullying ☐ Engaging in teasing/bullying behavior
☐ Aggression/fighting ☐ Anxious in groups of people ☐ Fearful of speaking in social settings
☐ Withdrawn or keeps to self ☐ Inflexible/difficulty compromising ☐ Insensitive to others' emotions/needs

Describe any concerns you have about your child's ability to get along with peers.

Indicate if your child has had any of the following difficulties:

☐ Extremely fearful or nervous ☐ Cries easily or whines frequently ☐ Frequently complains of aches/pains
☐ Depressed or very unhappy ☐ Easily frustrated ☐ Explosive/angry outbursts
☐ Self-injurious (e.g., cutting) ☐ Suicidal thoughts ☐ Obsessive/compulsive behaviors

Describe any concerns you have about your child's emotional functioning.

Has your child ever received counseling services? ☐ Yes ☐ No (skip to next question)
Explain: _____

Describe your child's behavior (compared to other children his/her age):

How active is your child?	☐ less active than others	☐ about the same	☐ more active
How well does your child pay attention?	☐ less distracted than others	☐ about the same	☐ easily distracted
How does your child handle change?	☐ handles change easily	☐ about the same	☐ resists change
How does your child respond to new things?	☐ readily accepts new things	☐ about the same	☐ resists new things
How strong are your child's emotions?	☐ passive/indifferent	☐ about the same	☐ very intense
How moody is your child?	☐ very easygoing	☐ about the same	☐ very changeable
How predictable is your child?	☐ unpredictable	☐ about the same	☐ rigid routines

Indicate if your child has had any of the following difficulties:

☐ Stealing or lying	☐ Gang involvement	☐ Defiance/oppositional behavior
☐ Drug/alcohol abuse	☐ Cruelty to animals	☐ Destructive behavior/starts fires

Has your child:

☐ skipped school repeatedly or had a truancy officer contacted to address lack of school attendance

☐ been suspended from school [*indicate the reason for each suspension and the total days of each suspension*]

- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____

☐ been expelled from school [*indicate the reason for expulsion and the amount days of expulsion*]

- reason: _____ days: _____
- reason: _____ days: _____
- reason: _____ days: _____

Describe any concerns you have about your child's behavior.

ADDITIONAL INFORMATION

Please provide any additional information that would help us understand your child better.

What is the best day and time to contact you?

What is the best day and time to arrange a meeting with you?

_____ _____

Form completed by **Date completed**

BENTON COUNTY SCHOOL DISTRICT

NOTICE OF INVITATION TO COMMITTEE MEETING

BENTON COUNTY SCHOOL DISTRICT

231 COURT STREET

ASHLAND, MS 38603

PAMELA GRAY

DIRECTOR OF SPECIAL EDUCATION

662- 224 6252

To: _____ **Date:** _____

You are invited to attend a meeting regarding your child, _____
to be held _____.
Your participation is very important! This meeting must be held at a mutually agreed upon time and place. If you are not able to meet at this time or location or if you need transportation or interpreter services to participate in the meeting, please contact **us by** using the contact listed above to reschedule the meeting at a more convenient time or location or arrange for assistance. You can also indicate your preferences on the Notice of Invitation to Committee Meeting Reply letter included.

The purpose of this meeting is (*check all that apply*):

Child Find, Evaluation, and Eligibility Determination

- ☐ To determine if your child needs a comprehensive evaluation and to plan the initial evaluation.
- ☐ To discuss your child's evaluation and to determine if your child is eligible for special education.
- ☐ To determine if your child needs additional assessment for a reevaluation and to plan the reevaluation.
- ☐ To discuss your child's reevaluation and to determine if your child continues to be eligible for special education.

Individualized Education Program [IEP]

- ☐ To develop an initial or annual IEP for your child.
- ☐ To review your child's IEP and to revise it, if necessary.
- ☐ To develop or revise your child's transition plan.
- ☐ To determine if your child needs Extended School Year (ESY) services.

Other

- ☐ To determine your child's most appropriate placement.
- ☐ To discuss disciplinary actions.
- ☐ To conduct a manifestation determination.
- ☐ To develop, review, or revise a behavior support plan.
- ☐ Other: _____

Other people who have been invited to this meeting include:

Agency Representative: _____
General Education Teacher: _____
Special Education Teacher: _____
***[Other role]*: [Other name]**_____

***[Other role]*: [Other name]**_____
***[Other role]*: [Other name]**
***[Other role]*: [Other name]**

You are an important member of this team! You are welcome to bring anyone with special knowledge or expertise about your child who can assist you at the meeting, or any information (e.g., medical records, results of outside testing, or work samples) that would help with making educational decisions for your child. Your child is also welcome to attend if you wish. You are also able to audio and/or video record this meeting, if you wish; however, you will need to give us a 24-hour notice so that we may also be able to record the meeting I have included the following important information for you:

- ☐ Notice of Invitation to Committee Meeting Reply
- ☐ Procedural Safeguards Notice.
- ☐ **[Title/Description of any document(s) included]**_____

Please respond to this Notice of Invitation to Committee Meeting by completing the Notice of Invitation to Committee Meeting Reply letter included and returning it to your child's school or program. If you have any additional questions or concerns, please contact me using the number above.

Sincerely,

_____

BENTON COUNTY SCHOOL DISTRICT

NOTICE OF INVITATION TO COMMITTEE MEETING REPLY

BENTON COUNTY SCHOOL DISTRICT
231 COURT STREET
ASHLAND, MS 38603

PAMELA GRAY
DIRECTOR OF SPECIAL EDUCATION
(662) 224 6252

To: _____

I have received an invitation to attend a meeting regarding _____

to be held **[date, time, and location]** _____.

Attendance (*please check all of the boxes that apply*):

- ☐ I will attend this meeting:
  - ☐ In person
  - ☐ By phone
  - ☐ Other: _____
- ☐ I will NOT attend this meeting.
- ☐ I would like to attend the meeting, but this time and/or location is not convenient. I prefer to meet on the following:

_____ _____ _____
Date *Time* *Location*

Assistance (*please check all of the boxes that apply*):

- ☐ I need transportation to participate.
- ☐ I need an interpreter to participate.
- ☐ I would like to record this meeting:
  - ☐ Audio recording
  - ☐ Video recording
- ☐ I would like to invite the following people:
  _____
  _____

Other comments (*please share any additional information you wish to share*):

_____
_____
_____
_____
_____
_____

Parent's signature: _____ **Date:** _____

BENTON COUNTY SCHOOL DISTRICT

MET DOCUMENTATION FORM

Name:_____School: _____

MSIS:_____ DOB:_____ Grade:_____ Age:_____
Gender:_____

Referral Source: Teacher____ TST Committee____ Parent____ Reevaluation____ Preschool____
Other:____

Date of Request: _____ Date of MET meeting: _____

The following information was reviewed by MET: (Check only the documentation reviewed)	
☐ Information/Reports provided by parent/guardian	☐ Current grades
☐ Universal Screening results student and class data	☐ Vision screening
☐ Required Tier I, II, and III forms	☐ Hearing screening
☐ Progress monitoring for academic objectives	☐ Teacher Narrative
☐ Progress monitoring for behavior objectives	☐ Behavior logs
☐ Student Data Form	☐ FBA/BIP
☐ Social/Emotional Worksheet	☐ Developmental History
☐ Copy of cumulative record insert	☐ Classroom observation
☐ Discipline reports from current and previous years	☐ Current or previous IEP with goals updated
☐ Attendance reports from current and previous years	☐ L/S Dismissal Narrative
	☐ Reevaluation Summary
	☐ Other/Specify:

Recommendation of Team for Initial Referrals:
____Comprehensive Assessment is recommended.
____Comprehensive Assessment is not recommended.
Recommendation of Team for Reevaluations:
____IEP Committee Decision – Comprehensive Assessment is recommended.
____Notice for Additional Assessment is completed at MET.
____School will complete Notice for Additional Assessment with parent.
____IEP Committee Decision – Comprehensive Assessment is not recommended at this time. Based on information reviewed, this student continues to need special education services and related services as indicated on the current IEP. The current eligibility should be continued.
____Notice for No Additional Assessment is completed at MET
____School will complete Notice for No Additional Assessment with parent.
____Language/Speech Dismissal: Committee recommends dismissal from speech services.
(If Parent does not attend meeting, Parent must be given written notice for decision within 7 days)
Other Recommendations:

MET Members Signatures/Positions:	

BENTON COUNTY SCHOOL DISTRICT (WITH 7 DAY WAIVER)

PRIOR WRITTEN NOTICE

BENTON COUNTY SCHOOL DISTRICT
231 COURT STREET
ASHLAND, MS 38603

PAMELA GRAY
DIRECTOR OF SPECIAL EDUCATION
(662) 224 6252

To: _____ **Date:** _____

Public agencies are required to provide written notice to the parent when they propose or refuse to initiate or change the identification, evaluation, or educational placement of a child or propose or refuse to initiate or change the services and supports provided to a child which constitute a Free Appropriate Public Education (FAPE). This letter is your notice of the following action proposed or refused regarding your child, **[child's name]**:

REQUEST

On ____/____/____, **BENTON COUNTY SCHOOL DISTRICT** proposed the following action as outlined below:

ACTION PROPOSED

*Your child's **school district or program** proposes to:*	*Describe the specific action proposed:*
☐ Conduct an initial comprehensive evaluation of your child. ☐ Conduct a reevaluation of your child. ☐ Determine your child's eligibility status and disability category. ☐ Change your child's eligibility status or disability category based on a comprehensive reevaluation. ☐ Exit your child from special education. ☐ Begin new special education and/or related services. ☐ Develop an Individualized Education Program for your child. ☐ Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel). ☐ Provide Extended School Year (ESY) services ☐ Change your child's educational placement. ☐ Remove your child for disciplinary reasons which results in a change in placement (e.g., a removal for more than 10 days during a school year or removal to an Interim Alternative Educational Setting). ☐ Other: _____	

This action will go into effect:
☐ after receiving your informed written consent on the parental consent form enclosed. (*for evaluations*)
☐ on **[date of implementation or implementation of change]**. ____/____/____

ACTION REFUSED

*Your child's **[school district or program]** refuses to:*	*Describe the specific action refused:*
☐ Conduct an initial comprehensive evaluation of your child. ☐ Conduct a reevaluation of your child. ☐ Change your child's eligibility status or disability category based on a comprehensive reevaluation. ☐ Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel). ☐ Provide Extended School Year (ESY) services ☐ Change your child's educational placement. ☐ Other: _____	

BENTON COUNTY SCHOOL DISTRICT (WITH 7 DAY WAIVER)

REASON / JUSTIFICATION
Provide the reason or justification for taking the proposed action(s) or for refusing to take an action(s) requested.
Describe other options that were considered and rejected.
Describe the evaluations, tests, records, or reports that were used as the basis for the action(s) proposed or refused.
Describe any other relevant factors to this situation.

You and your child have protections under both the Individuals with Disabilities Education Act (IDEA) and State Board of Education Policy 74.19. If you are a parent of a child with a disability, at least once per year you will be provided a copy of the Procedural Safeguards Notice which describes the rights of you and your child. If you have any questions about your rights and would like assistance in understanding your rights, you may contact me or any of the following:

Mississippi Dept. of Education
Post Office Box 771
Jackson, MS 39205-0771
Phone: (601) 359-3498
Fax: (601) 359-1829
Toll Free Parent Hotline
1-877-544-0408

Disability Rights Mississippi
210 E. Capitol Street Suite 600
Jackson, Mississippi 39201
Phone: (601) 968-0600
Fax: (601) 968-0665
Toll Free Number
1-800-772-4057

MS Parent Training & Information Center
2 Old River Place, Ste. M
Jackson, MS 39202
Phone: (601) 969-0601
Fax: (601) 709-0250
Toll Free Number
1-800-721-7255

Please contact me if you have any questions regarding this information.

Sincerely,

_____ _____ **Role:** _____

Enclosures:

Seven Day Notice/Waiver
☐ I understand that I have 7 days to consider the committee's decision, but I would like to waive the 7 day waiting period so that the committee's action or refusal may begin on _____.
☐ I understand that I have 7 days to consider the committee's decision as described above. I do not waive the 7 day waiting period so the action or refusal may not begin until after 7 days.
Parent's signature: **Date:**

MISSISSIPPI DEPARTMENT OF EDUCATION • OFFICE OF SPECIAL EDUCATION

CLASSROOM OBSERVATION

PERSONAL DATA

Name:	MSIS #:	DOB:
District:	School:	Grade:

AREA(S) OF CONCERN

Indicate any academic area(s) of concern:

- ☐ Listening comprehension
- ☐ Oral expression
- ☐ Written expression
- ☐ Basic reading skills
- ☐ Reading fluency skills
- ☐ Reading comprehension
- ☐ Mathematics calculation
- ☐ Mathematics reasoning
- ☐ Other: _____
- ☐ Other: _____

Indicate any behavioral area(s) of concern:

- ☐ Inattention, hyperactivity, and/or impulsivity
- ☐ Planning ahead/problem solving
- ☐ Social interaction/social problem solving
- ☐ Externalizing emotional/behavioral concerns (e.g., disruptive behaviors or explosive outbursts)
- ☐ Internalizing emotional/behavioral concerns (e.g., withdrawn, fearful, or depressed)
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

OBSERVATIONAL SETTING

Location:	Subject(s) observed:	Teacher(s):

Describe the physical environment (e.g., arrangement of seating, classroom organization, level of noise/activity).

SUPPORTS FOR LEARNING

Instructional method(s) observed: ***(check all that apply)***

- ☐ Independent seatwork
- ☐ Independent reading
- ☐ Child-directed activities
- ☐ Whole class instruction
- ☐ Whole class discussions
- ☐ Highly-structured activities
- ☐ Cooperative/small group learning
- ☐ Small group activities/projects
- ☐ One-on-one/peer-assisted learning
- ☐ Other: _____

Pacing of instruction is consistent with the child's skill level and attention span.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

The child is provided opportunities to be an active and involved learner.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

Assigned activities are directly connected to the instructional goals and produce meaningful learning.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

The child receives adequate review and practice, especially in area(s) of difficulty.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

SUPPORTS FOR BEHAVIOR

Behavioral support method(s) observed: ***(check all that apply)***

- ☐ Prevention strategies (e.g., supervision, student choice, rules/routines, advanced organizers, check in/check out)
- ☐ Educative strategies (e.g., social skills training, peer coaching, instruction/modeling of behavioral expectations)
- ☐ Reinforcement strategies (e.g., positive feedback, token reinforcement, work passes, earned breaks)
- ☐ Consequence strategies (e.g., time-out, verbal/nonverbal feedback, response costs, overcorrection, restitution)
- ☐ Other: _____

Classroom climate (e.g., teacher-child interactions, child's comfort level, etc.) is positive and supportive.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

Classroom rules and routines are clearly understood by the child.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

Directions are clear and reasonable for the child to achieve.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

Effective strategies are used to motivate the child's performance and behavior.

Extensive support	*Some support*	*Limited support*	*Supporting evidence:*

OBSERVATION SUMMARY

Describe the learning and behavioral supports that promote the child's achievement in the classroom.

Describe any additional learning and behavioral supports needed to increase the child's achievement that <u>can be embedded</u> in the typical classroom routine.

Describe any additional learning and behavioral supports needed to increase the child's achievement that <u>exceed those that can be embedded</u> in the typical classroom routine.

Observer:	**Position:**	**Observation Date:**

BENTON COUNTY SCHOOL DISTRICT
Parental Receipt of Procedural Safeguards

Procedural Safeguards requirements are included under the Individuals with Disabilities Education Act Amendments of 2004 (IDEA 2004) and Mississippi State Board Policy 7219.

As a parent, you are an important member of your child's multidisciplinary team. A multidisciplinary team makes decisions about evaluations and eligibility. Another multidisciplinary team, called the Individualized Education Program (IEP) Committee, develops recommendations for special education services for your child if your child is found to be eligible following a comprehensive assessment. You have the opportunity to participate in the multidisciplinary team meeting discussions and decision-making processes about your child's needs for special education.

The following information relates to the Procedural Safeguards explaining your rights under Federal and Mississippi law. One can expect these rights in order to ensure parental involvement in the special education programs.

A copy of this Procedural Safeguards Notice must be provided **only one (1) time each school year,** with the following exceptions:

a. Upon initial referral or your request for an evaluation or reevaluation;
b. Upon the receipt of the first MDE State complaint in a school year;
c. Upon the receipt of the first request for a due process hearing in a school year;
d. In accordance with the discipline procedures when a, change in placement occurs;
e. Upon your child's initial IEP Committee meeting; and
f. Upon your request to receive a copy.

The revisions to the Procedural Safeguards reflect the new mandates of the Individuals with Disabilities Education Act Amendments of 2004. The Federal Regulations were issued on April 14, 2006 and became effective October 13, 2006. Amendments were issued on December 1, 2008 and became effective December 31, 2008. Additional amendments became effective on December 17, 2013. Additional information regarding special education and these procedural safeguards is available by contacting your local special education supervisor or school principal, a parent advocacy organization, or the Division of Parent Outreach at the Mississippi Department of Education, Office of Special Education at 1-877-544-0408.

Your signature is requested below to verify that you have received the Procedural Safeguards and that they have been explained to you. This document will be kept on file.

Signature_____

Date_____

Witness_____

Date_____

RE-EVALUATION SUMMARY REPORT/ ELIGIBILITY DETERMINATION	BENTON COUNTY SCHOOL DISTRICT P.O. Box 247; Ashland, MS 38603; 662-224-6252 Pamela Gray, Director of Special Education

Name:	Grade:	☐ AES ☐ AMS ☐ AHS ☐ HFAC ☐ Pre School ☐ Other _____
Sex: ☐ Male or ☐ Female	DOB: Age:	Sped Teacher:

Date of Meeting: _____ Date of 2nd Meeting: (if more info is needed) _____

The IEP Committee met to review the existing information/data including evaluation data, information and evaluations provided by the parents, current curriculum/classroom based assessment, observations by teacher(s) and if appropriate, related service provider's observations and information contained in the current IEP.

Based on the review of existing information/data, the IEP Committee determined:

YES NO	**Is a Continuation of the current Eligibility Recommended?** No additional data are needed; the attached IEP reflects the student's Present Level of Performance and educational needs in all problem areas, including all areas associated with the student's disability. The data indicates the continued need for special education and related services as outlined on the attached IEP and continues to support the disability of (Identify primary and secondary disabilities with subcategories as applicable). _____ The parent is notified of the determination and the reasons for it and of their right to request assessment to determine whether the student continues to be a student with a disability.
YES NO	**Did the Parent(s) Requests an assessment to determine whether the student continues to be a student with a disability?** If yes, obtain written permission to evaluate.
YES NO	**Is additional data needed?** If yes, specify data to be gathered.
YES NO	**Does the additional data/information gathered support a change in the Eligibility Category?** The data supports the disability of (Identify primary and secondary disabilities with subcategories as applicable.) _____ And the need for special education and related services. Give parent Change in Identification Form. All additional data gathered must be available for review.
YES NO	**Does the additional data/information gathered support a Change in Placement?** If yes, give parent Change in Placement Form.
YES NO	**Is a Review/Revision of the IEP needed? If yes, please mark the following.** ☐ The revisions were made at the IEP meeting. ☐ The revisions will take place at a mutually agreed upon meeting. (Follow procedures for review/revision of IEP.)

REVIEW OF INFORMATION

Directions: Check applicable items reviewed during the re-evaluation process.
Identify relevant **dates** and **specific information.** Attach documentation for each item checked.

Type of Documentation:	Date:	Specific Information
X Previous Evaluation Report:	____/____/_____	___Previous Initial Summary Report ___Previous Re-evaluation Report
X Curriculum-Based Assessment:	____/____/_____	Nine Week Common Assessments
X Progress toward Meeting IEP goals:	____/____/_____	Current IEP
X Performance in the General Curriculum:	____/____/_____	Benchmark Checklist
X Observation(s):	____/____/_____	___Teacher Narrative ___Checklists
X Eligibility Criteria of Disability:	Current	MDE Criteria; Benton Policy
☐Vision/Hearing Screening:		
☐Standardized Tests:		
☐Discipline Records:		
☐Manifestation Determinations:		
☐FBA and/or BIP:		
☐Transition/Vocational Data:		
☐Medical Information:		
☐Information Provided by parent(s): Parent Interview		
☐ Other (Specify):		

SIGNATURE OF COMMITTEE MEMBER PRESENT	POSITION	AGREE	DISAGREE
	Parent		
	General Education Teacher		
	Special Education Teacher		
	Agency Representative: School Admin/Sped Director/MET Chair		
	Speech Pathologist		
	Other (specify)		
	Other (specify)		
	Other (specify)		

Completing the Re-evaluation Summary Report/Eligibility Determination form

1. Completed identifying information at top
2. Date of meeting. No second meeting for roll over. Leave blank

3. Box 1: Circle "yes" if additional testing is not warranted and the current eligibility is appropriate. Write the category of disability on the line
4. Box 2: No
5. Box 3: No
6. Box 4: No, leave blank empty
7. Box 5: No
8. Box 6: Yes, mark appropriate box

2nd page:

Previous Evaluation Report: Date of previous comprehensive report and last re-evaluation

The date of the meeting (front page) will be used for the items below because this is the date that the items were reviewed and considered for a continuation with a disability. Dates on each item can be written in the second column but not necessary if the item is already dated. If not applicable such as behavior items, mark "n/a" in the second column.

Curriculum Based Assessments
Progress toward meeting IEP goals
Performance in the general education curriculum
Observation (from teacher narrative)
Eligibility Criteria of Disability completed - form on website
Hearing/vision
Standardized Tests
Discipline Records
Manifestation Determination
FBA/BIP
Transition
Medical Information - interview parent or complete a developmental history
Information provided by parent (concerns)
Other - (ex) Therapy discussion or progress , cum insert

Signatures of each committee member. If the student receives a related service, the service provider must be a committee member.