

**Mississippi Department of Human Services/Division of Youth Services
REEVALUATION TEACHER NARRATIVE FORM**

Identifying Information

Name		Grade	Grades Repeated	
Gender	Race	Age	Irregularities in Attendance	MSIS Number

Reason for Re-evaluation

- Three-year re-evaluation
- Out of State re-evaluation
- Prior to discontinuation of Special Education Services

- Request of Child's parent(s) or teacher(s)
- Other (e.g. new concerns, court order)
(specify):

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.

*Check (√) if in regular education and tutored in SPED.

Grading Scale

A=90-100

D=60-69

S=Satisfactory

B=80-89

F=Below 60

N=Needs Improvement

C=70-79

I=Incomplete

U=Unsatisfactory

Curriculum Area/ Subject	SPED	REG	*Tutor	Curriculum Area/Subject	SPED	Reg	*Tutor

Characteristics

Indicate whether the child has a problem in any of the designated areas. To complete this section, utilize the current IEP, mastery of skill documentation, the previous assessment data, knowledge of the child, information from the parent or child, and any available reports/information on file. Information in this section will be discussed with the IEP team to ensure a valid and appropriate evaluation, as well as to determine the child's problem areas.

Area	Problem		Comments
	NO	YES	
Hearing			
Vision			
Physical Condition			
Orofacial			
Gross Motor Skills			
Fine Motor Skills			
Language			
Articulation			
Voice			
Fluency			
Social Skills			
Behavior			
Emotional			
Visual Perception			
Auditory Perception (including Listening Comprehension)			
Reading			
Math			
Written Expression			
Oral Expression			
Functional Academics			
Transition			

Review of Information (All appropriate documentation must be maintained.)

<p>Check if applicable:</p> <p><input type="checkbox"/> Previous Evaluation Reports</p> <p><input type="checkbox"/> Curriculum-Based Assessment</p> <p><input type="checkbox"/> Functional Behavioral Assessments (Attached)</p> <p><input type="checkbox"/> Progress Reports/Information from Related Services (Mastered IEP) (Attached)</p> <p><input type="checkbox"/> Observations (Attached)</p> <p><input type="checkbox"/> Progress toward Meeting IEP Goals/Standards (Mastered IEP) (Attached)</p> <p><input type="checkbox"/> Standardized Test (Attached)</p> <p><input type="checkbox"/> Discipline Records (Attached)</p> <p><input type="checkbox"/> Manifestation Determinations (Attached)</p> <p><input type="checkbox"/> Behavior Intervention Plans (Attached)</p> <p><input type="checkbox"/> Transition/Vocational Data (Attached)</p> <p><input type="checkbox"/> Medical Information (App.TT) (Attached)</p> <p><input type="checkbox"/> Information Provided by Parent(s) (Attached)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>_____</p> <p>_____</p>	<p>Date of Most Current Information:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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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, data utilized to obtain previous eligibility ruling, and any other relevant reports/information.

Teacher's Signature

Date

7/01/2016 Special Education: Three – Year Reevaluation Policy XII.7.D

**Mississippi Department of Human Services/Division of Youth Services
ACCOMMODATIONS, MODIFICATIONS, TEACHER STRATEGIES FOR
REEVALUATION DOCUMENTATION**

Student		Teacher	
Grade		Subject	
Grade Level Student Taught		Date Form Completed	

Benchmark/Skill _____

*Attach all Progress Monitoring graphs completed in current school year.
Attach any work samples that reflect the accommodations/modifications.*