

Form C
ELL REEVALUATION

FAX TO: 228-4731 ST. ANDREWS SPECIAL EDUCATION RESOURCES

INTERPRETER (circle one): ECLA NEGRONI LAURA VALLEJO OMAR HERSI

CHAI YANG PACHONG YANG BAI YANG KAO HER KA LYSONGTSENG

OTHER (indicate language) _____

**FOR ACADEMIC REEVALUATIONS, ATTACH COPY OF CURRENT ESR AND IEP
IF THEY ARE NOT ON CAMPUS IN THEIR ENTIRETY**

SCHOOL:

YOUR NAME AND CASE MANAGER NAME (if different):

SCHOOL PHONE:

STUDENT:

BIRTHDATE:

CIF #:

GRADE:

PARENT NAME:

PARENT PREFERENCE FOR INTERPRETATION:

(Check the Interpretation/Translation Services Preference Form usually attached to the initial parent interview.)

CURRENT PHONE:

PRIMARY DISABILITY/AMOUNT OF TIME:

OTHER SERVICES/AMOUNT OF TIME:

DATE OF LAST ASSESSMENT:

AREAS OF PROPOSED ASSESSMENTS:

VISION/HEARING RECENTLY SCREENED? YES NO COMMENTS:

SPECIAL QUESTIONS OR COMMENTS TO BE PRESENTED BY INTERPRETER DURING
PARENT INTERVIEW/NOTIFICATION OF RE-ASSESSMENT:

SPECIAL CONSIDERATIONS: Please check all that apply

- First reevaluation to be done since Initial ECSE Evaluation
- Initial Evaluation was done out of district
- A new area of eligibility is being considered
- Considering exiting student from special education
- Student is 18 & has given permission to conduct a parent interview