

Owen J. Roberts School District

PARENT/GUARDIAN INFORMATION FOR RE-EVALUATION

| *Please return to the student's current case manager. Teacher: Amy Hoffman | | |
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| Stude | nt Name:Grade: | |
| This information will be used in writing your child's Re-Evaluation Report. If you are not comfortable sharing information or do not want it written in the report, please make note of this. Physical/medical condition, social, or cultural background: | | |
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| 2) | Is your student on any regular medications for any type of medical condition? If so, what? | |
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| 3) | Is there anything about your student's social background that is important to note? | |
| 4) | Is there any information that needs to be provided about your child's cultural background that is relevant to his/her disability and needs? | |
| 5) | Who does your student currently live with? | |

| | Parent/Guardian Signature Date |
|-------|--|
| *Pare | nt: Please sign and return this form even if you have no information to contribute. |
| | |
| 3) | Ideas for Educational Program: (ex: Do you feel your student needs more support or less support in certain subjects?) |
| 2) | Is there any further information that you think would be useful for the Re-Evaluation and IEP team to know when making decisions about your student? |
| 1) | would be useful when reviewing your student's educational placement and needs? |
| | Ations and information: Do you have any observations about your student academically or socially that you see at home that |
| | |
| 8) | What do you see as your student's needs? |
| | |
| 7) | What do you see as your student's strengths? |
| | |
| 6) | How does your student spend his/her free time? |