

Permission for Exit Evaluation

Student _____ Date of Birth _____ Sex: M__ F__
School _____ Current Disability Category _____

- To be used whenever the student is suspected as being no longer eligible for Special Education.
- IDEA and Article 7 require that the Case Conference Team conduct an evaluation prior to determining that a student no longer has a disability.
- In the event of an upcoming transition to Jr. High or High School in the next year, finding a student no longer eligible is strongly discouraged. Consultation for a year is recommended with possible exit the following year.

Briefly describe why this evaluation is being pursued: _____

The critical question to be answered by this evaluation is "Can this student's needs be met within the resources of General Education?"

- The following information should be gathered and considered:
- A review of records of initial and subsequent special education evaluations, district assessments, progress monitoring data and health records.
- Curriculum-Based Measurements
- Observations of the student's actual performance in both general and special education settings.
- Comparison of the student's current performance with the expectations of general education.
- Interviews with staff regarding classroom expectations and goals.
- Interviews with parents regarding their expectations and goals for their child.
- Interviews with the students to determine his/her goals and perceived need for support.

Standardized tests are not generally necessary in this process. (The School Psychologist must be consulted prior to marking any of the following areas to be assessed)

___ Tests of Learning Capability	___ Measures of Adaptive / Behavioral Skills
___ Tests of Academic Achievement	___ Tests of Physical Capabilities
___ Tests of Speech / Language Abilities	___ Tests of Developmental Levels

The results of this evaluation will be reviewed by a Case Conference Committee (of which you will be a member) to develop recommendations for this student. The conference will be held no later than 50 instructional days after signed parental consent for evaluation is obtained. You will be notified of that Case Conference Meeting.

Signature of Interviewer Title Date

Signature of Parent / Legal Guardian Date

Packet Checklist:

The following information should be gathered and considered:

_____ A review of records of initial and subsequent special education evaluations, district assessments, progress monitoring data and health records.

- _____ Grades (Supply copies of or list the last two years' grades)
- _____ Special Education Evaluations (Supply copy of previous evaluation)
- _____ District Assessments (e.g., NWEA) (Supply copies or list scores)
- _____ State-Wide Assessments (e.g., ISTEP, ECA) (Supply copies or list scores)
- _____ Health Records (include recent hearing and vision screening results, any known health diagnoses, and medications)

_____ Curriculum-Based Measurements

List the grade-level equivalency of the materials the student is working at in math and language arts.

_____ Observations of the student's actual performance in both general and special education settings.

Please attach a teacher interview/observation from **both a general education teacher and special education teacher.**

_____ Comparison of the student's current performance with the expectations of general education.

Please use the included general education teacher and special education teacher interview forms.

_____ Interviews with staff regarding classroom expectations and goals.

Please use the included general education teacher and special education teacher interview forms.

_____ Interviews with parents regarding their expectations and goals for their child.

Please use the included parent interview form.

_____ Interviews with the students to determine his/her goals and perceived need for support.

Please use the included student interview form.

General Education Teacher Interview/Observation

Student: _____

Teacher: _____

Date: _____

List any special materials and instructional adaptations you have used:

Does the student continue to need the adaptations to be successful in general education? Please list those needed:

What strengths and weaknesses do you see in this student in both academic and non-academic areas?

How do the student's reading skills affect his/her classroom performance?

How do the student's written language skills affect his/her classroom performance?

For math and science classes, how do the student's math skills affect his/her classroom performance?

How does the student compare to general education peers in:

- 1.) Communication
- 2.) Social Skills
- 3.) Attention/Concentration
- 4.) Behavior & Maturity Level
- 5.) Academic Areas

Please list any observations or comments you have as to how the student would function in the general education program:

Teacher Signature

Date Signed

Special Education Teacher Interview/Observation

Student: _____

Teacher: _____

Date: _____

List any special materials and instructional adaptations you have used:

Does the student continue to need the adaptations to be successful in general education? Please list those needed:

What strengths and weaknesses do you see in this student in both academic and non-academic areas?

How do the student's reading skills affect his/her classroom performance?

How do the student's written language skills affect his/her classroom performance?

For math and science classes, how do the student's math skills affect his/her classroom performance?

How does the student compare to general education peers in:

6.) Communication

7.) Social Skills

8.) Attention/Concentration

9.) Behavior & Maturity Level

10.) Academic Areas

Please list any observations or comments you have as to how the student would function in the general education program:

Teacher Signature

Date Signed

Parent Interview

Student: _____

Parent(s)/Guardian(s): _____

Date: _____

What are your expectations for your child?

What are your child's strengths?

What are your child's weaknesses?

What are your future goals for your child?

What has helped your child?

Do you think your child will need any special assistance to be successful in general education? If so, what?

Has your child experienced any recent injuries, accidents, illnesses, or hospitalizations? If so, please explain:

Medications:

Dosage:

Frequency:

Does your child have any physical limitations at this time?

Please add any other comments you feel are important (Use the back of this form):

Parent Signature

Date Signed

Student Interview

Student: _____

Interviewer: _____

Date: _____

What is the hardest/most difficult subject that you have this year?

Are you currently failing any class?

What subject(s) is easiest for you?

Which of the following have helped you to be successful at school:

- Resource Room
- Individual Help
- Taking Tests in Resource Room/Library
- Reduced amount of work
- Extra time
- Peer assistance
- Other: _____

What things have you learned in the resource room that will help you especially if you are planning to go to college/trade school?

- Study skills
- Note taking
- Test taking strategies
- How to use the library
- Ways to improve writing skills
- Responsibility
- Self-control
- Use of computer/calculator/tape recorder
- Other: _____

How many periods do you spend in the resource room?

What are your goals/plans when you graduate from high school?

In what ways has special education helped you the most?

What could special education do/have done to help you more?

Interviewer Signature

Date Signed