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**SCHOOL AGE PLANNING FORM:**  INITIAL  REEVALUATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Chronological Age: \_\_\_\_\_

STEP 1: List area(s) of disability/suspected disability: \_\_\_\_\_

STEP 2: For those assessment areas in column (A), indicate "yes" or "no" in column (D) if sufficient existing data is available. Under column (E), indicate any new assessments by listing the position of the individual assigned.

STEP 3: List team members who participated in the review of existing information.

STEP 4: Reevaluation will be completed by: \_\_\_\_\_

STEP 5: Completed paperwork returned to chairperson by: \_\_\_\_\_

(A) Assessment Areas	(B) Must be Addressed for:		(D) Current data necessary	(E) New Assessment Necessary	
	Initial	Reevaluation		Interview/Records Observation	Direct Assessment
Physical (medical) Examination	MD, HI, VI, OH, OHI, ED, TBI, Autism	MD			
Health and Nutrition	As needed	CD			
General Intelligence	All, except S/L	MD, ED, CD, SLD			
Academic/Precademic Skills	All	All			
Educational Functioning	S/L	S/L			
<b>Vision Abilities</b>	All, except S/L & VI	MD, HI, OH, OHI, CD, SLD			
Eye Condition by Specialist	VI	VI			
Braille Needs	VI	VI			
<b>Hearing Abilities</b>	All except HI	MD, VI, OH, OHI, CD, SLD			
Audiological Status	HI	HI			
<b>Communicative Status</b>	All	All			
Communication Mode	HI	HI			
Adaptive Behavior	MD, CD	MD, CD			
<b>Social and Emotional Status</b>	MD, HI, VI, OH, OHI, SLD	MD, HI, VI, OH, OHI			
Classroom Observations	SLD/ED	SLD/ED			
Behavioral Observation	ED	ED			
Behavior/Personality Measure	ED	ED			
<b>Background Information</b>	ED	ED			
-Reading and Math Instruction	All	All			
-Social and Cultural	CD	CD			
-English Proficiency	All	All			
Fine Motor Abilities	All, except S/L	MD, HI, VI, OH, OHI, CD, SLD			
Gross Motor Abilities	All, except S/L	MD, HI, VI, OH, OHI, CD, SLD			
<b>Vocational/Occupational And Transition Needs</b>	Required by age 14 and age 16	Required by age 14 and age 16			
Assistive Technology Needs	As needed	As needed			
Other:					

The team has taken into consideration possible sources of racial/cultural bias in planning these assessments.

Team Members:


Signature of Evaluation Team Chairperson \_\_\_\_\_ Date of Plan \_\_\_\_\_