

LONG COUNTY SCHOOL SYSTEM

Special Education Department

Referral for Reevaluation

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ GTID: \_\_\_\_\_

Exceptionality(ies): \_\_\_\_\_

Related Services (if applicable): \_\_\_\_\_

Is this a transfer student? \_\_\_\_\_ If so, provide the name of the school the student last attended: \_\_\_\_\_

\_\_\_\_\_ and date of Long Co. enrollment: \_\_\_\_\_

The student is referred for reevaluation in order to (check one):

\_\_\_\_\_ Determine continued eligibility. Reevaluation in the following areas is recommended:

\_\_\_\_\_ Consider new/additional eligibility. Reevaluation in the following areas is recommended:

\_\_\_\_\_ Gather information to aid in instructional planning (not for eligibility purposes):

\_\_\_ Yes \_\_\_ No Did the student attend, or is the student currently attending, a preschool or Head Start program? If YES, name the program or school: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Is this student age appropriate for his/her grade level? If NO, indicate which of the following apply:  
Retained: Yes/No Specify Grade(s): \_\_\_\_\_  
Started School Late: Yes/No  
Homeschooled: Yes/No  
Other (explain): \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Is the student's primary language English? If NO, what is the student's primary language?  
\_\_\_\_\_

For the current school year, this student has \_\_\_\_\_ unexcused absences and \_\_\_\_\_ unexcused tardies to date.

List all schools previously attended: \_\_\_\_\_

Please check the relevant descriptors:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Enjoys helping others       | <input type="checkbox"/> Daydreams excessively            | <input type="checkbox"/> Destructive                       |
| <input type="checkbox"/> Short attention span        | <input type="checkbox"/> Can't recall sequence of events  | <input type="checkbox"/> Physically aggressive             |
| <input type="checkbox"/> Poor dexterity/coordination | <input type="checkbox"/> Fearful or nervous               | <input type="checkbox"/> Lethargic                         |
| <input type="checkbox"/> Overly active/restless      | <input type="checkbox"/> Unhappy/depressed                | <input type="checkbox"/> Incomplete assignments            |
| <input type="checkbox"/> Excellent memory            | <input type="checkbox"/> Uses profane language            | <input type="checkbox"/> Variability in performance        |
| <input type="checkbox"/> Adapts easily/flexible      | <input type="checkbox"/> Easily taken advantage of        | <input type="checkbox"/> Needs more supervision than peers |
| <input type="checkbox"/> Easily confused             | <input type="checkbox"/> Disturbs others                  | <input type="checkbox"/> Disobedient                       |
| <input type="checkbox"/> Dislikes school/unmotivated | <input type="checkbox"/> Class clown                      | <input type="checkbox"/> Seems well adjusted emotionally   |
| <input type="checkbox"/> Easily frustrated           | <input type="checkbox"/> Lacks confidence                 | <input type="checkbox"/> Works at a slower pace            |
| <input type="checkbox"/> Not accepted by classmates  | <input type="checkbox"/> Overly sensitive                 | <input type="checkbox"/> Resists change                    |
| <input type="checkbox"/> Relates poorly to adults    | <input type="checkbox"/> Physical complaints              | <input type="checkbox"/> Needs individual assistance       |
| <input type="checkbox"/> Overt sexual behavior       | <input type="checkbox"/> Difficulty following directions  | <input type="checkbox"/> Exhibits leadership               |
| <input type="checkbox"/> Speaks clearly              | <input type="checkbox"/> Difficulty retaining information | <input type="checkbox"/> Limited vocabulary                |
| <input type="checkbox"/> Shy and overly quiet        | <input type="checkbox"/> Unpredictable behavior           | <input type="checkbox"/> Finishes work in a timely manner  |
| <input type="checkbox"/> Uncooperative               | <input type="checkbox"/> Loud, boisterous                 | <input type="checkbox"/> Highly motivated                  |
| <input type="checkbox"/> Few close friends           | <input type="checkbox"/> Disorganized work habits         | <input type="checkbox"/> Creative                          |
| <input type="checkbox"/> Unkempt physical appearance | <input type="checkbox"/> Poor self-control                |  |
| <input type="checkbox"/> Poor reaction to success    |   |  |
| <input type="checkbox"/> Bullies others              |   |  |

Referring Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_