

**Troup County Schools  
Department of Exceptional Education  
Request for Psychological Services  
REEVALUATION**

**Folder is due 150 days prior to expiration of eligibility**

**SDD students are required to have their reevaluation folder turned in no later than September 1<sup>st</sup> in the school year that the student turns 9 years old.**

Name \_\_\_\_\_ School \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Race \_\_\_\_\_ Grade \_\_\_\_\_ Case Manager \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

Address \_\_\_\_\_

**Current Services (Circle all that apply)**

EBD SLD MIID MOID SID PID OI OHI VI HI DB SI SDD AUTISM SI OT PT

***Include copies of the following for all evaluations:***

- \_\_\_ \*Copy of Progress Monitoring Data & Intervention/Therapy Data
- \_\_\_ \*Copy of **Completed Reevaluation Considerations Form**
- \_\_\_ \*Current Vision & Hearing - Must be no more than a year old (**Circle if applies: glasses, contacts, hearing device**)
- \_\_\_ \*Attendance Records (**Pre-K to present**)
- \_\_\_ \*Copy of Standardized test reports (e.g., CRCT, ITBS, GKIDS, etc.)
- \_\_\_ \*Report Card/Progress Report(s) - (Pre-K to present)
- \_\_\_ \**Social & Developmental History Form* (completed by Parent within 12 months of the consent date)
- \_\_\_ \*Previous Psychological/Other Pertinent Evaluations (if available)
- \_\_\_ \*Copy of BIP/FBA (if applies and Anecdotal Records)
- \_\_\_ \*Copy of *Medical Update Form* (If **Other Health Impairment/Attention Deficits** is suspected)
- \_\_\_ \**Standardized Work Samples Form & Samples* (Required for all cases **in the area(s) of concern**)
- \_\_\_ \**Standardized Teacher Observation Form* completed for areas of concern (Required for all cases)
- \_\_\_ **Parent Consent to Evaluate (Folder to EEC within 7 school days of parent signing consent to evaluate)**
- \_\_\_ BRIEF (Parent & Teacher(s) is required if a **Specific Learning Disability** is Suspected)
- \_\_\_ BASC-2 or Achenbach (Parent & Teacher(s) is required for all cases)
- \_\_\_ ABAS-II (Parent & Teacher forms if **Intellectual Disability, Other Health Impairment or Autism** is suspected)
- \_\_\_ *Standardized Informal Adaptive Behavior Form* (If **Intellectual Disability** is suspected)
- \_\_\_ GARS/CARS (If **Autism** is suspected)

\*This information should be collected before consent is signed.

**Please complete ALL sections:**

Date team consulted with School Psychologist: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for the Referral (Please check all that apply):**

- New/additional eligibility
- Additional information
- Evaluation for community-based services. Please explain: \_\_\_\_\_

**Area(s) of concern (Please check all that apply):**

- Motor     Adaptive     Sensory     Cognitive     Medical     Processing
- Social/Emotional     Communication/Language

FOR OFFICE ONLY: Date Received at EEC \_\_\_\_/\_\_\_\_/\_\_\_\_

Hearing Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Vision Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Psych Completed \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Folder sent to school \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Eligibility/Reeval Considerations date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Eligibility/Placement must occur by this date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please complete eligibility as soon as testing is complete.**