

Moreno Valley High School
Special Education Department
RE-EVALUATION PROGRESS REPORT

STUDENT INFORMATION

Student's Name: _____ DOB: _____ Grade: _____

Current parent/guardian address: _____

Phone number: _____

Date of initial special education placement: _____

Special education placement and services: _____

Required re-evaluation due date: _____

STUDENT HEALTH INFORMATION

| | | | | | | |
|------------------|---|---|-----------|---|---|--------------|
| Hearing R | P | F | Hearing L | P | F | Date Tested: |
| Vision R | / | / | Vision L | / | / | Date Tested: |
| Health comments: | | | | | | |

IEP GOALS/PROGRESS

Below please state briefly each of the goals being addressed with this student and progress being made.

IEP Goal: _____

Progress: _____

IEP Goal: _____

Progress: _____

IEP Goal: _____

Progress: _____

IEP Goal: _____

Progress: _____

Special Ed Teacher/Evaluator Signature: _____ Date: _____

Moreno Valley High School
Multidisciplinary Team Meeting
Evaluation Summary

Date: _____ Student Name: _____ ID#: _____

The Multidisciplinary Team has reviewed the available referral and evaluation information (including cultural linguistic and socioeconomic differences and all related services evaluations) relevant to this student. On the basis of this review, this team has determined that this student meets the descriptive criteria for the following eligibility category(ies):

| | | |
|---|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Giftedness | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Intellectual Impairment | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Speech/Language Impairment |

In order to be eligible for special education and related services, the eligibility category (ies) indicated above must significantly affect the child's education performance. This team has determined that the following areas of the child's educational performance have been affected: _____

Based upon all of the information reviewed, the Multidisciplinary Team has determined that:

This student does not meet eligibility criteria for special education; if of school age (K-12), the Student Assistance Team is responsible for reviewing the student's educational needs and making Necessary accommodations.

This student meets special education eligibility under the category of: _____

(If Specific Learning Disabled, see attached MDT Summary for SLD form)

This student is eligible for the following related service(s): _____

A conclusion regarding eligibility cannot be reached based upon currently available information:
The following information needed: _____

Multidisciplinary Team Meeting Participants

| Position | Signature | Position | Signature |
|----------|-----------|----------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Translation/Interpretation by: _____
 N/A Yes _____ in _____



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RELEASE OF STUDENT DOCUMENTS

I, _____, have requested the educational file of
Print name of Requester
_____ from Moreno Valley High School staff. I attest that I am
lawfully permitted to do so. I understand that these documents and the information therein are
of a confidential nature. I will not distribute them or divulge any information I obtain from
them to anyone or to any party who does not have legal right and need to know. By accepting
these documents I assume full responsibility for them and I release Moreno Valley High
School and its staff and faculty from further responsibility for any inappropriate distribution
that may occur henceforth.

I have received a copy of the full educational file or a portion of the file.

I am checking out the file for viewing in the MVHS Office

Time checking out file - _____

Time file returned - _____

To Whom did you return the file ? - _____

Signature of MVHS Staff receiving file _____

Signature of Requester

Requester's relationship to student

Signature of MVHS Staff releasing documents

Dr. Jim Mooney, Director MVHS (required for taking copies of file)

Date

TESTING ACCOMODATIONS*

Standardized Administration—Category 1: Sample Accommodations

(allows student to participate without influencing the interpretation of criterion- or norm-referenced test scores)

- Encourage students by providing prizes or snacks
- Have an adult sit with student and/or turn pages for him/her.
- Use large print test materials or allow student to use magnifying equipment.
- For selected responses, allow student to indicate responses to a scribe or use other communication device.
- Let student mark answers in booklet instead of separate answer sheet.
- Have student take the test alone rather than with the group.
- Provide a template for student to use to maintain place in responding.
- Use audio amplification equipment or noise buffers.
- Use special lighting or acoustics.
- Administer test at a time most beneficial to student (morning, after lunch....)

Non-Standardized Administration—Category 2: Sample Accommodations

(allows student to participate by modifying presentation, response method, or time constraints; likely to influence the interpretation of criterion- or norm-referenced test scores)

- Tape record or read directions aloud.
- Have stimulus material, questions, and answer choices read aloud (except reading comprehension)
- Present directions and/or test material in sign language.
- Let student take test on a computer, rather than pencil/paper.
- Allow student to use a calculator or reference tables.
- Let student use a spell-checker (except for on a test on which spelling will be scored).
- For constructed response items, have the student dictate responses to a scribe.
- Give student extra time on a timed test.
- Extend test over several short time periods rather than fewer sustained ones.
- Permit the use of a calculator on a math computation test.

Category 3: INVALID Sample Accommodations

(may actually change what is being measured therefore invalidating interpretation of test scores)

- Reading or tape recording stimulus content on a reading comprehension test.
- Paraphrasing directions, questions, answers, or stimulus materials and/or giving clues.
- Letting student use dictionary on a vocabulary test.
- Rewording questions or defining unknown vocabulary for the student.
- Providing spelling assistance on assessment on which spelling will be scored.
- Giving student formulas or other materials expected to be known.
- Allowing student to dictate to a scribe on a constructed response writing test.
- Permitting the use of dictionary or other reference on a writing test.
- Clarifying questions, answers, or content for the student.
- Coaching during test, such as suggesting that student rethink his/her response.

* For more information and the detailed references on which these lists were based, see Appendix C in the New Mexico State Department of Education publication "Pathways to the Diploma" (available in hard copy or online at <http://sde.state.nm.us>).

INSTRUCTIONAL ACCOMMODATIONS or MODIFICATIONS

| | |
|--|--|
| <p align="center">Environment</p> <p>Low lighted area Study carrel for independent work Minimize auditory distraction More physical space for learner</p> <p align="center">Assignment/Homework</p> <p>Reduced homework load and/or assignments Opportunity to use typewriter or computer Extra time for assignments Emphasis on major points</p> <p align="center">Behavior management</p> <p>Clearly defined limits Frequent reminder of rules Positive reinforcement In-class time out Opportunity to help teacher Frequent eye contact</p> <p align="center">Instructional strategies</p> <p>Frequent feedback Immediate feedback Positive reinforcement for academic skills Positive reinforcement for communication skills Checking for understanding Repeat, clarify and/or simplify directions</p> <p align="center">Other</p> <p>Use of special devices (pencil adapted in size or grip, manipulatives)</p> <p>Motivational accommodations (encourage student to remain on task, provide snacks, treats, or prizes) Use of communication device</p> <p>In case of failing grade</p> <p>Conference with special education teacher Conference with student's parents Call a case conference to allow parents and all service providers discuss educational needs of the student Call an IEP meeting to discuss placement</p> | <p>Instructional materials</p> <p>Reading material at ___ grade level Color coded materials for reading and emphasis</p> <p>Study aids and/or manipulatives</p> <p align="center">Testing</p> <p>Exams of reduced length Extended time for exams Open book test Opportunity to have test read or translated</p> <p align="center">Instructional presentation mode</p> <p>Short instructions (1 or 2 steps) Opportunity to have instructions written Opportunity to have instructions repeated Visual aids (pictures, flash cards, etc.) Multimodal and/or multisensory presentation</p> <p>Student response mode</p> <p>Extra time for oral response Extra time for written response Oral instead of written response Illustration and labeling instead of writing Opportunity for taped response</p> <p>Grades will be based on</p> <p>Regular classroom standard Work completed Effort and demonstrated mastery No penalty for spelling error IEP objectives and/or benchmarks</p> <p align="center">Grades will be determined by</p> <p>Regular education teacher Special education teacher Regular and special education teacher in collaboration</p> |
|--|--|

**ADDENDUM FOR DETERMINING ELIGIBILITY FOR
THE NEW MEXICO ALTERNATE ASSESSMENT (NMAA)**

Members of the IEP team are charged with the determination of eligibility for the alternate assessment. Please list below the dates of IEPs and evaluations from the student's record that were reviewed in order to determine whether the student is eligible for participation in the NMAA as opposed to the general assessment. Attach any other documents not found in the student's record that were also reviewed.

List the names and dates of documents used to make this determination.

Document Name:

Document Date:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The IEP team must agree that the student is eligible for the NMAA according to the criteria below. Sufficient documentation must be provided (multiple records and multiple sources of information) to answer ALL of the following questions in the affirmative.

1. Yes No Does the student's past and present performance in multiple settings (i.e., home, school, and community) indicate that a significant disability is present? Explain.

2. Yes No Does the student need intensive, pervasive, or extensive levels of support in school, home, and community settings? Explain.

3. Yes No Do the student's current cognitive and adaptive skills and performance levels require direct instruction to accomplish the acquisition, maintenance, and generalization of skills in multiple settings (home, school, and community)? Explain.

4. Have the following been ruled out as the primary reason why the student cannot be included in the state-mandated assessments?

- Yes No excessive or extended absences
- Yes No visual or auditory disabilities
- Yes No specific learning disabilities
- Yes No social, cultural, and economic differences.

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**SPECIAL EDUCATION DEPARTMENT
2 & 3 WEEK PROGRESS REPORT**

Student _____ Date _____
Teacher _____ Class _____

Attendance:

Participation:

Performance/Assignment Completion:

Comments:



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**SPECIAL EDUCATION DEPARTMENT
2 & 3 WEEK PROGRESS REPORT**

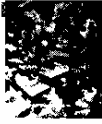
Student _____ Date _____
Teacher _____ Class _____

Attendance:

Participation:

Performance/Assignment Completion:

Comments:



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**SPECIAL EDUCATION DEPARTMENT
 MIDTERM/9 WEEK PROGRESS REPORT**

Student _____ Date _____
 Teacher _____ Class/Exceptionalities _____

| | Outstanding | Very Good | Good | Average | Below Average | Poor |
|--------------------------|-------------|-----------|------|---------|---------------|------|
| ATTENDANCE: | 6 | 5 | 4 | 3 | 2 | 1 |
| OVERALL EFFORT: | 6 | 5 | 4 | 3 | 2 | 1 |
| CLASSROOM PARTICIPATION: | 6 | 5 | 4 | 3 | 2 | 1 |

IMPROVEMENTS:

CONCERNS/SUGGESTIONS:

ADDITIONAL COMMENTS:

Suggest Parent / Teacher Conference ? YES NO



**SPECIAL EDUCATION DEPARTMENT
MIDTERM PROGRESS REPORT
IEP GOALS & OBJECTIVES**

Student Name _____ Date _____ Class _____

Teacher _____ Exceptionalities _____

GOAL # 1 _____

Mastered _____ Good Progress _____ Little Progress _____

Comments: _____

GOAL # 2 _____

Mastered _____ Good Progress _____ Little Progress _____

Comments: _____

GOAL # 3 _____

Mastered _____ Good Progress _____ Little Progress _____

Comments: _____

GOAL # 4 _____

Mastered _____ Good Progress _____ Little Progress _____

Comments: _____



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**SPECIAL EDUCATION DEPARTMENT
RELATED SERVICES PROGRESS REPORT**

Student _____ Date Submitted _____
Service Provider _____ Related Service _____

| Criteria | 1 st Reporting Period | | | Service Dates |
|----------|----------------------------------|--|--|---------------|
|----------|----------------------------------|--|--|---------------|

| | | | | |
|--------------|-----------|------|--------------|-------------------|
| Attendance - | Excellent | Good | Satisfactory | Needs Improvement |
| Effort - | Excellent | Good | Satisfactory | Needs Improvement |
| Progress - | Excellent | Good | Satisfactory | Needs Improvement |

SERVICES/INTERVENTIONS & COMMENTS:

| Criteria | 2 nd Reporting Period | | | Service Dates |
|----------|----------------------------------|--|--|---------------|
|----------|----------------------------------|--|--|---------------|

| | | | | |
|--------------|-----------|------|--------------|-------------------|
| Attendance - | Excellent | Good | Satisfactory | Needs Improvement |
| Effort - | Excellent | Good | Satisfactory | Needs Improvement |
| Progress - | Excellent | Good | Satisfactory | Needs Improvement |

SERVICES/INTERVENTIONS & COMMENTS:



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**SPECIAL EDUCATION DEPARTMENT
RELATED SERVICES SUMMARY REPORT**

Student _____ Date Submitted _____
Service Provider _____ Related Service _____

Service Dates, From _____ To _____ How often _____

Reason For Termination of Services:

Description of Services and Interventions:

Student Progress:

Recommendation For Continued Services:



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**SPECIAL EDUCATION DEPARTMENT
RELATED SERVICES SUMMARY REPORT**

Student _____ Date Submitted _____
Service Provider _____ Related Service _____

Service Dates, From _____ To _____ How often _____

Reason For Termination of Services:

Description of Services and Interventions:

Student Progress:

Recommendation For Continued Services:
