

**Sumner County Educational Services Interlocal, District 619**

221 W. 15th - Wellington, KS 67152 620-326-8935

**Speech Evaluation / Reevaluation Report**

Name: \_\_\_\_\_

Parents: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Staffing: \_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIAL – For Professional Use Only:**

This information is to be considered strictly confidential and is to be released to authorized persons only

**REASON FOR REFERRAL:**

\_\_\_\_\_ General Education Intervention Team    \_\_\_\_\_ Parent Referral    \_\_\_\_\_ Transfer

\_\_\_\_\_ Triennial Evaluation    \_\_\_\_\_ Other \_\_\_\_\_

**COMMENTS/BACKGROUND INFORMATION:**

Student is very difficult to understand in the classroom

**ASSESSMENT/FUNCTIONAL SUMMARY:**

Student is intelligible \_\_\_\_\_ of the time.

### Communication Status:

There are no voice language or fluency concerns at this time. Student cannot be understood in the classroom

#### Relevant Behavior:

Unintelligible speech.

#### Relationship to Academic Functioning:

Dramatically affects expressive language in the classroom.

### Other Concerns

Area(s) of Concern	PLEP Baseline Data
1. Phonology	1. Child can be understood _____% of time.
2.	2.
3.	3.
4.	4.

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**RELATIONSHIP OF RELEVANT BEHAVIORS TO ACADEMIC FUNCTIONING /  
ELIGIBILITY CRITERIA:**

XXXXYes\_\_\_No 1.The response of the presenting problems or behaviors of concern to general education interventions indicates the need for intense or sustained resources.

XXXXYes\_\_\_No 2.The resources necessary to support the child to participate and progress in the general education curriculum are beyond those available in the general education curriculum or other resources.

Basis for the determination:

XXXXYes\_\_\_No 3.Evidence of a severe discrepancy from peer's performance or a discrepancy between the student's own abilities in the area(s) of concern.

Basis for the determination:

Teacher Report

Formal S/L evaluation

Parent Report

SLP Observation

XXXXYes\_\_\_No 4.(a) The presence of an exceptionality is substantiated by convergent data from multiple sources including general education intervention, record review, interview, observation and tests as defined in Federal and State statutes and regulations.

(b) The preponderance of the data supports the eligibility of a child, as a child with an exceptionality.

Basis of the determination:

Educationally relevant medical findings? Yes \_\_\_\_\_ (see determination basis) NoXXXX

**Exclusionary Factors Applicable to ALL STUDENTS**

The evaluation team determines that the exceptionality is *not* the result of the child's lack of instruction or limited English proficiency based upon General Education Interventions, Record Review, and/or Interviews.

Were the exclusionary factor(s) considered for this student? YesXXX No\_\_\_\_\_

TEAM RECOMMENDATIONS: THE IEP TEAM FEEL THAT THE STUDENT SHOULD BE PLACED IN SPECIAL EDUCATION FOR SPEECH THERAPY ONLY.

PARENTS RECEIVED A COPY OF THE TEAM REPORT AT THE STAFFING \_\_\_\_\_

Signature/ Date/Position

**OR**

Team members who DO NOT agree with report recommendations (objections stated on an attached page):

Signature/Date/Position

**PRIOR WRITTEN NOTICE**

For

**A. A. Identification**

**B. B. Special Education and Related Services**

**C. C. Educational Placement**

**D. D. Change in Services**

**E. E. Change in Placement and Request for Consent**

Date: 9/15/2004

To: \_\_\_\_\_

On behalf of \_\_\_\_\_

(Parent/Legal Educational Decision Maker)

On 9/15/2004

\_\_\_\_\_, we met to review the evaluation/assessment data on your child, including any evaluations or information you provided, current classroom-based assessments, observations, and teacher or other staff input to determine, with your input:

- ☐ Whether your child was eligible for special education;
- ☐ Special education and related services needed by your child;
- ☐ The appropriate educational placement to provide special education and related services identified in your child's Individual Education Program (IEP);
- ☐ Any additions, changes, or modifications to the special education and related services or educational placement that are needed to enable your child to meet the measurable annual goals set in the IEP and to participate, as appropriate, in the general curriculum.

To the maximum extent appropriate, your child is to be educated with other children in the general education classroom. Your child shall be removed from the general educational environment only when the nature or severity of his/her needs are such that education in general education classes, with support services, cannot be achieved satisfactorily. If services are not to be provided in the general education classroom, the reasons for that are given below, along with the results of our meeting.

☐ **A. IDENTIFICATION/ ELIGIBILITY (Parental Consent Not Required)**

☐ **YOUR CHILD IS ELIGIBLE FOR SPECIAL EDUCATION**

- ☐ Your child meets the criteria as a child with an exceptionality  
**and**

- ☐ Special education services are necessary to enable your child to receive educational benefits in accordance with his/her abilities or capabilities

☐ **YOUR CHILD IS NOT ELIGIBLE FOR SPECIAL EDUCATION**

- ☐ Your child does not meet the criteria as a child with an exceptionality.  
**or**

- ☐ Special education services are not necessary to enable your child to receive educational benefits in accordance with his/her abilities or capabilities

☐ **B. SPECIAL EDUCATION & RELATED SERVICES (Parental Consent Required)**

As explained below, an Individual Education Program (IEP) proposing appropriate Special Education and related services was written for your child.

**☐ C. EDUCATIONAL PLACEMENT (Parental Consent Required)**

As explained below, an Individual Education Program (IEP) proposing an appropriate instructional environment for delivering special education and related services was written for your child.

**☐ D. CHANGE IN SERVICES**

**☐ CHANGE IN SERVICES (Parental Consent Not Required)**

As explained below, we are proposing a change (not a material change) of a special education service, a related service, or a supplementary aid or service specified on your child's IEP.

**or**

**☐ MATERIAL CHANGE IN SERVICES (Parental Consent Required)**

As explained below, we are proposing a change that results in a decrease or increase of 25% or more of the duration or frequency of a special education service, a related service, or a supplementary aid or a service specified on your child's IEP.

**☐ E. CHANGE IN PLACEMENT**

**☐ CHANGE IN PLACEMENT (Parental Consent Not Required)**

As explained below, we are proposing a change (not a substantial change) in placement from a less restrictive environment to a more restrictive environment, or from a more restrictive environment to a less restrictive environment.

**or**

**☐ SUBSTANTIAL CHANGE IN PLACEMENT (Parental Consent Required)**

As explained below, we are proposing a change in placement that results in the movement of more than 25% of your child's school day from a less restrictive environment to a more restrictive environment, or from a more restrictive environment to a less restrictive environment.

**1) DESCRIPTION OF THE ACTION AND REASONS WHY IT IS PROPOSED:**

PLACEMENT IN SPECIAL EDUCATION FOR SPEECH SERVICES ONLY - IT IS PROPOSED BECAUSE THE STUDENT IS VIRTUALLY UNINTELLIGIBLE

**2) OPTIONS CONSIDERED AND WHY REJECTED:**

WE CONSIDERED NOT PLACING THE STUDENT OR INDIRECT SERVICES AND DETERMINED THAT THEY WERE NOT APPROPRIATE TO THE STUDENTS DISABILITY.

**3) BASIS FOR THE PROPOSED ACTION:**

**TEACHER REPORT  
FORMAL S/L EVALUATION  
PARENT REPORT  
SLP OBSERVATION**

#### 4) OTHER RELEVANT FACTORS CONSIDERED:

TIME OUT OF CLASS

#### PROCEDURAL SAFEGUARDS TO PROTECT PARENT'S RIGHTS

Both state and federal laws concerning the education of children with exceptionalities include many parental rights. Receiving notices of action the school wants to take in regard to your child and being a part of your child's educational planning team are examples of the rights these laws give you. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights.

To receive an additional copy of your rights and the procedural safeguards available to you, and if you have any questions regarding your rights, you may contact:

Heather Bristor

(School Contact)

620-326-8935

(Phone Number)

#### ADDITIONAL INFORMATION

You may contact any of the following IDEA 97 funded resources to help you understand the federal and state laws for educating children with exceptionalities and parental rights (procedural safeguards) granted by those laws:

Kansas State Dept. of Education 1-800-203-9462

Families Together, Inc. 1-800-264-6343

Kansas Advocacy and Protective Services for the Developmentally Disabled, Inc. 1-800-432-8276

#### Other Local Resources:

- Heather Bristor , Director

Sumner County Educational Services Interlocal, District 619

1-800-794-0668

#### ACKNOWLEDGMENT

I have been fully informed of all information relevant to the proposed actions specified for my child in this notice. I understand the actions proposed. I understand my parental rights (procedural safeguards).

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\_\_\_\_\_  
(Parent/Legal Education Decision Maker)

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

\_\_\_\_\_  
(Parent/Legal Education Decision Maker)

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

## CONSENT FOR SPECIAL EDUCATION ACTION

If the above statements are correct, we ask that you give us consent to carry out special education action as indicated. Any disagreement we have regarding any of the above matters may be resolved by our mutual agreement, through mediation or through due process proceedings. An explanation of mediation and due process proceedings is provided upon request.

The proposed action(s) will begin within 10 school days (unless there is a reasonable justification for delay) upon receiving your written permission. If you have any questions regarding this notice, you may contact the following school representative or **sign and date this form and return it to:**

\_\_\_\_\_ at \_\_\_\_\_ or \_\_\_\_\_  
(School Contact Person) (Address) (Phone)

### ***GIVE CONSENT***

☐ **I give consent for the special education services action in this notice for my child.**

**I understand this consent is voluntary and may be revoked at any time.**

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

OR

### ***DO NOT GIVE CONSENT***

☐ **I do not give consent for the special education services action in this notice for my child.**

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

**REASON(S) FOR NOT GIVING CONSENT FOR THE PROPOSED ACTION(S):**



