

Parent Summary Report (Reevaluation)

Dear Parent/Guardian,

We are interested in your perspective regarding your child's progress since his/her last evaluation. Please answer the questions below and return to the school by _____ . This information will assist school personnel in the decision making process.

1. How do you feel your child has been doing in school recently?

2. What are your child's current interests?

3. How does your child feel about school?

4. What are the areas in which your child currently struggles?

5. Are there any issues your family is struggling with at home that may be impacting your child at school?

6. Do you have any particular concerns/questions regarding your child which you believe need to be addressed at this time?

7. Does your child wear glasses? _____ no _____ yes
Does your child wear hearing aids? _____ no _____ yes
In the last 3 years, have evaluations been completed outside of school? _____ no _____ yes
(medical, psychological, speech, . . .)

Student's Name _____ Today's Date: _____

Person Completing this form: _____ Relationship to the Child _____