

Social Developmental Update- Reevaluation

Student Name _____ Grade _____ Date of Birth _____
District _____ School _____ Case Manager _____
Parent/ Guardian(s) _____
Address _____ Home Phone _____ Cell Phone _____
Vision Screening Date _____ pass ___ fail ___ Hearing Screening Date _____ pass ___ fail ___
Date of Last Reevaluation _____

Reason for Referral _____

Current Disabilities: Primary _____ Secondary _____

Medical Information

What was your child's previous diagnoses?

Are there any additional/changes to the diagnoses?

Are there any medications your child takes on a regular basis?

Family/Student Information

Changes in the family since the last update? (new foster parents, new sibling, change in living arrangement, divorce)

Since the last update, has there been any change in home habits (sleeping pattern, toileting issues, eating)

Has the student had a life event that may impact his/her school performance? (sexual trauma, gang involvement, domestic violence, police involvement)

Describe the student's interactions with family members, caregivers, and other children

Describe discipline used and child's responsibilities at home.

Are there any community agencies that have served your child since the last evaluation?

Has your child been assessed or evaluated by any agencies outside of school since the last evaluation?

Describe your child's:

Ability to complete tasks and follow directions

Organization skills

Communication skills (expression of wants and needs)

Peer relationships

Parent Consultation

How does your child feel about school?

Are you concerned about your child's academic and behavioral progress?

How is the school meeting your child's needs?

What do you see in the future for your child?

If the student is 17 discuss guardianship or delegation of rights. Does the child need a guardian based on disability? Has a Delegation of Rights form been completed?

Assessment Instruments Administered (scores/interpretation)

Summary/Interpretation/Recommendations (include cultural, environment, emotional factors that may be affecting the student's school performance)

Reporter _____ Social Worker _____ Date _____