

Purpose: This Evaluation Amendment Form amends an existing evaluation or reevaluation report, based on additional/current information. **MUST** complete Prior Written Notice and Consent prior to conducting the evaluation. **MUST** attach Prior Written Notice and Invitation to Attend Meeting with this form.

Evaluation Amendment Form

Student Information

Student Name _____ Student ID _____
 Date of Birth _____ Age _____ Grade _____ Adult student yes no
 Eligibility category _____ Parent interpreter needed? yes no
 Primary language of student _____ Primary language used in the home _____
 Building _____
 Primary staff contact: _____ Title: _____

Parent/Guardian Contact Information

Name _____ Relationship: parent guardian surrogate
 Address _____
 Home phone _____ Work phone parent #1 _____ Work phone parent #2 _____
 E-mail _____

Reason for this Amendment

- Consideration of exit from a service area(s), with continuation of special education services in other areas
 Area(s) considered for exit: _____
- Consideration of addition of a special education service area(s)
 Area(s) considered for addition: _____

If considering exit from all special education services, a full reevaluation is required.

Evaluation Results Summary (see attached teacher, related service provider, and/or school psychologist reports)

Recommendation

Based on data, the team recommends that the evaluation/reevaluation report dated _____ be amended as follows:

the areas of specially designed instruction be amended to add the following area(s): _____

the areas of specially designed instruction be amended to remove the following area(s): _____

Based on data, the team recommends that the evaluation/reevaluation report dated _____ not be amended.

Team Member Signatures

Please print, sign, and indicate agreement (A) or disagreement (D) by circling A or D.

Printed Name	Signature	Printed Name	Signature
_____ A D <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate	_____	_____ A D <input type="checkbox"/> Student <input type="checkbox"/> Adult Student	_____
_____ A D <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate	_____	_____ A D School Psychologist	_____
_____ A D Special Education Teacher	_____	_____ A D Related Service Provider: _____	_____
_____ A D General Education Teacher	_____	_____ A D Other: _____	_____
_____ A D Other: _____	_____	_____ A D Other: _____	_____