SPECIAL EDUCATION DEPARTMENT
SEATTLE PUBLIC SCHOOLS
SPEECH LANGUAGE PATHOLOGY SERVICES

REEVALUATION REPORT

Name: _____ BD _____ Sex _____ ID _____
School: _____ GD _____ SLP _____

Select One:

_____ A routine 3-year reassessment was conducted to determine if _____ continues to be handicapped under the Communication Disorders category.
_____ An off schedule reassessment was conducted to determine if _____ continues to be handicapped under the Communication Disorders Category**.**

Present Level of Performance: At entry into the Communication Disorders program, this student met eligibility due to**:**

Current Need: After _____ years of intervention, this student can best be described as follows:

Recommended Special Education and Necessary Related Services:

_____ This student is appropriately identified as handicapped under the category of Communication Disordered and is in need of continuing CD services. The intervention he/she has received has been appropriate to meet his/her unique needs and should be continued. No further evaluation is warranted at this time.

_____ This student is no longer appropriately identified as handicapped under the category of Communication Disordered and is no longer in need of continuing CD services. The intervention he/she has received has been appropriate to meet his/her unique needs. No further intervention or evaluation is warranted at this time.

SLP: _____ Date: _____

Approved for Therapy ☐ **Yes** ✘ **No** _____ _____
Admin./Designee **Date**