

FOUR RIVERS SPECIAL EDUCATION DISTRICT

Jacksonville, Illinois

Comprehensive Case Study Evaluation

Reevaluation

Packet Contents

- Referral for Case Study Evaluation & Summary
- Guidelines for Completing Referral
- Description of Case Study Evaluation Components
- Parent Consent for Reevaluation
- School Report for Reevaluation Case Study Form
- Medical History and Current Health Status
- Social Developmental Study and Parent Consultation
- Student Data Form
- Comprehensive Case Study Check List

All forms should be completed and sent to Four Rivers at the same time.

FOUR RIVERS SPECIAL EDUCATION DISTRICT

PROCEDURES FOR STAFF MEMBERS FOR REFERRAL FOR COMPREHENSIVE EVALUATIONS

1. Referrals for Comprehensive Case Study Evaluations or other specialized educational or medical evaluations from public and private schools within the Four Rivers Special Education District shall be processed through the school principal or other qualified personnel who may be designated by the Superintendent of Schools. Referrals for a Comprehensive Case Study Evaluation may be made by the student's teacher, other appropriate school personnel, the school principal, or the parents.

The Superintendent of Schools shall be responsible to assure that school personnel are aware of the procedures for referral and shall develop procedures to define and document the date of referral as the date the parent signs the consent for evaluation form ISBE 34-57B and person(s) making the referral.

2. The IEP team shall be responsible for determining the appropriateness of the referral. Procedures for determining that a referral is appropriate may include, but not be limited to, a review of the written information provided; consultation with personnel providing services to the student, with the school psychologist, with the parents; or student observation. The IEP team that identifies the assessments and procedures needed must have the knowledge and skills necessary to administer and interpret the resulting evaluation data and make an informed determination as to whether the child needs special education and related services. The composition of the team will vary depending upon the nature of the child's presenting symptoms and other relevant factors. In the event that it is then determined that the referral is appropriate, a written report of the additional options attempted and reasons they did not work will be attached to the referral for use by the evaluators.

If the referral information for a Comprehensive Case Study Evaluation is deemed to be inappropriate or incomplete, the IEP team shall determine further action to be taken and shall notify the parent(s) using State mandated Form ISBE 34-57A.

3. Referral data should indicate the student's full name. Nicknames can be noted but should not be used in place of completed legal name: first, middle and last. Birthdate should be verified and a copy of birth certificate attached.
4. In preparation for designing a child's educational plan, the evaluation must consider the following domains: health, vision, hearing, social and emotional status, general intelligence, academic performance, communication status, and motor abilities. Therefore, the following information must be filed with the Four Rivers office prior to the completion of the evaluation. This packet must be completed and received by Four Rivers prior to the psychological evaluation. The teacher's packet will include the following:
 - A. School Report – completed by teacher (form provided by Four Rivers)
 - B. Summary of School Report – completed by teacher (form provided by Four Rivers)
 - C. Teaching Options – completed by teacher (form provided by Four Rivers)
 - D. Reason for Referral – completed by teacher (form provided by Four Rivers)

- E. Permission for Evaluation (ISBE 34-57B1) – signed by the student’s parent, guardian or surrogate parent (state form provided by Four Rivers)

Explanation of Procedural Safeguards (Parent's Rights) must be given to the parents after each staffing.

- F. Medical History – should be completed by nurse but can be done by teacher, social worker, or speech pathologist (The Vision/Hearing Screening should be completed at the time of the evaluation or within the previous six months and completed by School Nurse or other appropriately trained personnel.) (form provided by Four Rivers)
 - G. Summary of Health History – should be completed by nurse but can be done by teacher, social worker, or speech pathologist (form provided by Four Rivers)
 - H. Social Developmental Study – completed by social worker or a certified school counselor. A social worker may complete the assessment of adaptive behavior or the school psychologist may complete it as a part of the psychological evaluation. (form provided by Four Rivers)
 - I. Summary of Social Developmental Study – completed by social worker or a certified school counselor. (form provided by Four Rivers)
5. An evaluation will be scheduled only when all completed referral information has been received. The evaluation and the meeting held by the IEP team to discuss the evaluation must be completed within sixty (60) school days of the date of referral. If there is a decision not to evaluate the student, the person making the referral must be notified of the reason(s) for not evaluating using ISBE Form 34-57A. A copy of this form shall be maintained in the pupil’s temporary file and a copy forwarded to the Four Rivers office as documentation of compliance with regulations.
6. Following evaluation, the IEP team shall schedule a team meeting to determine eligibility. Participants in the conference shall include an appropriate representative of the child’s local district or residence who can commit services; those school personnel who are qualified to interpret the instructional implications of the evaluation components; a representative of the private school if the child is enrolled in a private school; the parents and/or guardians or surrogate parent; other persons having significant information regarding the child, the child’s teacher(s); those persons who may become responsible for providing the special education program or service to the child; the child, where appropriate; and other individuals at the discretion of the parent or local district. **All necessary components of the Case Study Evaluation must be completed prior to scheduling the IEP Conference.**
- Parents, guardians or surrogate parent shall be provided a written summary of the proceedings of the IEP immediately following the conference. The summary shall include the placement options discussed and shall have considered the least restrictive placement options appropriate for the student.
7. ISBE 34-57E (invitation) must be dated and mailed to the parents and/or guardians or the surrogate parent at **least ten (10) calendar days** prior to the proposed or scheduled MDC/IEP. As directed on the forms, each must be accompanied by the document **EXPLANATION OF PROCEDURAL SAFEGUARDS AVAILABLE TO PARENTS OF CHILDREN WITH DISABILITIES**. Copies of **all** completed forms must be filed with the Four Rivers office.

8. The school principal shall invite the parents, guardians or surrogate parent to the scheduled conference and notify them of others invited to attend. Notification may be made by telephone but must be verified in writing using the invitation letter from IEP software. Written notice must be provided at least ten (10) days before the scheduled conference. Copies of the notification must be maintained in the pupil's temporary file and with the Four Rivers office as documentation of compliance with regulations (Form ISBE 34-57E). When arrangements with parents are unsure, at least three (3) documented attempts are to be made to schedule the conference. It is recommended that there be written notes following telephone conversations in some cases.
9. Notification of Conference Recommendation must be provided to the parents and/or guardian or surrogate parent following the conference by using the invitation letter from the IEP software.
10. If placement is recommended for special education, the Consent for Initial Special Education Placement (Form ISBE 34-57G) must be signed by the parents and/or guardian or surrogate parent following the conference. Copies of Form ISBE 34-57G shall be filed in the pupil's temporary file and with the Four Rivers Special Education District.

Explanation of Procedural Safeguards (Parent's Rights) must be given to the parents after each staffing.

11. Copies of the reports of the IEP team meetings shall be included in the files maintained by Four Rivers and in the district of residence. Original copies will be filed in the pupil file maintained by the teacher. All teachers involved with the student should be given access to IEP information. All special education providers such as an OT, a PT, and a speech pathologist should also be given access to IEP information.
12. Copies of reports of psychological evaluation and/or other specialized evaluations will be forwarded to the district of residence and special education teacher through the school principal.

FOUR RIVERS SPECIAL EDUCATION DISTRICT

GUIDELINES FOR STAFF MEMBERS FOR COMPLETION OF REFERRAL FOR COMPREHENSIVE CASE STUDY EVALUATION

- **PARENT/GUARDIAN CONSENT FOR INITIAL CASE STUDY EVALUATION/
REEVALUATION, ISBE 34-57:B1**

This form must be completed prior to beginning the evaluation process. Normally, the teacher meets with the parents for their signature. Use student's legal name. **Complete all sections, including reason for evaluation.** Check all appropriate boxes. There is a line at the bottom of the front page to again name the person submitting referral. **Complete both blanks on the back side, naming the person who gave the parent(s) a copy of the rights and responsibilities in writing and fully explaining them, and giving the date this was done. The legal guardian of the student must sign permission.** DCFS has determined that all foster parents and relative caretakers must complete either the Educational Surrogate Parent Training provided by ISBE or the Educational Advocacy Training provided by DCFS. As of January 1, 2000, ISBE will no longer appoint an educational surrogate parent. Therefore, all foster parents should have a certificate so that they can be the legal guardian. **A copy of the permission is to be given to the parent or legal guardian and to the person who submitted the referral.**

Explanation of Procedural Safeguards (Parent's Rights) must be given to the parents after each staffing.

- **SCHOOL REPORT FOR INITIAL COMPREHENSIVE CASE STUDY
EVALUATION**

Normally, the student's teacher coordinates the collection of the information for the School Report. The following steps are taken.

Identifying Information

Use student's legal name. Do not use nicknames or shortened versions.

Reason for Concern about Child

Be as specific as possible in describing your reason for referral and what you expect to learn from the comprehensive case study.

It is necessary that you describe the adverse effect on academic performance.

Describe the mode of communication in specific terms. Does the student use oral language? sign language? significant gesturing? vague phrases? etc.

Standardized Intelligence and Educational Tests

Record standardized test scores, individual and group. This information should be available in the student's temporary file. Copies of test data/results may be attached on separate sheets in place of documenting results on this form.

Educational Performance

The teacher may wish to consult with appropriate specialists such as the speech therapist, physical/occupational therapists, etc.

Educational Evaluation of Learning Processes and Achievement

Describe the student's method of taking in information, understanding the information, and expressing answers. For example, is the student a visual learner? Does the student memorize information, but not understand it without demonstration? How does the way in which the student processes information and expresses answers impact upon performance in the classroom?

Teaching Options

In documenting teaching options attempted prior to referral for comprehensive case study, the teacher must be as specific as possible. Each option reported should include the reason for selecting the option, the length of time it was in use, and the results noted. If an option was not successful, the reason(s) why it did not work should be recorded. Successful options should also be documented. In documenting options, emphasize the types of modifications and/or adaptations other than those standardly used in the classroom for all students. In what ways were materials, aids and teaching styles modified or adapted to meet this student's specific needs?

- **MEDICAL HISTORY AND CURRENT HEALTH STATUS**

The school nurse should complete this component, where available. Vision and hearing screening results must not be older than six months. If the student has a vision exam and/or audiological evaluation on file that is no older than six months, a copy of the report(s) can be submitted in place of the screening. These examinations should report the impact upon educational performance and the impact should be reported in the summary statement.

- **SOCIAL DEVELOPMENTAL STUDY AND PARENT CONSULTATION**

The school social worker or a school counselor must complete this component. The Social Developmental Study must include a summary of information, which provides an analysis of educational impact.

The parent consultation should focus on the parent's concerns as they relate to the student's education and the comprehensive case study.

- **STUDENT INTERVIEW**

A face to face interview with the student must be conducted by a person other than the student's teacher. The purpose of the interview is to determine attitude and perceptions of the student toward home, community and the school.

- **ASSESSMENT OF LEARNING ENVIRONMENT**

A person other than the student's teacher must do the assessment of learning environment. Describe physical and environmental factors in the classroom. Address teaching style and social environment. Describe the match of the student's needs to the learning environment and teaching styles in terms of the impact upon the student's level of performance, academically and socially.

- **STUDENT DATA FORM**
Complete all identifying information. **The person completing the form must sign and indicate date form was completed. Form must be completed in order for school district to receive reimbursement.**
- **COMPREHENSIVE CASE STUDY CHECKLIST (optional)**
The purpose of this form is to assist in tracking the status of the various sections of the referral prior to submission to the Four Rivers central office. It is recommended that one person maintain responsibility for monitoring completion of the various sections.

FOUR RIVERS SPECIAL EDUCATION DISTRICT

DESCRIPTION FOR PARENTS OF EVALUATION/REEVALUATION COMPONENTS

This form is given to parents when obtaining consent for initial evaluation. It is intended to provide a brief description of all comprehensive or speech and language evaluation components including specialized evaluations. For home/hospital evaluations, please refer to the brief description located on the "Parent/Guardian Consent for Initial Evaluation" form. Please contact your local school district if you have any questions regarding these evaluation components.

There are two types of evaluations. (1) There is a Speech and Language evaluation. (2) There is a Comprehensive Case Study Evaluation.

SPEECH AND LANGUAGE EVALUATION

Your child's educational performance may be adversely affected by language and/or speech skills. For a description of the five (5) speech and language components, refer to all components listed below with an asterisk (*).

A speech and language evaluation may also be included in various components of a Comprehensive Case Study Evaluation.

COMPREHENSIVE EVALUATION

A team of educational specialists will conduct a Comprehensive Case Study Evaluation. They will determine the child's specific educational strengths and needs. Normally, the following process is followed.

- * **INTERVIEW WITH YOUR CHILD.** This interview helps the evaluation team to understand your child's perception of the difficulties he/she is experiencing.

CONSULTATION WITH YOU, THE PARENT. This provides you the opportunity to describe your concerns as they relate to your child's education.

SOCIAL DEVELOPMENTAL STUDY. This study allows the evaluation team to understand your child's in-school and out-of-school functioning by assessing how the environment affects your child's ability to learn. The study includes assessments of your child's life history, adaptive behavior (how your child functions independently as well as in areas of personal and social responsibility), and cultural background to determine any relationship these may have to your child's functioning in the present educational setting.

- * **MEDICAL HISTORY AND CURRENT HEALTH STATUS.** This information helps the evaluation team determine if any current or past medical difficulties are affecting your child's school performance.
- * **VISION/HEARING SCREENINGS.** The results of these screenings help the evaluation team determine any visual or auditory problems that would interfere with

the testing or school performance of your child. *A speech and language evaluation includes a hearing screening to determine if any auditory difficulties exist that would affect the validity of testing results or school performance.

- * **REVIEW OF YOUR CHILD'S ACADEMIC HISTORY AND CURRENT EDUCATIONAL FUNCTIONING.** This involves reviewing your child's previous school records and current levels of functioning in the present educational setting.

EDUCATIONAL EVALUATION OF LEARNING PROCESSES AND ACHIEVEMENT. This evaluation measures traditional academic skills taught in school, such as reading, math reasoning and calculation, and written language. In addition, assessments or observations which determine how the student takes in information, understands the information, and expresses answers are conducted to help the evaluation team determine the best ways for your student to be taught and learn.

ASSESSMENT OF THE CHILD'S LEARNING ENVIRONMENT. This assessment helps the evaluation team to determine how the student interacts in the classroom environment and addresses the match between student needs and teaching styles. In addition, physical and environmental factors in the classroom are assessed to determine their effects on the educational needs of your child.

SPECIALIZED EVALUATIONS

Depending on the nature of your child's difficulties, additional component(s) may be recommended for your child. Any such components are listed on your consent or notice form included with this sheet.

PSYCHOLOGICAL EVALUATION. This evaluation may include assessment in the areas of intellectual ability, fine/gross motor coordination, social/emotional development, and learning processes and/or academic achievement. Assessment procedures may be formal and/or informal and may include observation, testing, interviewing and/or reviewing available data.

- * **SPEECH AND LANGUAGE EVALUATION.** This evaluation determines the degree and extent of oral receptive and expressive language usage and language processing abilities. The areas of language competency should include rhythm (fluency), voice, articulation, and language.

OTHER SPECIALIZED EVALUATIONS. Any additional specialized evaluations determined to be necessary for your child will be listed on your consent or notice form. Please contact your local school district if you would like additional information regarding any other recommended specialized evaluations.

- * Indicates components conducted in both speech and language and comprehensive case study evaluations.

**FOUR RIVERS SPECIAL EDUCATION DISTRICT
SCHOOL REPORT/REFERRAL FOR COMPREHENSIVE CASE STUDY RE-EVALUATION**

Student's Full Name _____ Birthdate _____ Home District _____

Parent/Guardian _____ Address/Town _____

School Attending _____ Location _____

Classroom Teacher _____ Grade _____

Special Education Teacher _____ Program _____

Reason for Referral: Standard three year re-evaluation
 Other _____

Previous eligibility for special education: Type _____ Date of eligibility _____
 (Special education includes D.D.; Autism; Mentally Impaired-EMI, TMI, S/P; HI; VI; PH; LD; BD; Speech/Lang.)

Current level of services: Time spent in special education classes per day/week _____

Do you feel special education placement/services are needed? _____ Why or why not? _____

Please check services the student is receiving:

Head Start/At Risk Social Work Speech/Language Title I
 Other (please explain) _____

Regulations require that a statement of the child's academic history and current levels of achievement be addressed in all Comprehensive Case Study Evaluations. The teacher(s) must complete this evaluation component as accurately as possible.

EDUCATIONAL PERFORMANCE

I. Academic History. Provide any information regarding academic history which you feel impacts upon educational performance. _____

II. Performance. Indicate at what grade level this child is presently performing. Early childhood and other information not conducive to this format should be written in a narrative on the back of this form.

Reading	Arithmetic	Spelling	Language	Social Studies	Writing	P.E.

EDUCATIONAL EVALUATION OF LEARNING PROCESSES AND ACHIEVEMENT

I. Learning Processes. Provide information on how child processes and understands information and expresses answers. _____

II. Achievement. Indicate how the child is achieving in each area listed. The teacher may wish to consult other specialists when appropriate.

Social/Emotional _____

Independent Functioning _____

Speech/Language Communication _____

Vocational Skills _____

Gross/Fine Motor Functioning _____

Completed By: _____

Title: _____

Date: _____

Principal: _____

Date: _____

For Office Use Only

Testing by Psychologist Required

Standard Re-eval Conference Only

Psychologist _____

Date Reviewed _____

TEACHING OPTIONS USED TO ADDRESS STUDENT'S NEED PRIOR TO RE-EVALUATION

The teacher must fully document teaching and management options used in the regular classroom. The description of teaching and management options should be concise, include length of time each option is used and should provide reasons why options work. Examples of options may include modifications, accommodations, collaborative teaching, etc.

PACING

- Allow more time
- Vary activity often
- Allow Breaks
- Avoid timed/pressure situations

ENVIRONMENT

- Preferential Seating
- Planned seating: Bus ___ Classroom ___
Lunchroom ___ Auditorium ___
- Alter physical room arrangement
- Define areas concretely
- Reduce/minimize distractions
 - Visual ___ Auditory ___ Spatial ___
 - Movement ___
- Provide opportunity for separate seating
- Teach positive rules for use of space

PRESENTATION OF SUBJECT MATTER

- Teach to student's learning style
 - Visual ___ Auditory ___ Model ___
 - Tactile ___ Multi ___
 - Experiential Learning ___
- Review prior to presenting new materials
- Individual/small group instruction
- Utilize alternative specialized curriculum
- Tape lectured/discussions for replay
- Utilize manipulatives
- Emphasize critical information
- Pro-teach vocabulary
- Make/use of vocabulary files
- Oral reading on voluntary basis
- Provide study guides/outlines
- Encourage feedback from student to check for understanding

SELF MANAGEMENT/FOLLOW THROUGH

- Visual daily schedule
- Calendars
- Daily/Weekly assignment sheets
- Check often for understanding/review
- Have student repeat directions
- Encourage use of notebook with dividers, or file folders
- Use study sheets to organize material
- Design/write/use long term assignment timelines
- Plan for generalization
- Develop organized routine
- Schedule regular communication/reports between home & school

STUDENT ASSESSMENT

- Oral/Taped responses
- Taped tests
- Read test to student
- Shorten length
- Consider individual progress over time
- Consider effort
- Alternate Assessment _____
- Test administered by _____
- Short answers
- Multiple Choice
- Modify format
- Extend time frame

SOCIAL INTERACTION SUPPORTS

- Peer/cross age tutoring
- Structure activities to create opportunities of social interaction
- Focus on social process rather than activity/end product
- Partial participation
- Cooperative learning groups

MATERIALS

- Arrangement of material on page
- Taped tests and/or other class materials
- Highlighted tests/study guides
- Notetaking assistance: carbonless or xerox copy of notes of regular students, copy of notes from board provided
- Large print/graph paper/lined paper
- Special Equipment: _____
 typewriter _____ calculator _____
 computer _____ Math facts sheet _____

MOTIVATION AND REINFORCEMENT

- Verbal
- Non-verbal
- Positive reinforcement
- Concrete reinforcement
- Planned motivating sequences of activities
- Reinforce initiation
- Offer choice
- Use strength/interests often
- Reinforce approximations
- Response cost

ASSIGNMENTS

- Give directions in small, distinct steps (written, picture, verbal)
- Use written backup for oral directions
- Read or tape record directions to student
- Adjust difficulty level
- Shorten assignment/fewer items on page
- Reduce paper and pencil tasks
- Give extra cues or prompts
- Allow student to record/type or dictate assignments
- Avoid penalizing for spelling errors/sloppy papers/penmanship
- Student should use cursive/printing

COMMENTS:

Signature of Teacher Completing Report

Date

Signature of School Principal

Date

FOUR RIVERS SPECIAL EDUCATION DISTRICT

MEDICAL HISTORY AND CURRENT HEALTH STATUS

The following information is required as a component of a Comprehensive Case Study Evaluation. Complete with as accurate information as available. When completing the form to up-date information, complete only the identifying information, the sections on Vision/Hearing Tests and Current Health Information, and the Summary. Significant health concerns may require that an additional page be added.

Initial Up-Date

Name _____ Birthdate _____

Parents _____ Address _____

Phone Number _____ Occupation of Parent _____

Family Physician _____ Family Dentist _____

School _____ District _____ Grade _____

DEVELOPMENTAL HISTORY

Significant health problems during pregnancy or delivery _____

During what part of pregnancy? _____ First _____ Second _____ Last _____ Birthweight? _____

Full Term? _____ Premature? _____ Received Oxygen? _____ Failure to Thrive? _____

Was the delivery _____ Normal _____ Breech _____ Caesarian? Was anesthesia used? _____ yes _____ no

Known injuries or defects _____

Sit alone _____ Stand alone _____ Age walked _____ Age dry day and night _____

Spoke words _____ Use real words _____ Talked in sentences _____

Describe child's general behavior _____

Describe the child's speech now? _____ Feeding problems? _____

DISEASES AND ILLNESSES (Please give dates)

Chickenpox _____ Scarlet Fever or Scarletina _____ Pneumonia _____ Rheumatic Fever _____ Red Measles _____

Ear Infections _____ Strep Infection _____ Epilepsy _____ Tonsilitis _____ Meningitis _____ Hepatitis _____ Other _____

LEAD SCREENING

Passed _____ Failed _____ Date _____

If failed, explain follow-up _____

FAMILY MEDICAL HISTORY (Indicate relationship to student)

Tuberculosis _____ Epilepsy _____ Bleeders _____
Rheumatic Fever _____ Diabetes _____ Hearing _____
Vision _____ Speech _____ Emotional Illness _____
Cancer _____ Cardiac _____

Other family health concerns _____

Remarks _____

CURRENT HEALTH INFORMATION

Date of Last Physical Examination _____

___ Constipation or Diarrhea ___ Allergies ___ Asthma ___ Fatigue
___ Eye Strain or Difficulty Seeing ___ Ear Infection ___ Aches & Pains ___ Frequent Colds
___ ADHD or ADD ___ Unusual Eating Patterns ___ Sleep Problems ___ Convulsions
___ Other

If yes to above, explain _____

Surgery or serious illness or accident? _____ Describe and give age _____

List current medication, dosage and how long _____

Childhood diseases and illness contracted within the last three years which are not indicated earlier in this report _____

Changes in family medical history which might impact upon the student and which are not included in Family Medical History above _____

Other health concerns _____

FOUR RIVERS SPECIAL EDUCATION DISTRICT
COMPREHENSIVE CASE STUDY COMPONENTS
CHECKLIST

Student _____ File No. _____

Those components of case study starred must be sent to Four Rivers prior to scheduling the evaluation.

_____ *Parent/Guardian Consent for Evaluation/Reevaluation
Date Completed _____ Person/Title Completing Form _____

_____ *Medical History and Current Health Status
Date Completed _____ Person/Title Completing Form _____

_____ *Vision and Hearing Screening
Date Completed _____ Person/Title Completing Form _____

_____ *Social Developmental Study and Parent Consultation
Date Completed _____ Person/Title Completing Form _____

_____ *School Report – Academic History and Functioning – Evaluation of Learning Processes and Achievement
Date Completed _____ Person/Title Completing Form _____

_____ Assessment of Adaptive Behavior
Date Completed _____ Person/Title Completing Form _____

_____ Student Interview
Date Completed _____ Person/Title Completing Form _____

_____ Specialized Evaluations (When Applicable)

_____ Psychological Evaluation
Date Completed _____ Completed by Person/Title _____

_____ Speech and Language Evaluation
Date Completed _____ Completed by Person/Title _____

_____ Other _____
Date Completed _____ Completed by Person/Title _____

_____ Other _____
Date Completed _____ Completed by Person/Title _____

