

REEVALUATION UPDATE

Child's Name: _____

Date of Birth: ____/____/____

Date of Reevaluation: ____/____/____

Have you had any change in residence, phone numbers (including cell #), email, or health insurance provider since your last visit? If yes, please insert here:

1. Have there been any changes in your child's medical status, or has any laboratory testing or radiologic (MRI or CT) scans been performed?

2. Is your child on any medications or supplements at this time?

3. Is your child currently in EI or in an educational program? How many hours/day? If your child is in a school setting, please tell us where and describe the setting (i.e. special ed, mainstream, integrated inclusion). Please describe in detail how your child is performing and the strengths and weaknesses of this setting.

4. Related services:

PT ___ x/week for ___ minutes
OT ___ x/week for ___ minutes
Type- graphomotor/fine motor sensory
Speech ___ x/week for ___ minutes
Behavioral therapy ___ hours/week
Other:

Is your child receiving any therapy privately? If yes, note type and frequency:

5. When is your next IEP meeting? (if applicable)

6. What are your current concerns?

7. Please **elaborate** on how far your child has come since his/her last evaluation. Tell us his/her current skills and where the weaknesses lie. Let us know what you think your child needs in the future. What are your expectations for this visit?

Confidentiality about your child's issues is very important to us. No one will have access to your child's records except for me and my staff.

We need your permission to discuss your child's current status with other professionals. Please designate those professionals with whom we may speak to if necessary by providing a telephone number, and the ones you wish to receive a copy of the reevaluation report please provide us with a complete address.

Signature:

Date: