

**SHERIDAN SCHOOL DISTRICT 48J  
OFFICE OF SPECIAL PROGRAMS  
DEPARTMENT OF SPECIAL EDUCATION**

**Request for (RE) Evaluation: Information from General Education Teacher**

Student: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

ID#: \_\_\_\_\_ School: \_\_\_\_\_ Class/Subject: \_\_\_\_\_ Grade: \_\_\_\_\_

Referred by: \_\_\_\_\_ Position: \_\_\_\_\_

**Current Classroom Performance**

1. Is the student's progress satisfactory? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Area(s) of concern: \_\_\_\_\_ Academic \_\_\_\_\_ Behavior \_\_\_\_\_ Medical \_\_\_\_\_ Speech/Language

3. Explanation of concern(s): \_\_\_\_\_

5. Describe this student's speech/language skills: (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mispronounces Words<br><input type="checkbox"/> Misarticulates sounds in words<br><input type="checkbox"/> Omits/adds/Substitutes Sounds or words<br><input type="checkbox"/> Distorts, rearranges sounds<br><input type="checkbox"/> Difficulty imitating speech sounds<br><input type="checkbox"/> Connected speech is unintelligible | <input type="checkbox"/> Uses Gestures to express self<br><input type="checkbox"/> Gropes for words to express self<br><input type="checkbox"/> Misses nonverbal social cues<br><input type="checkbox"/> Doesn't understand humor<br><input type="checkbox"/> Makes inappropriate comments<br><input type="checkbox"/> Speech Dysfluency (repetitions) | <input type="checkbox"/> Speech Dysfluency (prolongations)<br><input type="checkbox"/> Speech Dysfluency (blocks)<br><input type="checkbox"/> Hoarse or harsh voice quality<br><input type="checkbox"/> Speaks in louder than normal voice<br><input type="checkbox"/> Speaks in softer than normal voice<br><input type="checkbox"/> Physician referral/vocal nodules |
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Other: \_\_\_\_\_

**Interventions/ Strategies Attempted**

Place letters corresponding to subject area

Subject Areas A- Reading B-Mathematics C-English/Language Arts D- Science  
 F-History G-Electives H-All subject areas I-Other

Instructional Accommodations	Alterations of Assignments	Adaptation of Materials
<input type="checkbox"/> Tutorials	<input type="checkbox"/> Simplified Homework Assignments	<input type="checkbox"/> Peer to read materials
<input type="checkbox"/> Shortened, simplified instructions	<input type="checkbox"/> Reduced length of assignments	<input type="checkbox"/> Peer to take notes
<input type="checkbox"/> Repeat instructions	<input type="checkbox"/> Use of computer for written work	<input type="checkbox"/> Study aids/manipulatives
<input type="checkbox"/> Written instruction	<input type="checkbox"/> Extra time to complete assignments	<input type="checkbox"/> Highlighted materials
<input type="checkbox"/> Visual aids	<input type="checkbox"/> Opportunity for oral response	<input type="checkbox"/> Altered format of materials
<input type="checkbox"/> Auditory aids	<input type="checkbox"/> Individual Contracts	<input type="checkbox"/> Outlines and study guides
<input type="checkbox"/> Modified format of exams	<input type="checkbox"/> Emphasis on major points	<input type="checkbox"/> Assignment sheets/notebook
<input type="checkbox"/> Minimize distractions	<input type="checkbox"/> Exemption from reading aloud	
<input type="checkbox"/> Computer aided instruction	<input type="checkbox"/> Special Projects	
<input type="checkbox"/> Small Group instruction	<input type="checkbox"/> Retest	
<input type="checkbox"/> Cooperative Learning	<input type="checkbox"/> Special arrangements/late assignments	
<input type="checkbox"/> Prompting (in class discussion)		

**Other Intervention/ Strategies Attempted (check all that apply)**

**Motivational Management**

- Written Behavior management plan/ contracts
- Clearly defined limits
- Private discussion regarding behavior
- Frequent eye contact
- Preferential seating
- Opportunity to help teacher
- Ignoring minor infractions
- Positive reinforcement
- Emphasis on student's special talents
- Secret signal between teach and student
- Structured learning environment
- Frequent Breaks

- Modified types of oral response expected
- Modified length of oral responses expected
- Increased wait time for oral responses
- refined/retaught questionable vocabulary and concepts

**Additional Comments:**

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Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach the following to this completed form and return to \_\_\_\_\_ by \_\_\_\_\_

- Current Grades
- Report card grades from the past 2 years (if available)
- Results of State AND District Testing (if available)
- Progress Monitoring Data
- Language Rating Scale
- Behavior Rating Scale
- Any additional information you feel may be helpful in meeting this student's needs