

EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION INTERLOCAL #614

DANIEL WRAY

DIRECTOR

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PARENT INPUT FORM FOR STUDENT RE-EVALUATION

Student Name: _____

Your child is having a re-evaluation of his/her special education services. We value and need your input as part of this process. In order to help your participation and to make sure that your information is included, we would like you to consider the following questions. Please fill out this form and return it with the re-evaluation permission form. Feel free to use the back if necessary. If you have additional questions/concerns that you are not able to write on this form, please contact the person listed below. Return this to: _____

Does your child have any health/physical needs that interfere with or affect his/her participation at school? Please describe:
Do you have any social skills or behavioral concerns with your child at school? Please describe:
What academic concerns do you have for your child?
Do you have any speech, language, or other communication concerns with your child that affect his/her school participation?
What strengths do you see with your child that we could tap into at school to address his/her needs?
Describe any progress that you have seen with your child's academic skills.
Please list any other concerns that you have regarding your child's school performance.

Thank you, and please call _____ at _____
if you have any questions about this form.

providing SPECIAL EDUCATION services to:

Baldwin
U.S.D. #348

Wellsville
U.S.D. #289

Eudora
U.S.D. #491