

The School District of Escambia County

Exceptional Student Education
40 East Texar Drive, Pensacola, FL 32503
(850) 469-5518

**Re-Evaluation
Documentation Form**
For Program Change

Student Name: _____ Date: _____
County Student #: _____ DOB: _____ Grade: _____
Current ESE Program(s): _____ School: _____
Teacher(s): _____

Part I (Observation): Date: _____ Observer's Name/Title: _____
Describe the student's current level of performance/participation in the general curriculum making sure to specify any area(s) of concern.

Part II (Conference): Date: _____ Participants: _____

Method of Contact: (circle) in person, phone, letter, e-mail

Document conference with parent(s) regarding concerns related to student's performance and participation in the general curriculum, current interventions, the effects of the interventions, and the possibility of a program change.

Part III (Interventions):

Describe the type, degree, and duration of exceptional student education services the student is receiving (has received).

Prior to Tier III Meeting complete this form and attach the following:

1. Vision Hearing Screening Request (EVS-005)
2. Student Record Review (EVS-006)
3. Developmental Social History (EVS-007)
4. Documentation of progress monitoring (graph must be attached)