



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
EXCEPTIONAL STUDENT EDUCATION
REEVALUATION REPORT**

MIS Form #718
Rev. 02/18

Prior to conducting this reevaluation, all previous evaluation data was reviewed by the appropriate personnel on _____.
Date

_____	_____	
Student Name	Eligibilities	
_____	_____	
Date of Birth	Grade	Teacher(s)
_____	School	Dates Evaluated
_____	District Student #	Date of Report

Background:

Assessments and Procedures/Results:

Placement recommendations for all ESE programs involved:

NOTIFICATION METHOD:

Parent contact on _____
DATE

Parent copy sent home via US mail _____
DATE

These results and recommendations will also be reviewed with you at your child's annual Individual Educational Plan meeting.

ESE Teacher

Evaluation Team Member / Title

General Education Teacher

Evaluation Team Member / Title