



## Reevaluation Procedures for Parentally Placed Private School Students

The following procedures are provided to facilitate the reevaluation process for children with disabilities in private schools.  
Exceptional Student Education (ESE) Service Center - Private School Intake (PSI) Office

<http://privateschoolsidea.dadeschools.net/>

1. **Parents/Guardians, with the assistance of the private school, must gather as much existing/pertinent information as possible on the child's current levels of performance.** To access any of the forms listed, click on the links provided.

The following documents **are required**:

- Private School Intake (PSI) - Referral Cover Page
- Request for Assistance (RFA) packet – Form 7073 <http://forms.dadeschools.net/webpdf/7073.pdf>
- Two Teacher Observations – found on page 2 of the RFA packet
- Consent Form for Mutual Exchange of Information Form 2128 <http://forms.dadeschools.net/webpdf/2128.pdf>
- Sensory screening information (vision & hearing)

The following documents **can be** included in the packet to support and prepare for the RT meeting:

- Grades, work samples, attendance records, and discipline records
- Any standardized test scores
- Any private medical, psychoeducational evaluations

2. If a change in special education disability eligibility is being considered, then the following is recommended:
  - Sensory screening information (vision & hearing):
    - School Entry Health Form provided by Pediatrician; if Not available use forms listed below
    - Vision – Form 2125 <http://forms.dadeschools.net/webpdf/2125.pdf>
    - Hearing – Form # 7409 <http://forms.dadeschools.net/webpdf/7409.pdf>
  - Any individualized interventions: the plans below can be used by the Private School to document their efforts:
    - RtI Academic Intervention Plan Form 6290 , to be used for academic concerns: <http://forms.dadeschools.net/webpdf/6290.pdf> ,
    - Social Emotional-Behavioral Intervention Plan (SE-BIP), Form 6287 to be used for behavioral concerns: <http://forms.dadeschools.net/webpdf/6287.pdf>
      - Must also include the MTSS Structured Interview Form 6660: <http://forms.dadeschools.net/webpdf/6660.pdf>
3. The guardian delivers the completed packet via email to ESE Support [ese@dadeschools.net](mailto:ese@dadeschools.net) or by fax to 305-666-1250 or to the address below. **When emailing, please write “PSI EVALUATION” on the subject line of email.**
  - The Department of Exceptional Student Education will respond that they received the email submission.
  - The PSI Team reviews the documentation and informs the parent/school if any additional documentation needed
  - Once the packet is complete, the PSI Team will contact the guardian with a meeting date and time.
4. The guardian will be contacted with the date and time of their Re-evaluation (RT) Team Meeting appointment.
  - At the RT meeting, all the collected data will be reviewed and discussed - this concludes the RT Evaluation.
  - If additional (formal assessment) data is deemed necessary by the RT Team, a Consent for Reevaluation will be secured.
  - **Please note:** Private school teacher **is required to participate** in this meeting (in person, by phone, by zoom, or by written input)
5. Any formal evaluations are scheduled and conducted at a PSI Office or M-DCPS School.
6. A follow up meeting will be held to review the results of any formal evaluations conducted, and ESE eligibility determined if applicable.

**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
PRIVATE SCHOOL INTAKE OFFICE  
REFERRAL COVER PAGE**

**Reason for Referral:**  Initial Evaluation  Re-evaluation  Matrix Update Review

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_  
MDCPS ID# \_\_\_\_\_ CURRENT EXCEPTIONALITY: \_\_\_\_\_  
PARENT'S NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
HOME SCHOOL: \_\_\_\_\_

\*If the student has never attended M-DCPS, a Student ID must be obtained in order to start the evaluation process. Please complete the Student ID Information Packet Form and submit it along with the following documents. Please submit documents using a PDF format. Request made at [ESE@dadeschools.net](mailto:ESE@dadeschools.net)

- Student birth certificate
- Parent driver's license
- Recent FPL/Utility Bill, Mortgage/Lease Agreement

**TO BE COMPLETED BY PRIVATE SCHOOL:**

PRIVATE SCHOOL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
IS THIS PRIVATE SCHOOL NON-FOR-PROFIT? \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
CONTACT EMAIL: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
NAME OF TEACHER: \_\_\_\_\_

*Please complete all the required documents, as explained on the Initial Evaluation Referral Procedures or the Reevaluation Procedures attached. Once the referral packet has been completed, please submit the entire completed packet via PDF format. Documents may be submitted via email to [ese@dadeschools.net](mailto:ese@dadeschools.net). On the subject line of the email write "PSI EVALUATION." If you have any questions, please contact the M-DCPS IDEA Private Schools Obligations Office at 305-274-8889 or Jennifer Horenstein at [jhorenstein@dadeschools.net](mailto:jhorenstein@dadeschools.net).*

# TEACHER OBSERVATION ( \_\_\_ of 2)

*Must Provide 2 Observations from FM-7073*

## AREAS OF STRENGTH

**Reading**

- Phonics
- Phonemic Awareness
- Vocabulary
- Fluency
- Comprehension
- Oral Language

**Mathematics**

- Calculation
- Problem Solving

**Communication**

- Expressive
- Receptive
- Articulation

**Written Language**

- Science**
- Motor Skills**
- Adaptive Skills**
- Art**
- Music**
- Social Skills/ Interpersonal Skills**

**High Aptitude**

- Performing academically above expectations

**Additional Comments:**

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## AREAS OF CONCERN – *Reflection & Observation of present performance during routine classroom instruction*

Attention/ Executive Functioning	Some times	Often	Presently Observed
Gets out of seat at wrong times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has short attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily distracted/requires frequent redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears to daydream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive/Does not think before doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unaware of behavior when in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears over active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty getting started on class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not complete tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not turn in homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a messy desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble remembering things, even for a few minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets stuck on one topic or activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts upset by change in routine/plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Externalizing Behaviors	Some times	Often	Presently Observed
Calls out in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacks self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cries inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes things belonging to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes untrue statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is destructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses profane language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is physically aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is verbally aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacks empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defiant to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits perseverating/ repetitive behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently truant/absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internalizing Behaviors	Some times	Often	Presently Observed
Seems withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefers solitary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily led, influenced by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty making friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not participate in class activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is ridiculed by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is ignored by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems anxious/worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self-injurious behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates mood changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems easily overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits fear of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
**TEACHER NAME & SIGNATURE**

\_\_\_\_\_  
**DATE**

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\_\_\_\_\_  
**TEACHER NAME & SIGNATURE**

\_\_\_\_\_  
**DATE**

# Miami-Dade County Public Schools

## Private School Intake Office

### RE-EVALUATION TEAM (RT) MEETING - TEACHER FEEDBACK INFORMATION FORM

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

*An RT is being scheduled for this student who attends a private school. Teacher's input is very important. Please provide information in regards to the student's functioning in the following areas:*

<b>Academic Achievement</b> (current levels in Reading/ Math/ & Written Lang.; standardized test scores.)
<b>Processing of information</b> (follows directions, memory, attention, visual-motor)
<b>Emotional functioning</b> (frustration tolerance, mood/temperament/ behavioral concerns)
<b>Adaptive Functioning/Daily Living Skills</b> (personal care, daily living skills, adapting to changes)
<b>Hearing/Speech/Language</b> (hearing screening results, speech & language skills, ability to communicate)
<b>Vision acuity</b> (wears glasses, any apparent difficulty seeing the board, vision screening results)
<b>Physical/Medical</b> (any known health or physical problems, medication intake, medical diagnoses)
<b>School Attendance</b> (indicate good attendance/ frequent absences/ tardiness or early dismissals)
<b>Social Functioning</b> (interaction with peers/adults, social skills, conflict resolution and leadership skills)
<b>Vocational Aptitude/Interests</b> (future goals, career choices, and any special skills or interests)
<b>Concerns/Additional Comments</b>
<b>Any changes in functioning since last evaluation?</b>



MIAMI-DADE COUNTY PUBLIC SCHOOLS

CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID# \_\_\_\_\_

I hereby authorize the mutual exchange of records pertaining to my child or myself, \_\_\_\_\_, between the MIAMI-DADE COUNTY PUBLIC SCHOOLS and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child):

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• The specific records to be disclosed pertain to: \_\_\_\_\_

• The purpose for making these records available is: \_\_\_\_\_

• **The receiving party will not disclose the information to any other party without signed consent.**

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

\_\_\_\_\_ Name (print) \_\_\_\_\_ Signature

\_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code

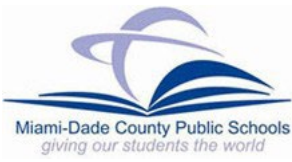
Please return this form to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE

CARTA DE CONSENTIMIENTO PARA EL INTERCAMBIO MUTUO DE INFORMACIÓN  
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Fecha \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Número de identidad \_\_\_\_\_

Con la presente carta autorizo el intercambio de información en referencia a mi hijo o mi persona, \_\_\_\_\_, entre las Escuelas Públicas del Condado de Miami-Dade (MIAMI-DADE COUNTY PUBLIC SCHOOLS) y las siguientes agencias (incluyendo escuelas, médicos, sicólogos, hospitales, clínicas, etc., que han tenido que ver con su hijo/hija):

Nombre

Dirección

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Los documentos específicos divulgados conciernen: \_\_\_\_\_

• La razón de tener estos documentos disponibles es: \_\_\_\_\_

• **La(s) persona(s) que reciba(n) estos documentos no divulgará(n) la información con otras personas y/o agencias sin su consentimiento.**

Hago constar que soy el padre o tutor legal del niño cuyo nombre se menciona arriba o que soy un estudiante mayor de edad y estoy autorizado para firmar esta carta de autorización.

\_\_\_\_\_  
Nombre

\_\_\_\_\_  
Firma

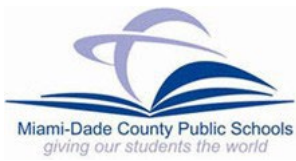
\_\_\_\_\_  
Dirección

\_\_\_\_\_  
Ciudad, Estado

\_\_\_\_\_  
Código postal

Sírvase devolver esta carta a:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



LEKÒL PIBLIK MIYAMI

FÑM KONSANTMEN POU ECHANJ EMFÑMASYON  
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Dat \_\_\_\_\_

Nom elèv \_\_\_\_\_

Dat li fèt \_\_\_\_\_ ID# \_\_\_\_\_

Mwen otorize ke yo fe echanj enfomasyon sou dosye pitit mwen ou dosye pa-m, \_\_\_\_\_, ant Lekòl Leta Miami-Dade Konti ak ajns sa yo mete (tout lekòl, doktè, sikològ, klinik, esetera, ki te an afè avèk pitit ou):

**Nom**

**Adrès**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: \_\_\_\_\_

• Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: \_\_\_\_\_

• **Moun ki resevwa dosye ya p'ap kite okenn lot moun wè yo san yon konsantman siyen.**

Mwen sètifye ke se mwen ki paran ou gadyen timoun, non ekri anro, fòm sa a ou swa mwen se yon elèv ki majè e ke mwen gen otorite ou siyen pèmasyon sa a.

\_\_\_\_\_ Non

\_\_\_\_\_ Siyati

\_\_\_\_\_ Adrès

Sil vou plè, retounen fòm sa bay:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_