SPELL Re-Evaluation File Review Request Form Please fill out this form and email it as well as documentation indicated below to <u>spedspell@dsdmail.net</u>

Student:		School:
Birthdate:	Home Language:	Form Completed By:

Purpose of File Review (Please select all applicable reasons)

□ Team needs to re-evaluate child and would like consultation about ruling out cultural/linguistic factors.

□ Team would like consultation related to what language the child should be assessed in.

 \Box Other (please specify)

Educational History:

	School Attended	Location
Pre-		
K		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Current WIDA Scores:

Overall WIDA	Score : Indicate WIDA A or P		A-This is a preschool student.		
Include the Subtest scores below					
Writing :	Reading:	Speaking:	Listening:		
Oral Language:	Literacy:	Comprehension:			
Proficiency Level Key: 1-Entering, 2-Beginning, 3-Developing, 4-Expanding, 5-Bridging, 6-Reaching					

WIDA testing results that contain subtest scores can found in Encore (Student Information System / Testing / WIDA Reports)

If the student does not have a current WIDA score please contact Mark Hansen (<u>MBHANSEN@dsdmail.net</u>) to schedule this test.

Please answer the following questions:

□ Are all appropriate SPELL documents found in the file (see Procedures for Renewal or Eligibility/Adding Services document)?_____

□ If appropriate SPELL documents are not in the file, they have been collected (please attach).

This information will be reviewed by a SPELL Committee member; however please follow current re-evaluation procedures (including testing) in the meantime.