



COLORADO Early Colleges

— Colorado Springs —

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Parent Information for Re-evaluation

Student's Name: _____ Date: _____

Parent/Guardian Name _____

Best # to contact you: _____

1. Has your child had any serious medical or psychological problems that have occurred during the last three years? ____ Yes ____ NO

If yes, please explain.

2. If your child currently taking any prescribed medication? ____ Yes ____ No

If yes, please describe the medication and the condition for which it was prescribed.

3. Have there been any significant changes in your home or family relationships during the last 3 years?

____ Yes ____ No

If yes, please

describe. _____

4. Have there been any recent changes in your child's behavior or school performance? ____ Yes ____ No

If yes, please describe. _____

5. Describe any current concerns that you have about your child and)his/her educational program. _____

6. Is there any additional information about your child that you think the professional staff involved in the three year re-evaluation needs to know? If so, please describe.

7. Have you seen improvement in your child's performance during the past three years? ____ Yes ____ No

If so please describe.

8. Have you seen improvement in your child's speech and language during the past three years?

Yes No If yes, please describe.

9. Do you have any suggestions for improving the special education services being provided to your child?

Yes No

If yes, please describe. _____

Parent or Primary Care Giver Signature _____

Date _____

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT BE HELPFUL IN MEETING YOUR CHILD'S EDUCATIONAL NEEDS.