

Reevaluation

Student: _____ DOB: ____/____/____ Student #: _____

School: _____ Grade: _____

Current Eligibility Category(s): _____

Review of Existing Data

Record Review (e.g. attendance, past and current grades, work samples, state and district-wide assessment data, relevant medical/health information, discipline reports, IEP progress):

Summary of previous assessment(s) (If attaching the most current summary of evaluation/eligibility worksheet, results must be discussed below):

Summary of evaluations and information provided by the parent(s):

Summary of classroom-based assessments and observation:

Summary of observations by teachers and service providers:

Determination of Needed Additional Data, if any

Is additional data needed to determine:

A) Continued eligibility for special education and related services:

- If the student continues to have such a disability and educational needs? Yes No
- If the student continues to need special education and related services? Yes No

B) Present level of academic achievement and developmental needs? Yes No

C) Whether any additions or modifications to special education and/or related services are needed to meet measurable annual goals and participation in the general curriculum? Yes No

Student: _____ School: _____ Student #: _____

If yes to **any** of the previous, which will occur? (check one or both and discuss):

Collection of the following data **without** formal assessment: *(Complete Eligibility Worksheet(s), Complete Eligibility Determination, Address IEP, and Complete Prior Written Notice.)*

Collection of the following data **through** formal assessment: *(Obtain Parental Permission. Complete Eligibility Worksheet(s), Complete Eligibility Determination, Address IEP, and Complete Prior Written Notice.)*

If no additional data or assessment is needed, explain why: *(Complete Eligibility Determination, Address IEP and Complete Prior Written Notice.)*

I disagree with the IEP Team decision to obtain no additional assessment information concerning my child. I request that additional assessment(s) be completed prior to determining continuing eligibility.

_____ / ____ / ____
 (Parent Signature) (Date)

The following members of the IEP Team participated in the reevaluation process on ____ / ____ / ____:

Name:	Position:	Date of Participation:
	LEA Representative	____/____/____
	General Education Teacher	____/____/____
	Special Education Teacher	____/____/____
	Parent	____/____/____
		____/____/____
		____/____/____
		____/____/____
		____/____/____