



[LOCAL SCHOOL SYSTEM INFORMATION]
Reevaluation/Redetermination

DATE: _____
STUDENT: _____
SCHOOL: _____

STUDENT NUMBER: _____
DATE OF BIRTH: _____
DATE ELIGIBILITY DUE: _____

The IEP Committee has reviewed the student data as outlined below and determined whether or not additional or updated data may be needed for continuing eligibility.

I. DATA REVIEWED (Check all that apply and attach documentation if applicable)

- | | |
|--|--|
| <input type="checkbox"/> Information from Parents | <input type="checkbox"/> Present Age, Grade, and Placement |
| <input type="checkbox"/> IEP Goals and Objectives | <input type="checkbox"/> Achievement Data |
| <input type="checkbox"/> Previous Psychological Evaluation | <input type="checkbox"/> Current Eligibility Information |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Social History Update | <input type="checkbox"/> Progress and Grade Reports |
| <input type="checkbox"/> Curriculum Based Assessments | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Behavior scales | <input type="checkbox"/> Anecdotal Records |
| <input type="checkbox"/> Classroom Observation | <input type="checkbox"/> Portfolio/Current Work Samples |
| <input type="checkbox"/> Speech-language Data | <input type="checkbox"/> OT/PT Data |
| <input type="checkbox"/> Hearing/Vision Screening/Data | <input type="checkbox"/> Transition Plan |
| <input type="checkbox"/> Assistive Technology Data | <input type="checkbox"/> Behavioral Intervention Plan |
| <input type="checkbox"/> Teacher/Staff Observations | <input type="checkbox"/> Classroom Based Assessments |
| <input type="checkbox"/> Self-Help Skills | <input type="checkbox"/> Adaptive Behavior |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Other data (specify): _____ |

II. RECOMMENDATIONS:

Is additional data needed to determine:

- Present levels of performance and educational needs of the student (e.g., transition and postsecondary planning)?
() Yes () No
- Whether the student continues to need special education and related services? () Yes () No
- Whether any additions or modifications to the special education and related services are needed to meet IEP goals and participate, as appropriate, in the general curriculum? () Yes () No

If "yes" to any of the above, the IEP team recommends the following (check one)

() Refer for reevaluation in order to determine continued eligibility. Current eligibility(ies): _____
Evaluation in the following area(s) is recommended: _____

() Refer for reevaluation to consider new/additional eligibility. Evaluation in the following area(s) is recommended: _____

() Refer for assessment in the following areas to gather information to aid instructional planning – not for eligibility purposes: _____

() No additional data is needed for continued eligibility in the following area(s): _____

III. ELIGIBILITY DETERMINATION:

- Student Continues to Meet Eligibility for _____
- Eligibility Determination Will Be Made after Additional Information/Data is obtained.
- Student Does Not Meet Eligibility for _____

IV. PARENTAL CONSENT:

- Yes, I do agree with the Recommendation
- No, I do not agree with the Recommendation
- Consent for Evaluation form completed by parent, if any evaluations are requested
- Parent given a copy of Parental Rights, if appropriate

Signature of Parent _____

Date _____