



# Reevaluation Data Review

**Student Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **GTID:** \_\_\_\_\_

**School System:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 1.0 STUDENT DATA REVIEW

**Review:** Achievement Information (formal and informal)

**Comment:** \_\_\_\_\_

**Review:** Adaptive Behavior

**Comment:** \_\_\_\_\_

**Review:** Assistive Technology Data

**Comment:** \_\_\_\_\_

**Review:** Behavioral Intervention Plan (past one year if available)

**Comment:** \_\_\_\_\_

**Review:** Medical Records

**Comment:** \_\_\_\_\_

**Review:** Observation

**Comment:** \_\_\_\_\_

**Review:** OT/PT Data

**Comment:** \_\_\_\_\_

**Review:** Parent Information

**Comment:** \_\_\_\_\_

**Review:** Psychological Evaluation, previously completed

**Comment:** \_\_\_\_\_

**Review:** Social History

**Comment:** \_\_\_\_\_

**Review:** Social/Emotional/Behavioral Information

**Comment:** \_\_\_\_\_

**Review:** Speech/Language Information

**Comment:** \_\_\_\_\_

**Review:** Transition: Post-secondary and Annual Goals

**Comment:** \_\_\_\_\_

**Review:** Vision/Hearing Screening/Data

**Comment:** \_\_\_\_\_

**Review:** Work Samples

**Comment:** \_\_\_\_\_

**Review:** Other (specify)

**Comment:** \_\_\_\_\_

**2.0 ASSESSMENT DATA**

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

**Attendance and Enrollment Records (Last 3 Years):**

School Year	District	School	Days Absent	Grade Level	Enrollment Date	Withdrawal Date	Withdrawal Reason

**Describe behavior needs or attach current BIP.**

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**Services from IEP:**

**Instruction/Related Services in General Education Classroom/Early Childhood Setting:**

Category	Service	Frequency	Begin Date	End Date	Primary Provider	Content Area

**Instruction/Related Services Outside of General Education Classroom:**

Category	Service	Frequency	Begin Date	End Date	Primary Provider	Content Area

**3.0 RECOMMENDATIONS**

The IEP Team recommends the following (select one option):

**\_\_\_\_\_ Option A:**

Adequate data are available and have been reviewed above to determine continued eligibility and address special education services and supports. The reevaluation process has been completed. Committee members agree that the student remains eligible for the existing disabilities, and no additional information is needed to determine:

- \* The student continues to be eligible for special education under the same disability category(ies)
- \* The student needs special education and related services
- \* The present levels of academic achievement and related developmental needs
- \* The special education and related services needed to meet the measurable annual goals
- \* The special education and related services needed to enable participation, as appropriate, in the general education curriculum

**\* Disability categories cannot be changed using this option.**

**Adequate Data:**

The student DOES continue to have educational needs that require the provision of special education and related services and continues to demonstrate criteria that support continued eligibility under category(ies) below:

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**\_\_\_\_\_ Option B:**

Additional assessment is being requested. After completion of the reevaluation, the committee will reconvene to determine eligibility and complete a new eligibility report to determine:

- \* Whether the student is eligible for special education
- \* Whether the student is in need of special education and related services

**\* Since the evaluation is needed for making an eligibility decision, a new full eligibility report will be completed.**

**Additional Assessment:**

The evaluation should be comprehensive in nature to address all suspected areas of concern. Please indicate areas of concern below. The list below is a sampling of possible areas.

- |  |   |
|--|---|
| <input type="checkbox"/> Adaptive/Functional Skills  | <input type="checkbox"/> Orthopedic Concerns              |
| <input type="checkbox"/> Assistive Technology        | <input type="checkbox"/> Physical                         |
| <input type="checkbox"/> Basic Reading Skills        | <input type="checkbox"/> Psychological Processing         |
| <input type="checkbox"/> Cognitive Processing Skills | <input type="checkbox"/> Reading Comprehension            |
| <input type="checkbox"/> Daily Living                | <input type="checkbox"/> Reading Fluency                  |
| <input type="checkbox"/> Health Concerns             | <input type="checkbox"/> Sensory Processing               |
| <input type="checkbox"/> Hearing Concerns            | <input type="checkbox"/> Social/Emotional Concerns        |
| <input type="checkbox"/> Intellectual Functioning    | <input type="checkbox"/> Speech/Language or Communication |
| <input type="checkbox"/> Listening Comprehension     | <input type="checkbox"/> Spelling                         |
| <input type="checkbox"/> Math Calculation            | <input type="checkbox"/> Visual Concerns                  |
| <input type="checkbox"/> Math Reasoning              | <input type="checkbox"/> Vocational                       |
| <input type="checkbox"/> Motor Skills                | <input type="checkbox"/> Written Expression               |
| <input type="checkbox"/> Oral Expression             | <input type="checkbox"/> Other (add areas)                |

**Option C:**

Additional assessment is being requested to assist in the development of the IEP. After completion of the evaluation report(s), the committee will reconvene to review the results of the evaluation to amend or conduct an annual review. The assessment is needed to determine:

- \* The present levels of academic achievement and related developmental needs
- \* Whether the student needs any additions or modifications to the special education and related services to meet the measurable annual goals set in the IEP
- \* Whether the student needs any additions or modifications to the special education and related services to enable participation, as appropriate, in the general education curriculum

**Assessment to Assist in IEP Development:**

An evaluation is recommended in the areas indicated below, which may change during the evaluation process based on the student's needs. The list below is a sampling of possible areas.

- |  |   |
|--|---|
| <input type="checkbox"/> Adaptive/Functional Skills  | <input type="checkbox"/> Orthopedic Concerns              |
| <input type="checkbox"/> Assistive Technology        | <input type="checkbox"/> Physical                         |
| <input type="checkbox"/> Basic Reading Skills        | <input type="checkbox"/> Psychological Processing         |
| <input type="checkbox"/> Cognitive Processing Skills | <input type="checkbox"/> Reading Comprehension            |
| <input type="checkbox"/> Daily Living                | <input type="checkbox"/> Reading Fluency                  |
| <input type="checkbox"/> Health Concerns             | <input type="checkbox"/> Sensory Processing               |
| <input type="checkbox"/> Hearing Concerns            | <input type="checkbox"/> Social/Emotional Concerns        |
| <input type="checkbox"/> Intellectual Functioning    | <input type="checkbox"/> Speech/Language or Communication |
| <input type="checkbox"/> Listening Comprehension     | <input type="checkbox"/> Spelling                         |
| <input type="checkbox"/> Math Calculation            | <input type="checkbox"/> Visual Concerns                  |
| <input type="checkbox"/> Math Reasoning              | <input type="checkbox"/> Vocational                       |
| <input type="checkbox"/> Motor Skills                | <input type="checkbox"/> Written Expression               |
| <input type="checkbox"/> Oral Expression             | <input type="checkbox"/> Other (add areas)                |

**REEVALUATION DATA REVIEW NOTES AND OUTCOMES**

**Meeting Notes:**

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**Meeting Attendees:**

<b>Role</b>	<b>Name</b>	<b>Date</b>

**The following documents were provided to parent(s) check all that apply:**

- Parental Rights in Special Education
- Reevaluation Form
- Consent to Reevaluate Form

Date documents were provided to parents:

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Method of providing forms to parents:

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