

Consideration of Reevaluation - 1

Student: _____ Date of birth: _____ Age: _____ Student ID: _____
Ethnicity: _____ Hm language: _____ Sch language: _____
Home school: _____ Service school: _____ Grade: _____
Previous eval date: _____ Type: _____ Primary disability: _____ Other disabilities: _____
Related services: Sph OT PT Adaptive PE Other: _____
Date reevaluation considered: _____

Sample

REEVALUATION TEAM REVIEW

1. Relevant data from evaluations of the student, including types of tests and the results of those tests:

2. Information provided by the parents (including developmental-medical history update):

3. Current classroom-based, local, or State assessments; classroom-based observations; and observations by teachers and related services providers:

4. Current vision and hearing screening:

Vision screening date and results: _____

Hearing screening date and results: _____

5. Language proficiency test dates and results (if applicable):

English language learner? _____

English: _____

Other: _____

Consideration of Reevaluation - 2

Student: _____

Date reevaluation considered: _____

Sample

EVALUATION DETERMINATION

Is additional information needed to determine:

- Yes No 1. Whether the student continues to have the previously-identified disability?
- Yes No 2. The educational needs of the student?
- Yes No 3. The student's present levels of academic achievement, functional performance, and related developmental needs?
- Yes No 4. Whether the student continues to need special education and related services?
- Yes No 5. Whether any additions or modifications to the special education and related services are needed to enable the student to meet the IEP annual goals and to participate, as appropriate, in the general curriculum?

Determination of educational disadvantage:

Additional considerations:

Based upon this review, the reevaluation team has concluded the following:

- 1. Additional assessment is needed to determine the student's continued eligibility and need for special education services. The student's reevaluation plan is as follows:

Need area	Tests and other evaluation methods	Person responsible
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 2. No additional assessment is needed to determine that the student no longer is eligible for and in need of special education services.
- 3. The student's parent, guardian, or surrogate has requested an evaluation.
- 4. No additional assessment is needed to determine that the student continues to be eligible for and in need of special education services. (Attach the appropriate MET Report(s) to document the student's category or categories of eligibility.)

NOTIFICATION OF PROCEDURAL SAFEGUARDS

I have been informed of my right to a comprehensive evaluation. Parent, guardian, or surrogate initials: _____