



Reevaluation

Student:	Student UID#	DOB:
School:	Grade:	Age:

REEVALUATION

Current EC Eligibility Category(ies):

I. Review of Existing Data by the IEP Team Members (Must address all areas if data is available)

Record Review

Attendance:

Past and current grades/work samples:

Results of local and state assessment data:

Previous assessments required for eligibility:

Relevant medical/health information:

Discipline reports:

IEP Progress:



Reevaluation

Student:	Student UID#	DOB:
School:	Grade:	Age:

Summary

Parent Information/Evaluations:

--

Classroom-based assessments:

--

Observational data collected:

Date:		Results:	
Date:		Results:	

Additional observational data provided by teachers, administrators, and other relevant school staff:

--

Additional information (if any) reviewed from other sources: (i.e. absences, tardies, suspensions, mobility rates, out-of-state IEP, medical information)

--

II. Reevaluation Decision

☐ The IEP Team has determined that no additional formal evaluations are needed.



Reevaluation

Student:	Student UID#	DOB:
School:	Grade:	Age:

If no additional formal evaluations are needed, explain why:

--

☐ I disagree with the IEP Team decision to not conduct formal evaluations.

Signature: _____ Date: ____/____/____

☐ The IEP Team has decided that formal evaluations are needed to determine:

YES	NO	Eligibility
		If the student continues to have the existing disability.
		If the student has a different disability area suspected.
		If the student continues to need special education and related services.

YES	NO	Programming: Development of the Individualized Education Program
		Present levels of academic achievement and functional performance.
		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.

III. Formal Evaluations

Area(s) of Existing Eligibility to be Reevaluated:

Area(s) of Suspected Disability:

Evaluation Plan:

Complete the Evaluation Plan by choosing the Assessment Area(s) and specific Screening(s)/Evaluation(s) the team is requesting on the [Consent for Evaluation/Reevaluation](#).

IV. IEP Team Participants

The following IEP Team members participated in the reevaluation and/or evaluation plan.



Reevaluation

Name	Position	Date
	Parent/Guardian/Student	
	Parent/Guardian/Student	
	LEA Representative	
	Special Education Teacher	
	General Education Teacher	
	Interpreter of Instructional Implications of Evaluations	

Explanation of team participants/absence of participants (if needed):

--

V. Procedural Safeguards

- ☐ A copy of the *Parent Rights and Responsibilities in Special Education: Notice of Procedural Safeguards* has been provided to the parent/guardian/student if evaluations will be conducted.
- ☐ A copy of the Reevaluation Report, Eligibility Report, and Prior Written Notice will be provided to the parent/guardian/student.