**DEMOGRAPHIC INFORMATION**

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| **Student Name (First, Last, MI)** | **Birthdate** | **Sex** |
|  | Click here to enter a date. | **Male  Female** |
| **School System** | **School of Enrollment** | **Grade** |
|  |  | Click here to enter text. |
| **Name of Parent/ Guardian** | **Primary Language at Home** |  |
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| **BACKGROUND INFORMATION** | | | |
| **Medical and Sensory Information** | | | |
| **Previous Medical Evaluation(s)** | | | |
| 1. Yes  No Does this student have a medical statement included in previous evaluations? (Attach statement with signature) | | | |
| If Yes: Have other medical conditions been ruled out as primary cause of educational or behavioral difficulties?  Yes  No | | | |
| 1. Summary of previous medical evaluations/diagnoses: | | | |
| 1. Student’s current medications: | | | |
| 1. Describe any prior or on-going hospitalizations or clinical (out-patient) counseling within the last 3 years, and include dates of treatment: | | | |
| 1. Yes  No In the last three years has there been a change in the student’s medical/health status? | | | |
| If Yes, explain: | | | |
| 1. Review of vision and hearing screenings: | | | |
| Vision Screening | | | |
| Vision was screened on Click here to enter a date. with the results of | | | |
| Wears glasses/visual aids | | | |
| Hearing Screening | | | |
| Hearing was screened on Click here to enter a date. with the results of | | | |
| Wears hearing/auditory aids | | | |
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| **Family and Environmental Information** | | | |
| 1. Yes  No There has been an educationally relevant change in the student’s home or school environment, or overall adjustment. | | | |
| If Yes, explain: | | | |
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| **Behavior and Attendance History** | | | |
| 1. Attendance History is: Adequate Problematic | | | |
| 1. Number of schools attended in a 3-year reevaluation cycle: | | | |
| 1. Grades Retained: | | | |
| 1. Behavior history is Adequate Problematic | | | |
| If problematic, does the past assessment adequately address any behavioral issues? | | | |
| 1. An FBA was completed  Yes  No | | | |
| If Yes, describe target behaviors: | | | |
| 1. This student’s current behavior warrants further evaluation  Yes  No | | | |
| If Yes, explain: | | | |
| **PREVIOUS ELIGIBILITY DETERMINATIONS** | | | |
| Primary Disability: | | Previous Eligibility Date: Click here to enter a date. | |
| Secondary Disability: | |  | |
| Primary Disability: | | Previous Eligibility Date:Click here to enter a date. | |
| Secondary Disability: | |  | |
| Primary Disability: | | Previous Eligibility Date: Click here to enter a date. | |
| Secondary Disability: | |  | |
| Primary Disability: | | Previous Eligibility Date: Click here to enter a date. | |
| Secondary Disability: | |  | |
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| **Previous Assessments** | |  | |
| **Source of Information** | |  | |
| Assessment Area: | |  | |
| Test: | | Date Administered: Click here to enter a date. | |
| Subtest/Composite: | Choose an item. | Choose an item. | Choose an item. |
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| **Source of Information** | |  | |
| Assessment Area: | |  | |
| Test: | | Date Administered: Click here to enter a date. | |
| Subtest/Composite: | Choose an item. | Choose an item. | Choose an item. |
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| **Source of Information** | |  | |
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| **Source of Information** | |  | |
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| **Source of Information** | |  | |
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| **Source of Information** | |  | |
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| **Source of Information** | |  | |
| Assessment Area: | |  | |
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| **IEP AND RECORDS REVIEW** | | | | | | | | | | | | | |
| Most Recent IEP Date: Click here to enter a date. | | | | | | | Most Recent Eligibility date: Click here to enter a date. | | | | | | |
| Special Education Hours: | | | | | | |  | | | | | | |
| Services Provided Through IEP: | | | | | | | | | | | | | |
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| **FORMATIVE ASSESSMENTS** | | | | | | | | | | | | | |
| **Area of Deficit (Identified on the IEP)** | | | | | | | **Student is making document progress towards IEP goals and/or objectives.** | | | | | | |
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| **OTHER FORMATIVE ASSESSMENTS/ BENCHMARKS** | | | | | | | | | | | | | |
| **Assessment** | **Skills Assessed** | | | **Score** | | | **Percentile** | | **Classification/ Explanation** | | | | **Date Administered** |
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| **SUMMATIVE ASSESSMENTS** | | | | | | | | | | | | | |
| **Test** | | **Subject** | | | **Score** | | | | | | | **Date Administered** | |
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| **OTHER SUMMATIVE ASSESSMENTS** | | | | | | | | | | | | | |
| **Assessment** | **Skills Assessed** | | | **Score** | | | **Percentile** | | **Classification/ Explanation** | | | | **Date Administered** |
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| Yes  No Were Special Accommodations on the IEP, the Accommodations Addendum, and used consistently by the student in his/her program? | | | | | | | | | | | | | |
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| Current Classroom-Based and Parent Observations: (The following information is provided and attached for this Reevaluation Review). | | | | | | | | | | | | | |
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| Parent Input | | | | | | | | | | | | | |
| Classroom Teacher Observation | | | | | | | | | | | | | |
| Special Education Teacher Observation | | | | | | | | | | | | | |
| Related Service Provider Observation (If applicable) | | | | | | | | | | | | | |
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| **IEP TEAM REEVALUATION DECISION** | | | | | | | | | | | | | |
| Based on the review of existing evaluation data, including information provided by the parent(s), current classroom-based assessments and observations by the IEP team determined by the following: | | | | | | | | | | | | | |
| 1. Yes  No | Additional data is needed to determine if this student continues to have an educational disability. | | | | | | | | | | | | |
| 1. Yes  No | Additional data is needed to determine the student’s continued need for special education and/or related services. | | | | | | | | | | | | |
| 1. Yes  No | Additional data is needed to determine present levels of academic achievement and related educational needs of this student. | | | | | | | | | | | | |
| 1. Yes  No | Additional data is necessary to determine whether any additions or modifications to the special education services and/or related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate, as appropriate, in the general education curriculum. | | | | | | | | | | | | |
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| **If YES to any of the above statements what was decided?** | | | | | | | | | | | | | |
| 1. Yes  No | The student continues to be eligible for Special Education services with currently identified disabilities, but additional assessment is needed for program planning purposes. *Complete Eligibility Report.* Primary Disability:     / Secondary Disability**:** | | | | | | | | | | | | |
| 1. Yes  No | The student continues to be eligible for Special Education services in his/her primary disability, but additional assessments is needed to determine the presence of a secondary disability. *Complete Eligibility Report.* Primary Disability: | | | | | | | | | | | | |
| 1. Yes  No | A Comprehensive Evaluation is needed to determine if the student continues to have a disability and need special education services. *An Eligibility Report will not be completed, but procedures for conducting a Comprehensive Evaluation will commence.* | | | | | | | | | | | | |
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| **ASSESSMENT PLAN- Following the administration of these assessments the IEP team will reconvene to discuss results of the assessments and make revisions as needed.** | | | | | | | | | | | | | |
| **Area of Assessment** | | | **Position** | | | | | | | **Person Responsible-Signature** | | | |
| Vision/Hearing Assessments | | |  | | | | | | |  | | | |
| Sensory/Medical | | |  | | | | | | |  | | | |
| Academic Achievement | | |  | | | | | | |  | | | |
| Intellectual Functioning | | |  | | | | | | |  | | | |
| Speech/Language Skills | | |  | | | | | | |  | | | |
| Self-Help/Adaptive Behavior | | |  | | | | | | |  | | | |
| Vocational Assessment | | |  | | | | | | |  | | | |
| Social-Emotional Assessment | | |  | | | | | | |  | | | |
| Curriculum Based Measurement | | |  | | | | | | |  | | | |
| Functional Behavioral Assessment | | |  | | | | | | |  | | | |
| Fine/Gross Motor | | |  | | | | | | |  | | | |
| Assistive Technology Assessment | | |  | | | | | | |  | | | |
| Other | | |  | | | | | | |  | | | |
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| **The following members of the IEP Team participated in the reevaluation process on: Click here to enter a date.** | | | | | | | | | | | | | |
| Position | | | Signature | | | | | | | | Date | | |
| Principal/ Designee | | |  | | | | | | | |  | | |
| General Education Teacher | | |  | | | | | | | |  | | |
| Special Education Teacher | | |  | | | | | | | |  | | |
| Assessment Specialist | | |  | | | | | | | |  | | |
| Consultant/ Coordinator | | |  | | | | | | | |  | | |
| Parent | | |  | | | | | | | |  | | |
| Parent | | |  | | | | | | | |  | | |
| Other | | |  | | | | | | | |  | | |
| Other | | |  | | | | | | | |  | | |
| Other | | |  | | | | | | | |  | | |
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| **Parent Signature and Procedural Agreement-** Parent must check items that correspond to the agreed upon assessment plan and then sign at the bottom of the appropriate box. | | | | | | | | | | | | | |
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| **Additional data and/or assessments are needed.** | | | | | | | | | | | | | |
| 1. **My child continues to be eligible for special education but requires assessment for program planning:** | | | | | | | | | | | | | |
| I agree that additional data and/or assessment(s) are needed for program planning only. | | | | | | | | | | | | | |
| I am informed of the reasons for additional data and/or assessments. | | | | | | | | | | | | | |
| I agree that my child continues to be eligible for special education services. | | | | | | | | | | | | | |
| I received a written copy of my child’s *Reevaluation Summary Report and Eligibility Report*. | | | | | | | | | | | | | |
| I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to  request a Comprehensive Evaluation. | | | | | | | | | | | | | |
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| *Signature of Parent or Guardian* | | | | | |  | | *Date* | | | | | |
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| 1. **My child continues to be eligible for special education but requires assessment for secondary disability:** | | | | | | | | | | | | | |
| I agree that additional data and/or assessment(s) are needed to determine the presence of a secondary disability. | | | | | | | | | | | | | |
| I am informed of the reasons for additional data and/or assessments. | | | | | | | | | | | | | |
| I agree that my child continues to be eligible for special education services. | | | | | | | | | | | | | |
| I received a written copy of my child’s *Reevaluation Summary Report and Eligibility Report.* | | | | | | | | | | | | | |
| I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to  request a Comprehensive Evaluation. | | | | | | | | | | | | | |
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| *Signature of Parent or Guardian* | | | | | |  | | *Date* | | | | | |
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| 1. **My child requires a Comprehensive Evaluation to determine continued disability and need for services:** | | | | | | | | | | | | | |
| I agree with the IEP Team decision that a Comprehensive Evaluation is needed. | | | | | | | | | | | | | |
| I give permission for the identified assessments to be administered. | | | | | | | | | | | | | |
| I am informed of and received a copy of the *Notice of Procedural Safeguards*. | | | | | | | | | | | | | |
| I received a written copy of my child’s *Reevaluation Summary Report.* | | | | | | | | | | | | | |
| I received a copy of *Prior Written Notice*. | | | | | | | | | | | | | |
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| *Signature of Parent or Guardian* | | | | | |  | | *Date* | | | | | |
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| **If NO additional assessments or data are needed what was decided?** | | | | | | | | | | | | | |
| 1. Yes  No | The student continues to be eligible for Special Education services with currently identified disabilities. *Complete Eligibility Report.* Primary Disability:       / Secondary Disability: | | | | | | | | | | | | |
| 1. Yes  No | The student continues to be eligible for Special Education services in his/her primary disability; however, the IEP team has determined that the student no longer requires services and is no longer identified with his/her Secondary Disability. *Complete Eligibility Report.* Primary Disability:       / Exited Secondary Disability: | | | | | | | | | | | | |
| 1. Yes  No | The student is no longer eligible for Special Education services. *Complete Eligibility Report* | | | | | | | | | | | | |
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| **The following members of the IEP Team participated in the reevaluation process on: Click here to enter a date.** | | | | | | | | | | | | | |
| Position | | | Signature | | | | | | | | Date | | |
| Principal/ Designee | | |  | | | | | | | |  | | |
| General Education Teacher | | |  | | | | | | | |  | | |
| Special Education Teacher | | |  | | | | | | | |  | | |
| Assessment Specialist | | |  | | | | | | | |  | | |
| Consultant/ Coordinator | | |  | | | | | | | |  | | |
| Parent | | |  | | | | | | | |  | | |
| Parent | | |  | | | | | | | |  | | |
| Other | | |  | | | | | | | |  | | |
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| Other | | |  | | | | | | | |  | | |
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| **Parent Signature and Procedural Agreement-** Parent must check items that correspond to the agreed upon assessment plan and then sign at the bottom of the appropriate box. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **No additional data/ assessments are needed.** | | | | | | | | | | | | | |
| 1. **My child continues to be eligible for special education with currently identified disabilities.** | | | | | | | | | | | | | |
| I agree that no further data is needed for my child’s eligibility to receive special education services. | | | | | | | | | | | | | |
| I am informed of the reasons that no further assessments are needed. | | | | | | | | | | | | | |
| I understand that the school system does not to complete further assessments unless I request them. | | | | | | | | | | | | | |
| I received a written copy of my child’s *Reevaluation Summary Report and Eligibility Report*. | | | | | | | | | | | | | |
| I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to  request a Comprehensive Evaluation. | | | | | | | | | | | | | |
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| *Signature of Parent or Guardian* | | | | | |  | | *Date* | | | | | |
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| 1. **My child continues to be eligible for special education but will be exited from secondary disability:** | | | | | | | | | | | | | |
| I agree that no further data is needed for my child’s eligibility to receive special education services. | | | | | | | | | | | | | |
| I am informed of the reasons that no further assessments are needed. | | | | | | | | | | | | | |
| I understand that the school system does not to complete further assessments unless I request them. | | | | | | | | | | | | | |
| I agree that my child should no longer be identified with his/her secondary disability. | | | | | | | | | | | | | |
| I received a written copy of my child’s *Reevaluation Summary Report and Eligibility Report.* | | | | | | | | | | | | | |
| I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to  request a Comprehensive Evaluation. | | | | | | | | | | | | | |
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| *Signature of Parent or Guardian* | | | | | |  | | *Date* | | | | | |
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| 1. **My child is no longer eligible for special education services:** | | | | | | | | | | | | | |
| I agree that no further data is needed. I understand my child is no longer eligible to receive special education services because his or her needs can be met in the general education curriculum without special education. | | | | | | | | | | | | | |
| I am informed of the reasons that no further assessments are needed. | | | | | | | | | | | | | |
| I understand that the school system does not to complete further assessments unless I request them. | | | | | | | | | | | | | |
| I received a written copy of my child’s *Reevaluation Summary Report and Eligibility Report*. | | | | | | | | | | | | | |
| I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to  request a Comprehensive Evaluation. | | | | | | | | | | | | | |
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| *Signature of Parent or Guardian* | | | | | |  | | *Date* | | | | | |
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