

SECTION V – IEP TEAM REEVALUATION DECISION (Complete at the IEP team meeting)

IEP REVIEW SUMMARY

The IEP Team should respond to each item below based on review of existing evaluation data, information provided by the parent(s), current classroom based assessments and observations. A response of **YES** indicates the team has adequate information and does not require additional individual standardized testing to determine the student's continued eligibility. A response of **NO** indicates the need for additional evaluation in order to adequately address the student's continued eligibility.

- Yes No 1. Does the team agree that this student continues to demonstrate the characteristics of a student with an educational disability?
- Yes No 2. Does the team agree that the student continues to need special education and/or related services?
- Yes No 3. Does the team have sufficient information about this student's educational strengths and weaknesses and current levels of functioning to plan future programming?
- Yes No 4. Does the team agree that the previous disability continues to be accurate?
- Yes No 5. Does the team agree that the present or proposed educational program and related services are appropriate to meet the student's stated annual goals?
- Yes No 6. Does the team agree that the student's present level of performance is consistent with results from previous evaluation(s)?
- Yes No 7. Does the team agree that the student's current IEP goals are appropriate, comprehensive, and consistent with assessment findings?

IEP TEAM DECISION

- The IEP Team has reviewed all available information and has determined that no additional information is needed. See *Eligibility Report* for determination of whether or not this student meets standards for a disability and/or is eligible for Special Education Services.

OR

- The IEP Team has reviewed all available information and has determined that additional information is needed in order to determine continued disability/eligibility and/or for program planning. (If for program planning, complete *Eligibility Report* and attach *Reevaluation Summary Report*. If for eligibility, complete the *Assessment Plan* and follow assessment procedures required for a Comprehensive Evaluation.)

ASSESSMENT PLAN

Area of Assessment	Person Responsible	Area of Assessment	Person Responsible	Area of Assessment	Person Responsible
<input type="checkbox"/> Vision/Hearing Assessments		<input type="checkbox"/> Social-Emotional Assessment		<input type="checkbox"/> Sensory/Medical	
<input type="checkbox"/> Self-Help/Adaptive Behavior		<input type="checkbox"/> Social/Developmental History		<input type="checkbox"/> Fine/Gross Motor	
<input type="checkbox"/> Academic Achievement		<input type="checkbox"/> Functional Behavioral Assessment		<input type="checkbox"/> Vocational Assessment	
<input type="checkbox"/> Intellectual Functioning		<input type="checkbox"/> Assistive Technology Assessment		<input type="checkbox"/> Speech/Language Skills	

IEP TEAM

People signing below have participated in this re-evaluation and agree with the results and the above decision.

Position	Signature	Date
Principal/Designee		
General Education Teacher		
Special Education Teacher		
Assessment Specialist		
Consultant/Coordinator		
Parent		
Other/		
Other/		

No Further Data Required

- I agree that no further data is needed to determine whether or not my child meets standards for a Special Education Disability and/or whether he/she is eligible for Special Education Services.
- I have been informed of the reasons that no further assessments are needed.
 - I understand that the school system does not need to complete further assessments unless I request them.
 - I have received a written copy of the *Reevaluation Summary Report*.
 - I have been informed of and received a copy of the *Rights of Children with Disabilities and Parent Responsibilities*, including the right to request a *Comprehensive Evaluation*.

Signature of Parent or Guardian

Date

OR

Need for Additional Assessment

- I agree with the IEP Team decision that additional assessments are needed.
- I give permission for the identified assessment to be completed.
- I have been informed of and received a copy of the *Rights of Children with Disabilities and Parent Responsibilities*.
- I have received a copy of *Prior Written Notice*.

Signature of Parent or Guardian

Date