Georgia Department of Education LOGO


Reevaluation Data Review

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

**School System: ­ Date:**

1. **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:**

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1. **ASSESSMENT DATA**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **School**  **Year** | **District** | **School** | **Days**  **Absent** | **Grade Level** | **Enrollment**  **Date** | **Withdrawal**  **Date** | **Withdrawal**  **Reason** |
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**Describe behavior needs or attach current BIP.**

**Services from IEP:**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Service** | **Frequency** | **Begin Date** | **End Date** | **Primary**  **Provider** | **Content Area** |
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**Instruction/Related Services Outside of General Education Classroom:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Service** | **Frequency** | **Begin Date** | **End Date** | **Primary**  **Provider** | **Content Area** |
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1. **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:

**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.

[\_] Adaptive/Functional Skills

[\_] Assistive Technology

[\_] Basic Reading Skills

[\_] Cognitive Processing Skills

[\_] Daily Living

[\_] Health Concerns

[\_] Hearing Concerns

[\_] Intellectual Functioning

[\_] Listening Comprehension

[\_] Math Calculation

[\_] Math Reasoning

[\_] Motor Skills

[\_] Oral Expression

[\_] Orthopedic Concerns

[\_] Physical

[\_] Psychological Processing

[\_] Reading Comprehension

[\_] Reading Fluency

[\_] Sensory Processing

[\_] Social/Emotional Concerns

[\_] Speech/Language or Communication

[\_] Spelling

[\_] Visual Concerns

[\_] Vocational

[\_] Written Expression

[\_] 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.

[\_] Adaptive/Functional Skills

[\_] Assistive Technology

[\_] Basic Reading Skills

[\_] Cognitive Processing Skills

[\_] Daily Living

[\_] Health Concerns

[\_] Hearing Concerns

[\_] Intellectual Functioning

[\_] Listening Comprehension

[\_] Math Calculation

[\_] Math Reasoning

[\_] Motor Skills

[\_] Oral Expression

[\_] Orthopedic Concerns

[\_] Physical

[\_] Psychological Processing

[\_] Reading Comprehension

[\_] Reading Fluency

[\_] Sensory Processing

[\_] Social/Emotional Concerns

[\_] Speech/Language or Communication

[\_] Spelling

[\_] Visual Concerns

[\_] Vocational

[\_] Written Expression

[\_] Other (add areas)

**REEVALUATION DATA REVIEW NOTES AND OUTCOMES**

**Meeting Notes:**

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**Meeting Attendees:**

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| --- | --- | --- |
| **Role** | **Name** | **Date** |
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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of providing forms to parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_