

TRIENNIAL REEVALUATION DETERMINATION

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|-------------------------|------------------------|
| STUDENT NAME: | BIRTHDATE: |
| SCHOOL: | DATE OF DETERMINATION: |
| DATE TRIENNIAL IEP DUE: | CASE MANAGER: |

Date of Parent/legal guardian contact: _____ Method of Contact Phone Conference IEP Meeting
 Other Meeting Written Correspondence

As part of determining the need for reassessment the District/LEA has completed **all** of the following steps: *(all must be checked)*

- Existing assessment data has been reviewed, including assessments provided by the parents.
- Current classroom-based assessments have been reviewed.
- Teacher and related services provider(s) observations have been reviewed.
- Parent/legal guardian input has been reviewed and considered.

Based upon a review of the information referenced above, the LEA, in collaboration with parent, has determined that additional assessment is needed:

yes no

If yes, it is recommended that assessment be completed in the following areas: *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> Health |
| <input type="checkbox"/> Cognitive Functioning | <input type="checkbox"/> Language/Speech Communication Development |
| <input type="checkbox"/> Motor Development | <input type="checkbox"/> Adaptive/Behavior |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Post-Secondary Transition |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Alternate Means of Assessment |
- (Describe alternate methods of assessing the student, if applicable)

If yes, additional assessment data is needed to determine: *(Check all that apply)*

- 1. Whether the student has a particular category of disability and/or continues to meet the eligibility criteria as a child with a disability.
- 2. The present level of performance of the student and the student's educational needs.
- 3. Whether the student continues to need special education and related services.
- 4. Whether any additions or modifications to special education and related services are needed to enable the student to meet the annual goals included in the student's IEP and to participate, as appropriate, in the general curriculum.

If no, reason(s) it was determined that further assessment data was not needed:

Yes No The parent(s) has/have exercised the right to request an assessment to determine whether their child continues to meet special education eligibility criteria and to determine his/her educational needs.

The signatures below are documentation that the LEA reviewed the data referenced above in making the determination of whether to conduct further assessment and involved the parent / legal guardian in the process.

Parent/Guardian/Surrogate/Adult Student signature

Date

Parent Signature

Date

District/LEA Representative Signature

Date