

**STATE SELPA IEP TEMPLATE  
TRIENNIAL REEVALUATION DETERMINATION**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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) the IEP team determined that no further assessment data was needed after reviewing legal requirements

\_\_\_\_\_  
\_\_\_\_\_

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  yes  no

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.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Parent  Guardian  Surrogate  Adult Student

District/LEA Representative Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_