Referral to Consider a Special Education Reevaluation
(All Eligibility Categories)

DATE:_____ EXCEPTIONALITY:_____
STUDENT:_____ ID #:_____ DATE OF BIRTH:_____
SCHOOL:_____ DATE REEVAL DUE:_____

The IEP/MDT team has reviewed the student data as outlined below and determined whether or not additional or updated data may be needed for continuing eligibility and/or appropriate educational planning.

I. DATA REVIEWED BY TEAM (Parent consent not required. Check all that apply and attach documentation if applicable):

□ Information from parents:	□ Observations:	□ Medical/outside provider records:
□ IEP goals, accommodations & services:	□ Classroom progress, grade reports, & work samples:	□ Instructional methodology, interventions & curriculum provided:
□ Progress monitoring (i.e., CBMs):	□ Fine/Gross motor:	□ Assistive technology data:
□ Achievement data:	□ Social/emotional/behavioral data:	□ Discipline records:
□ Psychological evaluation(s):	□ Adaptive behavior:	□ Behavior intervention plan:
□ Speech-language data:	□ Transition plan:	□ KELPA/language proficiency data:
□ Hearing/Vision screening data:	□ Attendance records:	□ Other data (specify):

II. RECOMMENDATIONS: Is additional data needed to determine:

- If the student continues to be a student with an exceptionality ( ) Yes ( ) No
- Whether the student continues to need special education and related services? ( ) Yes ( ) No
- The educational needs of the student ( ) Yes ( ) No
- Present levels of academic achievement & functional performance (e.g., transition & postsecondary planning)? ( ) Yes ( ) No
- Whether any additions or modifications to the special education and related services are needed to meet IEP goals and participate, as appropriate, in the general curriculum? ( ) Yes ( ) No

( ) No additional data is needed for continued eligibility based on review of above data. Additionally, the team examined the following factors and ensures that none of these were the determinant factor when determining continued eligibility for special education:

Lack of appropriate instruction in reading
Lack of appropriate instruction in math; or
Limited English proficiency

_____
_____

If "yes" to any of the above, the IEP/MDT recommends the following (check one):

( ) Complete reevaluation in order to determine continued and/or alternative eligibility.

Evaluation in the following area(s) is recommended: _____
_____

( ) Complete assessment in the following areas to gather information to aid instructional planning – <u>not for eligibility</u> purposes:
_____
_____

If team is conducting reevaluation using new data, check one:

( ) The team has considered the student's demographics, including native language/mode of communication, and will select and administer assessments to mitigate potential for racial or cultural bias in the evaluation process in the following manner:
_____
_____
_____

( ) The team has considered the student's demographics and also notes the student is a native English speaker. Because this student's racial/cultural background is the same as the majority of the population on which the selected cognitive and academic assessments were normed, the battery of tests selected to address the above areas should not result in a biased evaluation.

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III. ELIGIBILITY DETERMINATION NEXT STEPS:

Check one:

____ Team agrees student continues to be child with exceptionality, and no additional information is needed. LEA representative will complete waiver agreement form and required paperwork with parent or legal educational decision maker (LEDM).

____ Team agrees that based on review of existing data, no new data will be needed to conduct reevaluation. Team will request consent for reevaluation, will complete all required evaluation paperwork and address any revisions needed to IEP.

_____ Eligibility decision will be made after additional information/data is obtained. Team will request consent for reevaluation and will complete all required evaluation paperwork.

IV. PARENTAL/LEDM RESPONSE & OTHER ACTIONS:

_____ Yes, I agree with the recommendation
_____ No, I do not agree with the recommendation

_____ Consent for Evaluation form will be completed with parent, if completing reevaluation
_____ Parent (s) given a copy of Procedural Safeguards in Native Language

V. TEAM PARTICIPANTS:

Name	Position or Title