

REEVALUATION/CONTINUATION OF ELIGIBILITY

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING: _____ SITE CODE: _____ IEP TEACHER OF RECORD: _____

Current Reevaluation Date: _____ Three Year Reevaluation Date: _____

COMPLETE THIS FORM ONLY FOR REEVALUATION WITH NO ADDITIONAL DATA NEEDED.

Continuation of Eligibility [The following is based on the Review of Existing Data (OSDE Form 3)]:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The current identification of _____ (disability category) continues to be appropriate and sufficient information exists on which to base educational decisions. (Must be checked "Yes.")
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student continues to demonstrate an educational need that requires specially designed instruction. (Must be checked "Yes.")
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any <u>additions or modifications</u> to special education and related services needed to meet the measurable annual goals in the IEP and to participate, as appropriate, in the general curriculum (or age appropriate activities for preschool children)? If yes, describe: _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any significant <u>changes</u> in the special education and related services which are needed by the child, as a result of reviewing existing data for reevaluation? If yes, explain the anticipated changes from previous services: _____ _____ _____ *If responses are yes, the group should consider if a reevaluation is appropriate.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have parent(s) requested additional data to determine whether the child continues to be a child with a disability? *Parent(s) have the right to request an assessment IF the purpose of conducting the assessment is to determine continued eligibility and to determine the educational needs of the child. If the parent requests additional assessments for any other reason (e.g., additional disability identification, updated test results, etc.) the LEA would consider the request for reevaluation and provide appropriate Written Notice. Parent(s) must be notified of their right to further assessment, the decision, and the reason for the decision.

MEMBER (PRINT NAME)	SIGNATURE	DATE	Report Reflects Member's Conclusion*	
Parent			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Student			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Special Education Teacher			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
General Education Teacher			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
LEA Representative			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Other:			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Other:			<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

*Group members who disagree must submit separate statement(s) presenting their conclusions. (Complete the Comment Form as necessary.)