



Re-Evaluation Planning Form

Student Name: _____ **DOB:** _____ **Grade:** _____ **School:** _____

Reevaluation Due: _____ **Disability Code:** _____ **Casemanager:** _____

Reevaluation of a child with a disability must occur at least every three years. The IEP Team must review existing evaluation on a child to determine if additional data is needed to determine continued eligibility. If the Team determines that no further assessment is needed, the child's parent may still request further evaluation. (OAR 581-015-2115)

Reason for re-evaluation planning (3 year or other): _____

1. Student Strengths:

2. Review of Existing Data

- Standardized Assessments

Area	Date	Instrument	Results
Cognitive			
Achievement			
Speech/Language			
Social/Behavioral			
Other			

- State Assessments

Date	Reading	Math	Writing	ELPA

- Progress Monitoring (3 points of repeated assessment data, no more than 1x/week and no less than 1x/month in at least one subject area)

Subject: _____ Measure: _____	Subject: _____ Measure: _____
Date: _____ Score: _____	Date: _____ Score: _____
Date: _____ Score: _____	Date: _____ Score: _____
Date: _____ Score: _____	Date: _____ Score: _____

- Classroom Observations/Input



• Parental Input

• Medical Statement, if applicable

Date: _____ Medical Professional: _____

Relevant Findings/Diagnosis: _____

• Other

2. Discussion of Implications

- Is additional information needed to determine whether the student continues to qualify as having a particular category of disability?

Yes No

- Is there reason to consider other categories of disability? If so, is additional information needed?

Yes No

- Is additional assessment necessary for educational planning or instructional purposes?

Yes No

3. Team Decision

- Based on a review of existing information, no additional evaluation data are needed to determine if your child is or continues to be eligible for special education services or to determine educational needs.

**Team may immediately proceed to eligibility process*

- Team agrees that further information is needed, and additional testing will be completed.

**Prior Notice of Consent/Consent for Evaluation form should follow.*

Printed Name	Signatures	Role	Date
		Parent	
		General Education Teacher	
		Individual Interpreting Evaluations	
		District Representative	
		Special Education Teacher	

Parents of a child with a disability have protection under the Procedural Safeguards. For a copy of the Procedural Safeguards or for assistance in understanding this information, you may contact:

Name: _____ Title: _____ Phone: _____