

# COMPLIANCE VERIFICATION FORM

Use this form to document the **Reevaluation Process**

**System** \_\_\_\_\_ **Date of Review** \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Reviewer** \_\_\_\_\_

**Disability** \_\_\_\_\_ **Race** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**DATE OF LAST ELIGIBILITY DECISION** \_\_\_\_\_

## REEVALUATION PROCESS

DATE	REVIEW REQUIREMENTS	YES	NO	N/A	COMMENTS
	A. <i>Notice and Invitation to a Meeting/Consent for Agency Participation</i> Date Notice Sent: _____ Purpose of meeting indicated: _____ Required participants invited: _____ Results of 1 <sup>st</sup> attempt: _____ 2 <sup>nd</sup> Attempt (date) _____ Action and Results: _____				
	B. If appropriate, Date <i>Initial or Reevaluation Written Agreement between the Parent and the Public Agency</i> was sent/provided				
	C. <i>Notice of IEP Team's Decision Regarding Reevaluation</i>				
	D. Required IEP Team Membership for Reevaluation Meeting				
	E. Date signed <i>Notice and Consent for Reevaluation</i> received or two documented attempts: Results of 1 <sup>st</sup> attempt: _____ 2 <sup>nd</sup> Attempt (date) _____ (if appropriate) Action and Results: _____				

## COMPLETE A DISABILITY AREA CHECKLIST FOR THE DISABILITY AREA(S) THE STUDENT HAS BEEN DETERMINED ELIGIBLE FOR CONTINUED ELIGIBILITY FOR SPECIAL EDUCATION SERVICES

DATE	REEVALUATION REVIEW REQUIREMENTS	YES	NO	N/A	COMMENTS
	A. <i>Notice and Invitation to a Meeting/Consent for Agency Participation</i> Date Notice Sent: _____ Purpose of meeting indicated: _____ Required participants invited: _____ Results of 1 <sup>st</sup> attempt: _____ 2 <sup>nd</sup> Attempt (date) _____ Action and Results: _____				
	B. Copy of Eligibility Report to Parent				
	C. Documentation that Lack of Appropriate Instruction in Math or Reading including the essential components of reading or the student's Limited English Proficiency is not the determining factor in the decision. Box Checked Y ___ N ___ Information documented on eligibility report Y ___ N ___				
	D. Documentation the student meets the AAC criteria for the suspected area of disability Y ___ N ___				
	E. Documentation the disability has an adverse effect on educational performance Y ___ N ___				
	F. Documentation the student needs specially designed instruction in order to access and participate in the general education curriculum Y ___ N ___				
	G. Date/Signatures of Required IEP Team or Eligibility Committee IEP Team ___ Eligibility Committee ___				
	H. Eligibility Decision Checked				
	I. Area of Disability Indicated				
	J. Three-Year Reevaluation Timeline Met: Y ___ N ___				
	K. Date <i>Notice of Proposal or Refusal to Take Action</i> was sent/provided. (if necessary)				

## COMMENTS