

NOTICE OF IEP TEAM'S DECISION REGARDING REEVALUATION

STUDENT'S NAME: _____

IEP TEAM REEVALUATION DECISION

- ADDITIONAL DATA** are needed.
 - To appropriately determine eligibility status.
 - To determine if changes need to be made to the IEP.

- NO ADDITIONAL DATA** are needed.
 - Existing data is sufficient for the IEP Team to determine eligibility status. (Requires the completion of a new *Notice and Eligibility Decision Regarding Special Education Services* form.)
 - The current IEP meets the student's needs at this time.
 - The current IEP needs to be revised

BASIS FOR DECISION

EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS USED TO MAKE DECISION

- | | | | |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Observation | <input type="checkbox"/> Interview | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language | <input type="checkbox"/> Work Samples | <input type="checkbox"/> State Assessments |
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Motor | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Grades | <input type="checkbox"/> Attendance Reports | <input type="checkbox"/> Other _____ |

DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE IEP MEETING

POSITION	IEP TEAM MEMBERS' SIGNATURE	DATE
Parent	_____	_____
Parent	_____	_____
General Education Teacher	_____	_____
Special Education Teacher	_____	_____
LEA Representative	_____	_____
Someone Who Can Interpret The Instructional Implications Of The Evaluation Results	_____	_____
Student	_____	_____
Career/Technical Education Representative	_____	_____
Other Agency Representative	_____	_____

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

POSITION	NAME	DATE
_____	_____	_____
_____	_____	_____

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

_____ at _____
 (Name) (Telephone)

Date Provided/Sent: _____