

RE-EVALUATION REPORT

System IBERVILLE PARISH
 School _____
 Grade _____
 Parent(s) _____
 Phone _____

Student's Name _____
 Date of Birth _____
 ID Number _____
 Address _____

RE-EVALUATION PARTICIPANTS (Sign and indicate position.)

<p>I. REASON FOR RE-EVALUATION:</p> <p>_____ Triennial</p> <p>_____ Results of Manifestation Determination Review</p> <p>_____ Significant Change of Placement</p> <p>_____ Declassification</p> <p>_____ Other (e.g., new concerns, court order, etc.)</p>	<p>II. DOCUMENTATION:</p> <p>Re-evaluation Notification Date _____</p> <p>Re-evaluation IEP Meeting Date(s) _____</p> <p>Extension of Timelines – Reason _____</p> <p>Number of Days _____</p> <p>Dissemination Date _____</p>
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III. REVIEW OF INFORMATION RELATIVE TO: (Check if applicable)
 All appropriate documentation must be maintained by Pupil Appraisal.

	Date of Most Current Information
___ Previous Evaluation Reports	_____
___ Classroom-Based Assessment	_____
___ Functional Behavioral Assessment	_____
___ Progress Reports/Information from Related Personnel: (List) _____	_____
___ Observation by Evaluation Coordinator	_____
___ PA Handbook Re-eval. Procedures for Existing Exceptionality(ies)	_____
___ Vision/Hearing Screening	_____
___ Progress Toward Meeting IEP Goals, Benchmarks/Objectives	_____
___ Standardized Test	_____
___ Performance in the General Curriculum	_____
___ Discipline Records	_____
___ Manifestation Determinations	_____
___ Behavior Intervention Plans	_____
___ Transition/Vocational Data	_____
___ Medical Information	_____
___ Information Provided by Parent(s)	_____
___ Other (Specify): _____	_____
_____	_____

RE-EVALUATION REPORT

Student's Name _____

IV. RESULTS OF RE-EVALUATION:

- A. Is there sufficient data to determine that the child/student continue to have the existing exceptionality?
____ Yes ____ No

- B. Is there sufficient data to determine the child/student's present levels of performance and educational need
____ Yes ____ No

- C. Is there sufficient data to determine whether the child/student continues to need special education and related services?
____ Yes ____ No

- D. Is there sufficient data to determine whether any additions or modifications to the special education and related Services are needed to enable the child/student to meet the measurable annual goals set out in the individualized Education Program (IEP) of the child/student and to participate, as appropriate, in the general curriculum?
____ Yes ____ No

NOTE: If all of the answers above are **Yes**, proceed to Section F. *If any of the answers above are **No**, proceed to Section E and indicate what additional data are needed to complete the re-evaluation.

- E. Follow-Up Needed, if any:
 - 1. ____ Additional Data Needed/Provided: (Specify) _____

 - 2. ____ Reconvene the **IEP** Team after additional data collected. **This meeting must be scheduled so as not exceed the due date for this re-evaluation.**
DATE to Reconvene: _____
 - 3. ____ Other: (Specify) _____

F. Diagnosed Impairment or Condition(s): _____

Exceptionality(ies): _____

Additional Services Needed: _____

* The parents must be notified of this determination and the reasons for it; and of the right to request an assessment to determine whether, for the purpose of services, their child continues to be a student with a disability.

We have reviewed the information and agree with the findings in this report.

<u>Name/Signature</u>	<u>Position</u>	<u>Date</u>
_____	Evaluation Coordinator	_____
_____	Teacher	_____
_____	Parent	_____
_____	Official Designee of School System	_____
_____	_____	_____
_____	_____	_____

***NOTE:** The current **IEP** will remain in effect until the re-evaluation process is complete.