

REEVALUATION DETERMINATION PLAN

_____ County Schools

Student's Full Name _____	Date _____
School _____	Date of Birth _____
Parent(s)/Guardian(s) _____	Grade _____
Address _____	WVEIS# _____
City/State/Zip _____	Telephone _____

Triennial Reevaluation Due Date _____

Names of Most Recent Evaluation & Dates Administered	Description of Student's Current Performance	Evaluate/Reevaluate Y/N
Academic Information Achievement _____ _____ Classroom Performance _____ _____ Teacher Report _____ _____		_____ Achievement _____ Classroom Performance _____ Teacher Report
Adaptive Skills		
Assistive Technology		
Behavioral Performance Functional Behavioral Assessment _____ _____		_____ Functional Behavioral Assessment _____ Other _____
Communication		
Developmental Skills (Ages 3-5)		
Health		
Hearing		_____ Audiological _____ Functional Listening Evaluation
Information from Parents		

CONTINUE

Names of Most Recent Evaluation & Dates Administered	Description of Student's Current Performance	Evaluate/Reevaluate Y/N
Intellectual Ability		
Motor Skills Physical Therapy _____ _____ Occupational Therapy _____ _____ _____		_____ Physical Therapy _____ Occupational Therapy _____ Other
Observation(s)		
Perceptual-Motor		
Social Skills		
Transition Assessments Functional Vocational Evaluation _____ Vocational Aptitudes _____ Interests/Preferences _____ _____		_____ Functional Vocational Evaluation _____ Vocational Aptitudes _____ Interests/Preferences
Vision Orientation & Mobility _____ Vision Evaluation _____ _____		_____ Orientation & Mobility _____ Vision Evaluation _____ Other
Other (specify)		
NOTE: If no additional data is needed as indicated in the current status column, the parent has the right to request an assessment(s) to determine whether the student continues to be a student with an exceptionality.		

Multidisciplinary Evaluation Team Members

- | | |
|-------|---|
| _____ | Administrator/Principal/Designee |
| _____ | Evaluator/Specialist |
| _____ | General Educator |
| _____ | Special Educator |
| _____ | Parent/Adult Student |
| _____ | Student |
| _____ | Other _____ |