

REEVALUATION DETERMINATION PLAN

O qti cp'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** _____