

LONG COUNTY SCHOOL SYSTEM
Special Education Department
Reevaluation/Eligibility Redetermination

Name: _____ D.O.B.: _____ School: _____ Grade: _____
Exceptionality(ies): _____
Related Services: _____
Date Eligibility Due: _____ **Date of Redetermination Meeting:** _____

The IEP Committee has reviewed the student data as outlined below and determined if additional or updated data may be needed for continuing Special Education eligibility.

I. Data Reviewed (Check all that apply and attach documentation if applicable)

- | | |
|---|---|
| <input type="checkbox"/> Information from Parents | <input type="checkbox"/> Functional Skills Assessment Data |
| <input type="checkbox"/> IEP Goals and Objectives | <input type="checkbox"/> Communication/Speech-Language Data |
| <input type="checkbox"/> IEP Transition Plan | <input type="checkbox"/> Assistive Technology Data |
| <input type="checkbox"/> IEP Behavior Intervention Plan | <input type="checkbox"/> OT/PT Data |
| <input type="checkbox"/> Psychological Evaluation(s) | <input type="checkbox"/> Behavior Rating Scales |
| <input type="checkbox"/> Eligibility Report(s) | <input type="checkbox"/> Functional Behavior Assessment |
| <input type="checkbox"/> Progress and Grade Reports | <input type="checkbox"/> Adaptive Behavior Rating Scales |
| <input type="checkbox"/> Teacher-Made Assessments | <input type="checkbox"/> Present Age, Grade, and Placement |
| <input type="checkbox"/> Anecdotal Records | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Classroom Observation | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Standardized Achievement Test Data | <input type="checkbox"/> Hearing/Vision Screening Results |
| <input type="checkbox"/> Curriculum-Based Assessments | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Portfolio/Student Work Samples | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Developmental Assessment Data | <input type="checkbox"/> Other (specify): _____ |

II. Recommendations

Is additional data needed to determine:

- Present levels of performance and educational needs of the student? ___ Yes ___ No
- Whether the student continues to need special education and related services? ___ Yes ___ No
- Whether any additions or modifications to the special education and related services are needed to meet IEP goals and participate, as appropriate, in the general curriculum? ___ Yes ___ No

If “Yes” to any of the above, the IEP team recommends the following (check one):

Refer for reevaluation in order to determine continued eligibility. Reevaluation in the following areas is recommended: _____

Refer for reevaluation to consider new/additional eligibility. Reevaluation in the following areas is recommended: _____

Refer for evaluation in the following areas to gather information to aid in instructional planning (**not** for eligibility purposes): _____

If “No” to all of the above, the IEP team concludes that:

No additional data is needed to determine continued eligibility.

III. Eligibility Determination (check one)

- Student continues to meet eligibility requirements for special education.
 Eligibility determination will be made after additional information is obtained.
 Student does not meet eligibility requirements for special education.

IV. Parental Consent

- Yes, I agree with the Recommendation and Eligibility Determination.
 No, I do not agree with the Recommendation and Eligibility Determination for the following reasons:

Signature of Parent/Guardian/Surrogate

Date