

**JEFFERSON COUNTY EDUCATION SERVICE DISTRICT
REEVALUATION PLAN**

Student Name:		Date of Birth:	
Grade:		School:	
Present Disability(ies):		Date of Reevaluation Plan:	
Previous Eligibility Date:			

DATA SOURCES (denoted by "x")

REQUIRED

Cumulative Record	yes
Observations by teachers and related service providers	yes
Current classroom based assessments	yes
Prior evaluations of the child	yes
Individual Education Program (IEP) / Individual Family Service Plan (IFSP)	yes
Discipline records	no
Other (specify)	no

Educationally relevant information provided by the students parent(s)	must attempt to obtain input
<i>Attempts to obtain parental input are required. Parent(s) may choose not to provide input or parent(s) may be deemed unavailable after at least 3 unsuccessful attempts to contact them by school personnel.</i>	
<i>Input was obtained by (circle):</i> a) Phone b) Parent Input form c) Scheduled teacher conferences d) Recent IEP meetings e) Other (specify)	<i>Documented Attempts at Obtaining Parent Input (date/method/results)</i> 1. 2. 3.

After reviewing existing evaluation data, information provided by the parent(s), current classroom based assessments and observations: (Mark the appropriate box-"x")

1. Does the current eligibility seem appropriate?

Comments

Yes		
No		
Insufficient data		

2. Are the current IEP goals appropriate and comprehensive?

Comments

Yes		
No		
Insufficient data		

3. Is the student making expected progress towards meeting the goals of the IEP as well as the goals of the general curriculum?

Comments

Yes		
No		
Insufficient data		

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4. Does the team have adequate information to plan an appropriate program (IEP) for the student?

Comments

Yes		
No		
Insufficient data		

5. Does the prior psycho-educational data seem valid?

Comments

Yes		
No		
N/A		

6. Does the most recent evaluation address any presenting behavioral issues?

Comments

Yes		
No		
No significant issues present		

7. Should another disability be considered?

Comments

Yes		If yes: what other disability (ies) should be considered?
No		

Mark "Yes" to Statement #1. or #2.

#1. The team has reviewed all the areas addressed in the previous evaluation(s) and has determined that the students current eligibility status seems appropriate. No additional evaluation is recommended.

Yes	
No	

#2 The team has reviewed all the areas addressed in the previous evaluation(s) and recommends that the following areas of performance need updated information (mark all that apply).

Yes	
No	

Person(s) who will be responsible for data collection upon implementation

("X" below)

	Intellectual/cognitive ability	
	Achievement	
	Social/emotional/behavioral	
	Developmental/Social data	
	Speech/Language data	
	Adaptive behavior	
	Observational data	
	Vision / Hearing	

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	Medical data	
	Other: (specify)	

The following individuals were involved in the development of this Reevaluation Plan for this student and indicate their agreement or disagreement with the recommendations:

Name:	Position	Date		Agree	Disagree