

**REEVALUATION REPORT**  
Student's Name:

**REEVALUATION REPORT (RR)**

**School Age**

Student Name: \_\_\_\_\_  
Date of Report (mm/dd/yy): \_\_\_\_\_ Date Report Provided to Parent/Guardian/Surrogate: \_\_\_\_\_  
Student Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Local Education Agency (LEA): \_\_\_\_\_  
School Student is Attending: \_\_\_\_\_  
Current Educational Program: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
Name and Address of Parent/Guardian/Surrogate: \_\_\_\_\_ Phone (Work): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information: \_\_\_\_\_

Date IEP Team Reviewed Existing Evaluation Data: \_\_\_\_\_

The IEP team must decide if it has enough data to determine: the student's educational needs; the present levels of academic achievement and related developmental needs of the student; whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals in the IEP and to participate as appropriate in the general education curriculum; and whether the student continues to need special education and related services.

**I. SUMMARIZE INFORMATION REVIEWED**

Complete items 1-7 for all students.

1. Physical condition, social, or cultural background, and adaptive behavior relevant to the student's disability and need for special education:

2. Evaluations and information provided by the parent (or documentation of LEA's attempts to obtain parental input):

3. Aptitude and achievement tests:

4. Current classroom based assessments and local and/or state assessments:

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5. Observations by teacher(s) and related services provider(s), when appropriate:

6. Teacher recommendations:

7. Determining factors: A student must not be found to be eligible for special education and related services if the determining factor for the student's suspected disability is any of those listed below. Respond Yes or No to, and provide evidence for, each determining factor below.

Yes  No

Lack of appropriate instruction in reading, including the essential components of reading instruction. Provide evidence:

Yes  No

Lack of appropriate instruction in math. Provide evidence:

Yes  No

Limited English proficiency. Provide evidence:

**II. DETERMINATION OF NEED FOR ADDITIONAL DATA, SUMMARY AND CONCLUSIONS**

Based on all evaluation data reviewed, complete item 1 or item 2.

1.  The IEP team determined that additional data are not needed.  
Reason(s) additional data are not needed:

Conclusion: Complete section A or B or C.

A.  The student has a disability AND continues to need specially designed instruction.

i. Disability Category

Primary disability category: \_\_\_\_\_

Secondary disability category(s), if any: \_\_\_\_\_

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ii. Summary of Findings

Student's educational strengths and needs:

Present levels of academic achievement and related developmental needs, including transition needs as appropriate:

Recommendations for consideration by the IEP team regarding any additions or modifications to the special education and related services needed to enable the student to meet the measurable annual goals in the IEP and to participate as appropriate in the general education curriculum (including special considerations the IEP team must consider before developing the IEP, measurable annual goals, specially designed instruction, and supplementary aids and services):

OR

- B.  The student does not have a disability and no longer is eligible for special education. (The parent may request an assessment to determine whether the student continues to be a student with a disability.)

OR

- C.  The student has a disability but no longer needs specially designed instruction, and no longer is eligible for special education. (The parent/guardian/surrogate may request an assessment to determine whether the student continues to be a student with a disability.)

2.  The IEP team determined that there is a need for additional data.

The LEA must issue the *Permission to Reevaluate - Consent Form* and administer tests and other evaluation materials as may be needed to produce the data below.

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**NOTE: IF REEVALUATING THE STUDENT TO DETERMINE SPECIFIC LEARNING DISABILITY, COMPLETE THE *DETERMINATION OF SPECIFIC LEARNING DISABILITY* COMPONENT AT THE END OF THIS DOCUMENT BEFORE COMPLETING THE SECTION BELOW.**

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Interpretation of additional data:

Conclusion: Complete section A or B or C.

- A.  The student has a disability AND continues to need specially designed instruction.

i. Disability Category

Primary disability category: \_\_\_\_\_

Secondary disability category(s), if any: \_\_\_\_\_

**REEVALUATION REPORT**

Student's Name:

ii. Summary of Findings

Student's educational strengths and needs:

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Present levels of academic achievement and related developmental needs, including transition needs as appropriate:

--

Recommendations for consideration by the IEP team regarding any additions or modifications to the special education and related services needed to enable the student to meet the measurable annual goals in the IEP and to participate as appropriate in the general education curriculum (including special considerations the IEP team must consider before developing the IEP, measurable annual goals, specially designed instruction, and supplementary aids and services):

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OR

B.  The student does not have a disability and therefore no longer is eligible for special education.

OR

C.  The student has a disability but no longer needs specially designed instruction, and no longer is eligible for special education.

Upon completion of the reevaluation, the Local Education Agency will complete and issue the report to the members of the evaluation team.

Evaluation Team Participation		Agreement and Disagreement required ONLY when evaluating students for specific learning disability.	
		Agree	Disagree**
Evaluation Team Participants*	Title	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

\* A certified school psychologist is required for evaluation of the following disability categories: Autism, Emotional Disturbance, Mental Retardation, Multiple Disabilities, Other Health Impairments, Specific Learning Disability or Traumatic Brain Injury. A certified school psychologist is not required for Deaf-blindness, Deaf and Hard of Hearing, Speech/Language Impairment, Visual Impairment and Orthopedic Impairment.

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\*\* For specific learning disability only, if a team member disagrees with the team's conclusion related to the identification of the student as having a specific learning disability, the member must submit a separate statement presenting the member's dissent to the LEA. This information must be attached to the *Reevaluation Report*. Please submit this statement to:

\_\_\_\_\_  
LEA Representative Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

A copy of the *Procedural Safeguards Notice* is available upon request from your child's school. This document explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

For help in understanding this form, an annotated *Reevaluation Report* is available on the PaTTAN website at [www.pattan.net](http://www.pattan.net). Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.

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DETERMINATION OF SPECIFIC LEARNING DISABILITY

**NOTE:** This component must be completed when reevaluating students for Specific Learning Disability. The information must be attached to and/or incorporated into Section II Item 2 of the completed *Reevaluation Report*.

Provide documentation for items 1-10.

1. The student does not achieve adequately for the student's age or does not meet State-approved grade-level standards in one or more of the following areas when provided with learning experiences and scientifically based instruction appropriate for the student's age or State-approved grade level standards and level of English language proficiency: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, and mathematics problem-solving.

2. Check below to identify the process(es) used to determine eligibility.

Response to Scientific Research-Based Intervention (RtI). Document the criteria below.

The student does not make sufficient progress to meet age or State-approved grade-level standards in one or more of these areas: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, and mathematics problem-solving:

Severe Discrepancy between Intellectual Ability and Achievement. Document the criteria below.

The student exhibits a pattern of strengths and weaknesses in performance, achievement or both relative to age, standards or intellectual development:

3. The instructional strategies used and the student-centered data collected:

4. The educationally relevant medical findings, if any:

5. The effects of the student's environment, culture, or economic background:

6. Data demonstrating that prior to referral or as part of the referral process for an evaluation for specific learning disability, the student's regular education instruction was delivered by qualified personnel, including the English as a Second Language (ESL) program, if applicable:

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7. Data based documentation of repeated assessments of achievement at reasonable intervals, reflecting progress during instruction, which was provided to the parents:

8. An observation in the student's learning environment (including the regular classroom setting) to document the student's academic performance and behavior in the areas of difficulty. Note the relationship of that behavior to the student's academic functioning:

9. Other data, if needed, as determined by the evaluation team:

10. Include a statement for each item below to support the conclusions of the evaluation team that the findings are not primarily a result of

Visual, hearing, motor disability:

Mental retardation:

Emotional disturbance:

Cultural factors:

Environmental or economic disadvantage:

Limited English proficiency:

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Upon completion of the SLD Component, attach and/or incorporate this information into Section II Item 2 of the completed *Reevaluation Report*.