

FORMAL REEVALUATION CHECKLIST
(Additional Data Needed)

Student's Name: _____

REEVAL DUE DATE: _____

Area of Exceptionality: _____

1. ☐ Send **Notice and Invitation to a Meeting/Consent for Agency Participation** to parents (Obtain Parent Signature **or** 2 Documented WRITTEN Attempts) **Note: Best practice is to mail WRITTEN Notice twice, unless parent returns the signed Notice.**
2. Obtain/Complete the following components:
 - ☐ **PRINT Demographics** from "Student Demographics" section under "Profile" tab in SP
 - ☐ (Prong 1) - **Documentation of Appropriate Instruction** checklist
 - ☐ **ECEC Checklist** (found in drop-down box – next to "Create New Document")
 - ☐ Teacher Input Form
 - ☐ Parent Input Form
 - ☐ Grades
 - ☐ Copy of most recent eligibility report
 - If applicable to student:**
 - ☐ (Prong 2) - **Data-Based Documentation** (*ONLY need IF considering SLD)
 - ☐ Current Work Samples in area(s) of concern – (Need if considering SLD)
 - ☐ Attendance and Discipline reports
 - ☐ Copies of relevant evaluations (state assessments, outside agency reports, etc.)
 - ☐ Medical Information/School Healthcare Plan
 - ☐ Evaluations and Accommodations for EL students / Input from ESL teacher
3. ☐ Complete **Notice of IEP Team's Decision Regarding Reevaluation**
4. ☐ Complete **Notice and Consent for Reevaluation** (Parent Signature **or** 2 Documented WRITTEN Attempts) **Note: Best practice is to mail Consent twice, unless parent returns the signed Consent.**
****If parent does not respond after two attempts, create an "Event" in SP to document attempts and PROCEED with gathering components.**
5. Gather remaining components:
 - ☐ **Cleared** Vision and Hearing (*Nurse must document Functional V/H on state form)
 - ☐ Behavior Rating Scales
 - ☐ **One BASC-3** (Note: Three required if considering ED)
 - ☐ **One Vineland-3 DOMAIN** adaptive scale (if considering SLD)
 - ☐ **If current area of disability is OHI-ADHD**, contact your Psychometrist and request Conners 3 attention scales
 - ☐ One Structured Observation in area of suspected disability
(Observation form found in drop-down box – next to "Create New Document")
 - ☐ An **Unstructured Observation** must be completed **only if** considering **ED** or **Autism**
 - If applicable, also obtain:**
 - ☐ Speech and/or Language Evaluation (include all corresponding components)
***If Speech/Language testing is requested – Inform your school SLP after cleared V/H.**
 - ☐ Autism rating scale (ex. ASRS)
 - ☐ Medical Consent Form – Date faxed: _____

*****Send all the above to Psychometrist – within 2 weeks of receiving signed Consent*****

CASE MANAGER: _____

DATE SENT TO PSYCHOMETRIST: _____