

# REEVALUATION DETERMINATION PLAN

\_\_\_\_\_  
Local Educational Agency (LEA)

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
<b>Academic Information</b> Achievement _____ _____ Classroom Performance _____ _____ Teacher Report _____ _____		_____ Achievement _____ Classroom Performance _____ Teacher Report
<b>Adaptive Skills</b>		
<b>Assistive Technology</b>		
<b>Behavioral Performance</b> Functional Behavioral Assessment _____ _____		_____ Functional Behavioral Assessment _____ Other _____
<b>Communication</b>		
<b>Developmental Skills*</b>		
<b>Health</b>		
<b>Hearing - Functional Listening Evaluation</b>		_____ Audiological _____ Functional Listening Evaluation
<b>Information from Parents</b>		

\*Developmental Delay Eligibility: Ages 3 through 6 effective July 1, 2023; Ages 3 through 7 effective July 1, 2024.

**CONTINUE**

Names of Most Recent Evaluation & Dates Administered	Description of Student's Current Performance	Evaluate/Reevaluate Y/N
<b>Intellectual Ability</b>		
<b>Motor Skills</b> Physical Therapy _____ _____ Occupational Therapy _____ _____ _____		_____ Physical Therapy _____ Occupational Therapy _____ Other
<b>Observation(s)</b>		
<b>Perceptual-Motor</b>		
<b>Social Skills</b>		
<b>Secondary Transition Assessments</b> Functional Vocational Evaluation _____ Vocational Aptitudes _____ Interests/Preferences _____ _____		_____ Functional Vocational Evaluation _____ Vocational Aptitudes _____ Interests/Preferences
<b>Vision</b> Orientation & Mobility _____ Vision Evaluation _____ _____		_____ Orientation & Mobility _____ Vision Evaluation _____ Other
<b>Other (specify)</b>		
<b>NOTE:</b> 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** \_\_\_\_\_