

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

*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
Intellectual Ability		
Motor Skills Physical Therapy _____ _____ Occupational Therapy _____ _____		_____ Physical Therapy _____ Occupational Therapy _____ Other
Observation(s)		
Perceptual-Motor		
Social Skills		
Secondary Transition Assessments Functional Vocational Evaluation _____ Vocational Aptitudes _____ Interests/Preferences _____		_____ Functional Vocational Evaluation _____ Vocational Aptitudes _____ Interests/Preferences
Vision Orientation & Mobility _____ Vision Evaluation _____		_____ Orientation & Mobility _____ Vision Evaluation _____ Other
Other (specify)		
NOTE: 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** _____