SCHOOL DISTRICT _____

REEVALUATION SUMMARY REPORT/ELIGIBILITY DETERMINATION

Name:	**School:**
Date of Meeting:	**DOB:** **Race/Sex:**

The IEP Committee met to review the information/data including evaluation data, information and evaluations provided by the parents, current curriculum/classroom based assessment, observations by teacher(s) and if appropriate, related service provider's observations and information contained in the current IEP.

Based on the review of information/data, the IEP Committee determined:

	The attached IEP reflects the student's Present Level of Performance and educational needs in all areas associated with the student's disability. The data indicates the continued need for special education and related services as outlined on the attached IEP and continues to support the disability of _____. (The parent is notified of the determination and the reasons for it and of their right to request an assessment to determine whether the student continues to be a student with a disability.)
	Parent(s) requests an assessment to determine whether the student continues to be a student with a disability. (Written permission to evaluate must be obtained.)
	Additional data are needed (specify data to be gathered):
	The additional data/information gathered supports a change in the eligibility category. The data supports the disability of _____ and the need for special education and related services. (All additional data gathered must be available for review.)
	The student is no longer a student with a disability and is not in need of special education and related services. (Ensure supporting data is attached.)
	Review/Revision of the IEP was needed: ____ The revisions were made at the IEP meeting. ____ The revisions will take place at a mutually agreed upon meeting.

Committee Members Present	Position	Agree	Disagree