## The Howard County Public School System Department of Special Education 10910 Route 108 Ellicott City, MD 21042

## **Reevaluation Report**

	4	Reevaluation Repo					
Student Name:			Date of Birth:				
Grade:	Age:	Years, Months	Date of Meeting:				
School:	Current Disability:		Current Disability Code:				
if conditions warr child with a disat	ant reevaluation), if the ility. <b>A reevaluation</b>	he child's parent or teacher requests a re	nent at least once every three years (or more frequently eevaluation, or before determining a child is no longer a <b>ability should be a thoughtful, meaningful,</b> ompleted by the IEP team.				
		olves a multi-disciplinary team that deter uestions. Reevaluation serves several p	mines the diagnostic questions and the types of urposes:				
1. Verification of	a disability and eligit	bility for special education services					
Does the c	hild continue to exhib	bit an educational disability?					
	Does the identified disability or condition/impairment adversely impact educational performance as determined through educational assessment and other measures of educational performance?						
Does the c	hild require special e	ducation due to the disability or conditior	n/impairment?				
2. Appropriatene	ess of the current IEP	,					
Are the stu	dent's IEP and speci	al education program effective?					
Has the st	udent made expected	progress?					
		tion are needed to help the student attain e following, as appropriate:	n the IEP goals and participate, as appropriate, in				
• In	urriculum structional strategies ehavioral interventior						
I. Summary of C	urrent Data:						
Describe present levels of academic achievement and functional performance in areas addressed in the IEP, existing data, observations by teachers and related service providers, results of classroom-based, local, or State assessments, instructional interventions and strategies, and/or formal assessments, and information provided by the parent. Include the measures used.							
Academic Perfo	-						
Communication							
Communication	•						
Cognitive:							
Motor Abilities:							

Social, Emotional, and Behavioral Status:

Health (Vision, Hearing, etc.):

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, Reevaluation Report									
Student Name:	Student ID#:				Date of Birth:				
Grade:	Age:	Years, Months			Date of Meeting:				
School:	Current Disability:				Current Disability Code:				
II. Educational N	leeds of the Child:								
III. Decision of t									
IEP team determ	ines the following:		·	wided by the parent, and educa	tional needs of the child, th	e			
	of a Disability and E								
	<ol> <li>Does the child continue to be a student with a disability that adversely impacts educational performance?</li> <li>Yes No</li> <li>Additional data is needed</li> </ol>								
	current disability the n			_	t				
	<ul> <li>2. Does the child continue to need special education and related services?</li> <li>Yes No</li> <li>Additional data is needed</li> </ul>								
B. Appropriate	ness of Current IEP								
<ol> <li>Have the student's present levels of academic achievement and functional performance (as documented in part I.) and educational needs (as documented in part III.) been identified?</li> <li>Yes No</li> <li>Additional data is needed</li> </ol>									
	es in instruction need following, as appropr		ent attain the IE	P goals and participate, as app	ropriate, in general educati	ion?			
Curriculum		(	📃 Yes 📃 No	Additional data is needed					
Instructional	strategies	(	📃 Yes 📃 No	Additional data is needed					
Behavioral in	terventions/supports	(	📃 Yes 📃 No	Additional data is needed					
				onal data is needed, you have ild continues to be a student		a			
If additional data is not needed to determine eligibility, stop here and complete the 'Continuing Eligibility' section of the Howard County IEP. If the answer to any of the above questions is "Additional data is needed," complete part IV. below. Note: Data may include formal/standardized assessment and/or informal assessments. IV. Determine Additional Data Needed: List the areas of concern and list the areas where additional data is recommended.									
Assessments are being recommended to answer the following question(s):									
Areas to collec	-								
Formal Assess	<b>ments recommende</b> Spe	<b>d:</b> cify area(s):							

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Audiological
Adapted Physica

Other:

Audiological Unter: Adapted Physical Education Classroom Observation

## The following individuals (or their designees) attended the IEP Team meeting:

Name	Position		Name	Position
	Administrator/Designee			
	Special Educator			
	General Educator			
	Parent/Guardian			
	Parent/Guardian			
	Student			

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