

Date: \_\_\_\_\_

**STUDENT EVALUATION PLAN**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: Female Male

District/School: \_\_\_\_\_ Grade: \_\_\_\_\_ Native Language/Mode of Communication: \_\_\_\_\_

The purpose of the IEP Team is to develop a plan for conducting:  
Initial evaluation Re-evaluation: Due Date \_\_\_\_\_ Other \_\_\_\_\_

**Team Members' Signatures**

**Participants**

_____	_____
Student (when appropriate)	District Representative
_____	_____
Parent	General Education Teacher
_____	_____
Parent	Special Education Teacher/Provider
_____	_____
An individual who can interpret the instructional implications of evaluation results	Other

**EVALUATION REVIEW** (Required Information. All sections must be completed or attached)

Review and summarize existing evaluation data, including current classroom assessments, local or state assessments, classroom-based observations and previous Multidisciplinary (MET) findings:

\_\_\_\_\_  
\_\_\_\_\_

Review and summarize teacher and related service providers' observations:

\_\_\_\_\_  
\_\_\_\_\_

Review evaluations and information provided by the parent:

\_\_\_\_\_  
\_\_\_\_\_

Based on the review above and the educational needs of the child, and input from the student's parent(s), does the team determine that additional data is needed to establish:

- 1.) Whether the student has a disability or, in the case of reevaluation whether the student continues to have a disability. Yes No
- 2.) The student's present level of academic achievement and functional performance and related developmental needs to the student. Yes No
- 3.) If the student needs or continues to need Special education and related services. Yes No
- 4.) If any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the IEP and to make progress, as appropriate, in the general education curriculum. Yes No

**If yes**, describe additional needs:

<i>Assessments</i>	<b>Who (Title Only)</b>	<i>Assessments</i>	<b>Who (Title Only)</b>

If no additional data is needed, explain why: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

Parent Contact: The parent(s)/guardian(s) were provided prior notice of this reevaluation to ensure they have the opportunity to participate.

By \_\_\_\_\_ Method of Contact \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Method of Contact \_\_\_\_\_ Date \_\_\_\_\_

I, as parent/guardian, 1) have received a copy of Special Education Parent Handbook/Procedural Safeguards, 2) understand the contents of this notice and: (Choose one)

- I consent to the proposed evaluation.
- I do not consent to the proposed evaluation.
- For Re-evaluations: I disagree with the evaluation review team's decision that no additional data is needed to determine whether my child continues to be a child with a disability. I request an assessment to determine whether my child continues to be a child with a disability.

Parent/Guardian Signature: \_\_\_\_\_ Date of Consent: \_\_\_\_\_

Please sign and return this form within 7 days to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use only: Date sent to parent: _____ Date consent received: _____ MET Members/Staff Assigned: _____ _____ Date _____
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