

Reevaluation Checklist

Student Name _____ Referring Party _____
 Date of Birth _____ Age _____ Male Female
 School _____ Grade _____ Teacher _____
 Parent/Guardian _____
 Address _____
 Home Phone _____ Cell Phone _____ Email _____

Completed by:

Date:

- | | | |
|--|-------|-------|
| 1. Request for Reevaluation (including Teacher Summary Report and Interventions) | _____ | _____ |
| 2. Parent Notification of Request for Evaluation (send with Notice of Procedural Safeguards) <i>May use "Letter 2" to meet this requirement. Include Parent Summary Report with the Parent's Notice.</i> | _____ | _____ |
| 3. Notify parent of Team's decision with Parent/Guardian Notification of Decision Regarding Request for Evaluation. (ISBE 34 57A) <i>Must be completed within 14 school days of Request for Eval.</i> | _____ | _____ |
| 4. Schedule Review of Existing Data conference. Send Notification of Conference (ISBE 34-57D) to parent(s) and team members. <i>Must be completed within 14 school days of Request for Evaluation.</i> | _____ | _____ |
| 5. Review existing information, including intervention data. Determine if an evaluation is necessary and identify needed assessments. Use Consent for Reevaluation (ISBE 34-57C). Parent/Guardian must sign Consent for Reevaluation if evaluation is appropriate. <i>Must be completed within 14 school days of Request for Evaluation.</i> | _____ | _____ |
| 6. Notify team of receipt of parental permission to evaluate. | _____ | _____ |
| 7. Obtain parent signature on release forms from those agencies/persons deemed appropriate. Use Authorization for Exchange of Confidential Information. | _____ | _____ |

	Completed by:	Date:
8. Release of Information/Consent to Bill Medicaid. Upload signed copy into EmbraceIEP in the STUDENT INFO Section.	_____	_____
9. Identify completion of evaluation data agreed upon by the IEP Team on Documentation of Evaluation Results:		
a. Academic Achievement	_____	_____
b. Functional Performance	_____	_____
c. Cognitive Functioning	_____	_____
d. Communication Status	_____	_____
e. Health	_____	_____
f. Hearing/Vision	_____	_____
g. Motor Abilities	_____	_____
h. Social/Emotional Status	_____	_____
10. Send Parent/Guardian Notification of Conference (ISBE 34-57D) to parent(s) & staff.	_____	_____
11. Hold Initial Evaluation/Eligibility conference Complete forms as necessary) Must complete within 60 school days of Review of Existing Data conference.		
a. Documentation of Evaluation Results	_____	_____
b. Eligibility Determination (non LD) (Required if not SLD)	_____	_____
c. Documentation of Evaluation Results (LD) (Required if SLD)	_____	_____
d. Eligibility Determination (LD) (Required if SLD)	_____	_____
12. Provide parent with Parent/Guardian Notification Of Conference Recommendations (ISBE 34-57E)	_____	_____
13. Review IEP team decisions with any members who were unable to attend the meeting.	_____	_____

Completed by:

Date:

14. Disseminate copies of the IEP as follows:

a. Copy to the parent immediately

b. Copy retained in the District's Student
Temporary file.
