

Three Year or Additional Disability Evaluation and Eligibility Decision

STUDENT:	SCHOOL:	GRADE:	DOB:
SE TEACHER/SERVICE PROVIDER:	TEACHER:	REGIONAL STUDENT: YES NO	
PRIMARY DISABILITY:	SECONDARY:	Attending School: Resident District:	

<p><i>To be completed before evaluation planning meeting</i> _____ Surrogate Parent Forms – If needed</p> <p>DATE</p> <p>_____ A. Review of Information form completed by Sped Teacher (Sent from ESD)</p> <p>_____ B. Vision Screening _____ Hearing Screening</p> <p>_____ C. Observation (Sent from ESD)</p> <p>_____ D. Notice of Team Meeting for 3 year re-evaluation planning meeting</p> <p><small>*Record Attempt to Schedule Team Meeting on Contact Log</small></p> <p><i>To be completed at meeting (Can be a phone meeting)</i> DATE</p> <p>_____ E. Prior Notice about Evaluation/Consent for Evaluation (SEAS)</p> <p>_____ F. Re-evaluation Assessment Planning form (SEAS)</p> <p>_____ G. Sociological has been updated and SIGNED, if Needed. Parent input form given</p> <p>_____ H. Medical Statement or Health Assessment – if needed</p> <p>_____ I. Permission to Obtain & Release Information if Needed.</p> <p>Assessment completed in all areas of Suspected Disability</p> <p><input type="checkbox"/> Transition Assessment (age 16 and older) – if required <input type="checkbox"/> Functional Behavior Assessment-if needed <input type="checkbox"/> OT Assessment- if needed <input type="checkbox"/> PT Assessment-if needed</p> <p>Eligibility Evaluation(s) <input type="checkbox"/> Vision <input type="checkbox"/> Autism <input type="checkbox"/> Hearing <input type="checkbox"/> Deaf/Blind <input type="checkbox"/> Communication <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Intellectual Disability</p> <p>_____ J. Written Evaluation Report</p>	<p>DATE</p> <p>_____ K. Prior Notice of Special Education Action – if Required to document change in eligibility Status</p> <p>_____ L. Notice of Team Meeting</p> <p>_____ M. Written Agreements Between Parent and District – if needed</p> <p><i>To be completed at eligibility and/or IEP meeting-Conducted within 60 school days of consent (Additional Eligibility Evaluation) or no later than 1 day before re-evaluation due date</i></p> <p>_____ N. Eligibility Statement(s)</p> <p>_____ O. Exited from _____ eligibility category only</p> <p>_____ P. IEP State Form – if needed <input type="checkbox"/> Coversheet <input type="checkbox"/> Special Factors <input type="checkbox"/> Present level of educational performance <input type="checkbox"/> State Wide/District Assessments <input type="checkbox"/> Transition – if needed <input type="checkbox"/> Goals & Objectives <input type="checkbox"/> Service Summary <input type="checkbox"/> LRE Placement Determination <input type="checkbox"/> Special Education Action Form</p> <p>_____ Q. Extended School Year – if required</p> <p>_____ R. Notice of Transfer of Parent Rights (at least one year before turning 17 and just before or on the 18th birthday) – if required</p> <p>_____ S. Other:</p> <p>_____ T. Copies of IEP sent/given to parent(s)</p> <p>_____ U. Copies of Evaluation sent/given to parent(s)</p> <p>_____ V. IEP locked on SEAS if new IEP or revision was written</p> <p>_____ W. Student Registry form on SEAS updated, then, Saved to R drive in Gretchen’s folder under each Sped Teacher’s Name</p> <p>_____ X. Email sent to ESD secretary with instructions to Retrieve Student Registry form to update SECC Manager program</p>
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