

## Re-Eval IEP Agenda

**I. Introductions:** Everyone introduce themselves and their roles.

**II. Purpose for a Re-Evaluation or Review of Existing Data Meeting:**

Explain that the team will present all current data on this student and determine if there is a need for further testing or if the student's current eligibility under IDEA is sufficient.

**“The purpose for today's meeting is....”**

**III. Begin with the E-2:**

- a. Review each area and summarize with if testing is needed or not, facilitate discussion in each area from team members when needed (i.e. academics, behavior, language, etc.)

**The areas to be covered are:**

Vision	Motor	Intellectual/Cognitive	ACAD ACH
Hearing	Speech	Adaptive Behavior	Transition
Health	Language	Social/Emotional/Behavior	Assistive Tech

**IV. Summarize whether testing is needed or not needed:**

- a. *If not*, the child will continue with the current eligibility and no further testing is needed.
- b. *If testing is needed*, have Parent/Guardian sign consent and schedule the staffing meeting.
  1. *Make sure Parent/Guardian is informed as to what will happen between this meeting and the staffing meeting as well as all testing, observations, etc.*

## Re-Eval IEP LEA Notes

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ A required **Release of Information** form (M-13) must be obtained for any person(s) attending this IEP meeting that were invited by the parent(s)/guardian(s).

☐ **Introduction of all Participants and their Roles in the meeting**

Name	Role	Name	Role
	LEA <i>(required)</i>		
	Case Manager <i>(required)</i>		
	RegEd Teacher <i>(required)</i>		
	Parent/Guardian		

**Parent/Guardian(s) Attended:**

☐ *In person*

☐ *By Phone*

☐ *Permission to Proceed*

☐ *2nd attempt (not in attendance)*

☐ **2. Vision/Hearing:**  
**Discussions:** \_\_\_\_\_

☐ **3. Health:**  
**Discussions:** \_\_\_\_\_

☐ **4. Motor:**  
**Discussions:** \_\_\_\_\_

☐ **5. Speech:**  
**Discussions:** \_\_\_\_\_

☐ **7. Language:**  
**Discussions:** \_\_\_\_\_

☐ **7. Intellectual/Cognitive:**  
**Discussions:** \_\_\_\_\_

☐ **8. Adaptive Behavior:**  
**Discussions:** \_\_\_\_\_

☐ **9. Social/Emotional/Behavior:**  
**Discussions:** \_\_\_\_\_

☐ **10. Academic Achievement:**  
**Discussions:** \_\_\_\_\_

☐ **11. Transition:**  
**Discussions:** \_\_\_\_\_

☐ **12. Assistive Technology:**  
**Discussions:** \_\_\_\_\_

☐ **13. Summary of Testing:** (List areas the team decides to test, if any)  
**Discussions:** \_\_\_\_\_

☐ **14. Additional Comments/Discussions:** \_\_\_\_\_