

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Case Manager: \_\_\_\_\_

### **Reevaluation Checklist**

Initial	Component Required in Document Repository:
	Meeting Invitation, with date
	Evaluation Planning Notes
	Evaluation Planning Meeting signature page, with all required signatures and dates
	Consent to evaluate, with evaluations indicated, signed and dated, <b><u>OR</u></b> Notice to Parent, and a 15 day waiting period before evaluations begin
	All completed evaluations, signed and dated. Each evaluation must have an "Evaluation Checklist" attached.
	Meeting invitation, with date
	Eligibility document, with eligibility indicated, with eligibility indicated and "Eligibility Criteria for Disability Categories" attached
	All documentation that supports the eligibility criteria
	Eligibility Meeting signature page, with all required signatures and dates, and "agree" or "disagree" indicated
	Reevaluation IEP
	Consent to Implement, signed and dated, <b><u>OR</u></b> Notice to Parent, and a 15 day waiting period before evaluations begin

*Initial each item to indicate that it has been completed. This checklist must be attached to every Reevaluation Eligibility Report submitted.*

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_