**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area of Exceptionality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Send the ***Notice and Invitation to a Meeting/Consent for Agency Participation*** to parents (Obtain Parent Signature **or** 2 Documented WRITTEN Attempts). ***Note:*** *Best practice is to mail WRITTEN*

*Notice* ***twice****, unless parent returns the signed Notice.*

1. On the ***Notice of IEP Team’s Decision Regarding Reevaluation*** form,
* Check - *ADDITIONAL DATA are needed*
* Check - *To determine if changes need to be made to the IEP*
* Complete the - *Basis For Decision* section **\*\*See Examples on BACK**
* Check - All items used to make the decision to get additional data under the *Evaluation Procedures, Assessments, Records, and/or Reports Used To Make Decision* section.
* Complete the *Description of Other Options Considered and Why the Options Were Rejected* section **\*\*See Examples on BACK**
1. On the ***Notice and Consent for Reevaluation*** form,
* Check - New assessments needed

 **For ID/MD (with ID primary) needing evaluation for Cindy Haber Center (MR/DD)** –

 Check: Intellectual and Behavior (must obtain **ONE** Vineland-3 adaptive scale)

□ Complete form in entirety (hard copy and Special Programs). (Parent Signature required **or** 2

 Documented WRITTEN Attempts) ***Note:*** *\*\*If parent does not respond after two attempts,* ***create an***

***“Event” to******document attempts and PROCEED with the reevaluation.***

* PRINT Demographics from “Student Demographics” section under “Profile” tab in SP
* Submit copies of ALL forms and paperwork to your area Psychometrist

 ***\*\*\*UNLESS*** *the student has already been accepted into the Project SEARCH*

 *program.* ***In this case, submit copies of all paperwork to Alana Urban at COS.***

1. Once additional data is collected, schedule an IEP meeting with the parent(s) and IEP Team to review results.

1. □ Send the ***Notice and Invitation to a Meeting/Consent for Agency Participation*** to parents (Obtain Parent Signature **or** 2 Documented WRITTEN Attempts). ***Note:*** *Best practice is to mail WRITTEN Notice* ***twice****, unless parent returns the signed Notice.*

For “The purpose of this meeting is to”:

* Check - Develop an Annual IEP or Revise the current IEP.
1. □ Complete the **NOPORTA** (***Notice of Proposal or Refusal to Take Action***), documenting that updated testing/evaluation data was reviewed with the parent/Team and any other actions taking place at the meeting.
2. □ Upload Minutes of Meeting as a Document in Special Programs (SP).

***Notice of IEP Team’s Decision Regarding Reevaluation***

Completing the - *Basis For Decision* section \*See Examples below:

**For ID/MD (with ID primary) needing evaluation for Cindy Haber Center (MRDD)** - Additional testing, after the age of 18, is required by a post-secondary, outside agency in order to meet the guidelines set forth by their waiver process. The IEP Team agreed to request additional testing for the application process, so that @ (student name) can transition from a student-based program through the public school system to a consumer driven system of services.

**For updated cognitive and/or achievement** - The IEP Team determined that a new intellectual and/or achievement evaluation is needed to obtain a current indication of @’s (student name) intellectual and/or educational performance.

***OR*** @ (student name) currently receives services in the area of \*SLI/\*OHI and has begun to experience academic difficulties. After a review of existing data (grades, state assessments, progress monitoring, teacher/parent input, etc.) the IEP Team is proposing formal assessments be obtained in order to appropriately determine @’s educational services.

**For related services** - After a review of @’s existing data (medical reports, parent/teacher input, etc.) the IEP Team determined that @ (student name) may be in need of (PT, OT, Assistive Technology, FBA/BIP, etc.) and is proposing that an evaluation be conducted at this time.

Completing the - *Description of Other Options Considered and Why the Options Were Rejected* section \*See Examples below:

**For ID/MD (with ID primary) needing evaluation for Cindy Haber Center (MRDD)** - Not collecting

additional data was considered but rejected as new testing is required by an outside state agency in order for @ (student name) to be considered for the ID waiver.

**For updated cognitive and/or achievement** OR **related services**- The IEP Team considered not formally evaluating @ (student name) but it was determined that additional data are needed in the area of \_\_\_\_\_\_\_\_\_ in order to determine if changes need to be made to the IEP and/or to determine if additional services are needed to better serve @ (student name).