

COMPLIANCE VERIFICATION FORM

Use this form to document the **Reevaluation Process**

System _____ Date of Review _____
 Student's Name _____ Reviewer _____
 Disability _____ Race _____ DOB _____ Age _____ Grade _____

DATE OF LAST ELIGIBILITY DECISION _____					
REEVALUATION PROCESS					
DATE	REVIEW REQUIREMENTS	YES	NO	N/A	COMMENTS
	A. <i>Notice and Invitation to a Meeting/Consent for Agency Participation</i> Purpose of meeting indicated: _____ Required participants invited: _____ Date sent to parent(s)/student (age 19): _____ 2 nd Attempt (date) _____ (if necessary)				
	B. If appropriate, Date <i>Initial or Reevaluation Written Agreement between the Parent and the Public Agency</i> was sent/provided				
	C. <i>Notice of IEP Team's Decision Regarding Reevaluation</i>				
	D. Appropriate IEP Team Membership for Reevaluation Meeting				
	E. Date signed <i>Notice and Consent for Reevaluation</i> received or two documented attempts 2 nd Attempt (date): _____ (if appropriate)				
COMPLETE A DISABILITY AREA CHECKLIST FOR THE DISABILITY AREA(S) THE STUDENT HAS BEEN DETERMINED ELIGIBLE FOR CONTINUED ELIGIBILITY FOR SPECIAL EDUCATION SERVICES					
DATE	REEVALUATION REVIEW REQUIREMENTS	YES	NO	N/A	COMMENTS
	A. <i>Notice and Invitation to a Meeting/Consent for Agency Participation</i> Purpose of meeting indicated: _____ Required participants invited: _____ Date sent to parent(s)/student (age 19): _____ 2 nd Attempt (date) _____ (if necessary)				
	B. Copy of Eligibility Report to Parent				
	C. Documentation that Lack of Appropriate Instruction in Math or Reading including the essential components of reading or the Student's Limited English Proficiency is not the Determining Factor in the Decision. Box Checked Y __N__ Information documented on eligibility report Y __N__				
	D. Documentation the student meets the AAC criteria for the suspected area of disability _____ Y __N__				
	E. Documentation the disability has an adverse effect on educational performance _____ Y __N__				
	F. Documentation the student needs specially designed instruction in order to access and participate in the general education curriculum Y __N__				
	G. Date/Signatures of Appropriate IEP Team or Eligibility Committee – IEP Team __ Eligibility Committee __				
	H. Eligibility Decision Checked				
	I. Area of Disability Indicated				
	J. Three-Year Reevaluation Timeline Met: Yes _____ No: _____				
	K. Date <i>Notice of Proposal or Refusal to Take Action</i> was sent/provided. (if necessary)				
COMMENTS					