



**THREE-YEAR PSYCHO-EDUCATIONAL REASSESSMENT
DETERMINATION WORKSHEET**

Date Form Completed: _____

Student Name: _____ ID#: _____ Date of Birth: _____

School: _____ Grade: _____ Three-Year IEP Due Date: _____

As part of determining the need for a three-year reassessment, the following have been considered:

- | | |
|--|---|
| <input type="checkbox"/> Review of student records and current classroom-based assessment data | <input type="checkbox"/> Parent/guardian input |
| <input type="checkbox"/> Observations of student | <input type="checkbox"/> Age & grade considerations |
| <input type="checkbox"/> IEP present level of performance and progress on goals | <input type="checkbox"/> Health status |
| <input type="checkbox"/> Previous psycho-educational assessments | <input type="checkbox"/> Gen Ed./Alternative curriculum |
| <input type="checkbox"/> Eligibility | |
| <input type="checkbox"/> Date of last psycho-educational assessment | |

Recommendation for the upcoming Three-Year Review IEP

Based upon a review of data, including information referenced above, the District, in collaboration with parent/guardian, has determined that additional assessment is needed: YES NO

If yes, it is recommended that assessment be completed in the following areas: (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Health and Development | <input type="checkbox"/> Self-Help | <input type="checkbox"/> Social Emotional |
| <input type="checkbox"/> General Ability | <input type="checkbox"/> Language and Speech | <input type="checkbox"/> Career and Vocational |
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> Motor | <input type="checkbox"/> Mental Health (ERICs) |
| <input type="checkbox"/> Other/Related Services | <input type="checkbox"/> Abilities/Interests | |
- (13-year olds and above only)

If yes, additional assessment data is needed to determine: (Check all that apply)

- 1. Whether the student continues to meet eligibility criteria for special education,
- 2. Whether the student continues to need special education and related services,
- 3. The present levels of performance and educational needs of the student,
- 4. Whether any additions or modifications to the special education and related services are needed to enable the student to meet the measureable annual goals set out in the IEP, and to participate, as appropriate, in the general curriculum.

If no, rationale for not recommending a three-year psycho-educational assessment: _____

Parent/ Guardian

- I understand that a three-year psycho-educational reassessment is not necessary at this time. I agree that my child will not participate in a three-year psycho-educational reassessment and will remain eligible and continue to receive special education services. I understand that I retain the right to request an assessment at any time.
- I request that my child participate in a three-year psycho-educational reassessment at the scheduled time.

Signature of Parent/Guardian _____

Date _____