

Keystone Learning Services
500 E. Sunflower, Ozawkie, KS 66070
(785) 876-2214

Reevaluation Team Report

CONFIDENTIAL: FOR PROFESSIONAL USE ONLY. The following information is strictly confidential and is to be made available only to authorized persons.

Student: _____ **Grade:** _____ **Evaluation Date:** _____
School: _____ **DOB:** 09/01/1990 **Parent(s):** _____
3 Year Reevaluation: Yes No **Parent(s):** _____

Reason for Reevaluation:

What were the previously targeted skills/behaviors:

What progress has the student made in the area of the targeted skills/behaviors?:

What are the student's current needs?

Basis for CONTINUING ELIGIBILITY DETERMINATION:

1. YES NO Does the student continue to be a child with an exceptionality?

Discussion of how data led you to the response:

2. YES NO Does the student continue to need special education and related services?

Discussion of how data led you to the response (include whether any additions or modifications are needed to enable the child to meet measurable annual goals and to participate and progress, as appropriate, in the general curriculum):

This student meets the
definition of:

Secondary Exceptionality: