



**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
EXCEPTIONAL STUDENT INDIVIDUAL EDUCATION PLAN MEETING  
RECOMMENDATIONS REGARDING REEVALUATION**

MIS Form #809  
Rev. 01/18

Date \_\_\_\_\_

Student \_\_\_\_\_ Student # \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Current ESE Eligibility/Related Service Areas \_\_\_\_\_

**A. As part of a reevaluation, the IEP team collected and reviewed all existing evaluation data.** This may include student records (attendance, grades, health, etc.), current observations, progress monitoring of interventions and IEP goals, current classroom, local and state assessments, input/information provided by parents or guardians and/or student, and any other relevant information, as appropriate: \_\_\_\_\_

**B. Based on the above review, the team considered all of the following and determined that additional information is needed to address:**

Yes  No Present levels of performance (e.g. academic, behavioral, communication, sensorimotor, and/or social emotional)

Yes  No The educational needs of the student in a PK -12 educational setting

Yes  No Whether additional accommodations/modifications are needed to enable the student to meet the measurable annual goals on the IEP

Yes  No Whether additional accommodations are needed to enable the student to participate, as appropriate, in the general curriculum

Yes  No Whether the student continues to have a disability

Yes  No Whether the student continues to need special education and related services

**Based on Review of Sections A and B, Complete Section C or D**

**C. The team recommends that data be gathered in the following areas:**

<input type="checkbox"/> Audiological	<input type="checkbox"/> Psychoeducational Functioning
<input type="checkbox"/> Communication Skills	<input type="checkbox"/> Social/Developmental History
<input type="checkbox"/> Health/Medical	<input type="checkbox"/> Vision
<input type="checkbox"/> Motor Skills: ___OT ___PT	<input type="checkbox"/> Other _____

NOTE: Consent for Reevaluation is required prior to initiation of the above, except when evaluation for Gifted eligibility is recommended for a student with an existing ESE eligibility; Consent for Evaluation is required in those cases.

**D. No additional information is needed.** Comments: \_\_\_\_\_

New Reevaluation Date \_\_\_\_\_ (only when D is selected)

**Signatures of those in attendance:** Local Education Agency Representative (LEA) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ ESE Teacher(s) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Student \_\_\_\_\_

Other(s) \_\_\_\_\_ General Ed Teacher(s) \_\_\_\_\_

Students with exceptional needs and parents or guardians of a student with exceptional needs have protections under the Individuals with Disabilities Act (IDEA). Please refer to the Summary of Procedural Safeguards available on the Florida Department of Education website at <http://www.fldoe.org/core/fileparse.php/7690/urlt/0070135-procedural.pdf> or request a copy at your local school.

**Notification procedures if parent/guardian/adult student is not in attendance:**

If assessment is not recommended: MIS Form #809 sent U.S. mail on \_\_\_\_\_.

If assessment is recommended: MIS Forms #809 and #444 sent U.S mail on \_\_\_\_\_.

If no response: MIS Forms #809 and #444 reissued by certified mail; return receipt received on \_\_\_\_\_.

This information was presented in a language understood by the recipient.

When applicable: This meeting notice is located under the IEP dated \_\_\_\_\_.