



STUDENT SERVICES
 94 Panther Drive
 Yazoo City, MS 39194

Gloria Jamison, Director
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**REEVALUATIONS- EXISTING DATA REVIEW CHECKLIST
 ADDITIONAL DATA TO BE COMPLETED AS APPLICABLE**

Student Name:	School:
Current Eligibility Category:	Current Eligibility Date:
Initial Eligibility Date:	Last Comprehensive Evaluation Date:
Age and Date of Birth:	Grade:
IEP Case Manager:	Related Service Provider(s):

The following information must be completed and documented to **REVIEW EXISTING DATA** for Reevaluation.

If it is suspected that the child’s eligibility can be continued through a review of existing data, please use the following pages to review the gathered data. Reference pages 36-38 of Volume One Policies and Procedures Manual Office of Special Education Mississippi Department of Education and State Board Policy 7419 regarding Reevaluations.

Please indicate N/A if an area does not apply

The MET/IEP Committee has reviewed the following student data as outlined below and determined whether or not additional data may be needed for continuing eligibility.

Please Check	Type of Data	Student’s Current Performance	Additional Assessment Needed
<input type="checkbox"/>	Previous Evaluation Report/ Summary of Eligibility		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Teacher Narrative		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	State Assessment Data (ex. MAP, SATPT, MKAS, MAAP-A)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	District Assessment Data (ex. CASE 21)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Progress Reports/ Report Card		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Absences (current and previous year) (Student Attendance Report)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Discipline Referrals (Comprehensive Discipline Report)		<input type="checkbox"/> Yes <input type="checkbox"/> No



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<input type="checkbox"/>	Curriculum and/or Classroom Assessments		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Curriculum and/or Classroom Based Assessments (ex. i-Ready, STAR w/student ranking)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Progress towards IEP goals with current progress marked		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Related services progress (ex. Speech, OT, PT, counseling)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Data Provided by an Outside Agency Providing Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Other Data (Specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Data supports that this student should **NOT** receive a comprehensive reevaluation and a continuation of the current eligibility through a review of existing data is appropriate.

*Complete the Eligibility Checklist from MDE for each category considered prior to completing the next section.

If additional data is not needed, the team has determined the following (check one):

- Child continues to meet IDEA eligibility.
- Child no longer meets IDEA eligibility.

Parent was notified of the decision and their right to request additional assessment.

- Yes
- No

***Complete the Eligibility Determination Report From MDE.**

Student: _____

Primary Disability Category: _____



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Secondary Disability Category: _____

Signature:	Position:	Date:
	General Education Teacher	
	Special Education Teacher	
	Agency Representative	
	Speech Language Pathologist	
	Parent (s)	
	Other: _____	
	Other: _____	
	Other: _____	
	Other: _____	