

Triennial Review Worksheet

The purpose of this worksheet is to identify what additional data, if any, is needed to determine whether the student continues to have a disability and requires special education and related services and to assist with the development and completion of the IEP.

NAME:
BIRTHDATE:
AGE:
ETHNICITY:
GENDER:
GRADE:
TEACHER:
SCHOOL:
HOME LANG:
STUDENTLANG:

PARENT:
ADDRESS:
PHONE:
DATE REFERRED:
DATE OF REPORT:
ASSESSMENT TEAM:

Information Gathered from Review of Records:

(include relevant background information, medical history, and discussion of primary language)

Description of Observation:

(include information on location and time of observation)

Summary of Previous Assessment Results and Current Classroom Performance:

| | | | | | | | | | |
|----------|-------------------------------|-------------------------------|------|------------|-------------------------------|-------------------------------|------|---------------------|------|
| Vision: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | Date | Rechecked: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | Date | Referral to Parent: | Date |
| Hearing: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | Date | Rechecked: | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | Date | Referral to Parent: | Date |

(Approved 08/03)

PRIVILEGED INFORMATION
 A Confidential Report for Professional Use Only
 Not for Cum Folder or to be Forwarded

Student: _____

Date: _____

| Areas of Assessment | Assessment Needed | Assessment Not Needed | Rationale |
|-------------------------------|-------------------|-----------------------|-----------|
| Cognitive/Developmental | | | |
| Academic | | | |
| Adaptive Behavior | | | |
| Behavioral, Social, Emotional | | | |
| Perceptual | | | |
| Vocational/Transition | | | |
| Communication | | | |
| Motor | | | |
| Other: _____ | | | |

Team Decision:

- Continue to identify the student as eligible for special education services on the basis of the above information. No additional data needed.
- Continue to identify the student as eligible for special education services but gather more information before developing an IEP. (See table above for areas to be assessed.)
- Gather more information before determining eligibility for special education services. (See table above for areas to be assessed.)

Recommendations for Placement and/or IEP Development:

Team Members Contributing to the Evaluation/Decision:

| Name | Role | Name | Role |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

The recommendations were reviewed with the parents/guardians by:

Phone In Person Other: _____ Date: _____

- Parents/guardians agree with the recommendations.
- Parents/guardians agree with the recommendations, as amended.
- Parents/guardians do not agree with the recommendations and request a full assessment of the child.

IEP Meeting Scheduled for _____

Written Translation Requested by Parent: Yes No
Language: _____

Parents have the right to request a full assessment to determine eligibility/ineligibility for services at any time or can agree to focused data collection.