

**OUT OF DISTRICT RECORDS ASSESSMENT
AND VERIFICATION OF MDE DISABILITY CRITERIA**

Student Identification:

Name: _____ **Date of Birth:** _____ **MSIS #:** _____
School: _____ **Academic Placement:** _____ **Age:** _____ **Race:** _____ **Gender:** _____

Reason for Re-evaluation:

_____ Three year (triennial) re-evaluation _____ Prior to discontinuation of Special Education Services
_____ Out-of-State Transfer _____ Request of child's parent(s) or teacher(s)
_____ Other: _____
(Specify new concerns, court order, etc.)

Review of Information/Data (All appropriate documentation must be maintained)

(Place a check beside the applicable information/data that was reviewed)

- Previous Evaluation Data**
- Current IEP (progress)**
- Attendance Report**
- Report Card**
- Curriculum Based Assessment (eg: MAP, MAAECF)**
- Observations/Progress Reports from Teachers and Related Service Providers**
- Vision/Hearing Screening**
- Standardized Test Results (MCT2, SATP2, TABE, etc.)**
- Behavior Intervention Plans/Discipline Records**
- Manifestation Determination**
- Transition/Vocational Data**
- Family Data Update/Medical reports/(including medical information)**
- Other: (Specify):** _____

Results of Re-evaluation:

- A. Is there sufficient data to determine that the child/student continues to have the existing disability? _____ YES _____ NO
- B. Is there sufficient data to determine the child/student's present levels of performance and educational needs? _____ YES _____ NO
- C. Is there sufficient data to determine whether the child/student continues to need special education and/or related services? _____ YES _____ NO
- D. Is there sufficient data to determine whether any accommodations or modifications to the special education and/or related services are needed to enable the child/student to meet the measurable annual goals set out in the Individualized Education Plan (IEP) of the child/student and to participate, as appropriate, in the general curriculum? _____ YES _____ NO
- E. Is there sufficient data to determine that the child is no longer a child with a disability and no longer in need of special education services? _____ YES _____ NO
- F. Other IEP Determinations: _____

DISABILITY: _____

RELATED SERVICES: _____

RECORDS REVIEW CONDUCTED AND MDE DISABILITY CRITERIA _____ **VERIFIED** _____ **PENDING**

If pending, additional information/data needed: _____

Signature of Authorized Personnel: _____ **Date:** _____