

TRIENNIAL ASSESSMENT WORKSHEET/SUMMARY

STUDENT _____ BIRTHDATE _____
SELPA ID# _____ IEP DATE _____ TRIENNIAL DATE _____

Initial Assessment/Eligibility Determination Date _____

Eligibility for Special Education Initially Determined to be _____
based on _____

Other Triennials (if any) _____, _____, _____, _____

IEP team is in agreement that this disability continues to be present: Yes No (If no, full assessment is necessary)

Additional data collection for the triennial Yes No

Review areas below and complete Assessment Plan for specific evaluations to be conducted

Cognitive/Developmental assessment needed to determine _____

No Cognitive/Developmental assessment needed (no suspected changes); refer to previous data collected _____

Current academic performance and accommodations/modifications needs in _____

Current social-emotional status needed

No new data needed, refer to _____

No new data necessary, social-emotional status is not impacting student.

Data on school and classroom behaviors needed (behavior, attention, work completion, etc.)

No new data needed, refer to _____

No new data needed, classroom performance is not impacting student.

Data needed from DIS/Related Services:

Provider 1/service: _____ progress skills mastered services needed

Provider 2/service: _____ progress skills mastered services needed

Provider 3/service: _____ progress skills mastered services needed

(additional provider/services should be listed on supplemental page and attached)

No new data needed, refer to _____

No new data needed, student does not have DIS/related services on IEP; no IEP team member requesting evaluations.

Data for self-help, independent skills, adaptive behavior evaluation needed

No new data needed, refer to _____

No new data necessary, self-help, independent skills not impacting student.

Data on transition planning needed (age 14 and above)

No new data on transition needed, refer to _____

No new data necessary, transition planning not needed at this time because _____

Yes No Additional data collection requested by parent(s). If yes, area(s) and reason(s) _____

I have reviewed this worksheet and agree with the focused assessment process.

I have reviewed this worksheet and agree with the focused assessment process as amended.

I do not agree with the proposed plan and am requesting a comprehensive evaluation.

PARENT RIGHTS: Parents may request full assessment to determine eligibility/ineligibility for services at any time, or can agree to focused data collection. Any additional assessment will be completed after an assessment plan has been approved.

PARENT SIGNATURE _____ DATE _____

White: Student File

Canary: Implementor's Copy

Pink: Parent

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