

## RIVERSIDE COUNTY SELPA

REVIEW OF EXISTING DATA     ADDITIONAL TRIENNIAL ASSESSMENT NEEDED

*A reassessment of the pupil shall be conducted at least every three years or more frequently, if conditions warrant, or if the pupil's parent or teacher requests a new assessment and a new individualized education program to be developed, unless the parent and the local educational agency agree, in writing, that a reassessment is unnecessary. (EC Section 56381)*

*As part of any reassessment, the individualized education program team and other qualified professionals, as appropriate, shall do the following:*

- 1) Review existing assessment data on the pupil, including assessments and information provided by the parent(s) of the pupil, as specified in clause (i) of paragraph (1) of subsection (a) of Section 300.305 of Title 34 of the Code of Federal Regulations, current classroom-based assessments and observations, and teacher and related service providers' observations.*

*In accordance with Section 300.300(d)(1) of Title 34 of the Code of Federal Regulations, parental consent is not required before reviewing existing data as part of an assessment or reassessment, or before administering a test or other assessment that is administered to all children, unless before administration of that test or assessment, consent is required of the parents of all the children.(EC 56321(e))*

- 2) On the basis of the review conducted pursuant to paragraph (1), and input from the pupil's parent(s), identify what additional data, if any, is needed to determine:
  - a. Whether the pupil continues to have a disability described in paragraph (3) of Section 1401 of Title 20 of the United States Code.*
  - b. The present levels of performance and educational needs of the pupil.*
  - c. Whether the pupil continues to need special education and related services.*
  - d. Whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the individualized education program of the pupil and to participate, as appropriate, in the general curriculum. (EC Section 56381(b))**

*If the individualized education program team and other qualified professionals, as appropriate, determine that no additional data is needed to determine whether the pupil continues to be an individual with exceptional needs, and to determine the educational needs of the pupil, the local educational agency shall notify the parents of the pupil of that determination and the reasons for it, and the right of the parents to request an assessment to determine whether the pupil continues to be an individual with exceptional needs, and to determine the educational needs of the pupil. The local educational agency is not required to conduct an assessment, unless requested by the parents of the pupil. (EC Section 56381(d))*

*A reassessment may not be conducted, unless the written consent of the parent is obtained prior to reassessment, except pursuant to subdivision (e) of Section 56506. Pursuant to Section 300.300(c)(1) and (2) of Title 34 of the Code of Federal Regulations, informed parental consent need not be obtained for the reassessment of an individual with exceptional needs if the local educational agency can demonstrate that it has taken reasonable measures to obtain that consent and the parent of the child has failed to respond.*

*(2) To meet the reasonable measure requirements of this subdivision, the local educational agency shall use procedures consistent with those set forth in Section 300.322(d) of Title 34 of the Code of Federal Regulations. The individualized education program team and other qualified professionals may conduct the review without a meeting. (EC Section 56381(g))*

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*This review must be completed in time for an assessment plan to be developed and assessment completed in the event that the review shows a need for further evaluation or in the case that the parent requests an assessment. It is recommended that you start this process at least **90 days** in advance of the Triennial.*

Communicate with all team members to determine whether or not a review appears to be appropriate for student. This decision may or may not be made at an IEP with parent. A person needs to be designated to telephone the parents to explain the Determination of Need for Triennial Review Evaluation process. Either choose to invite them to an IEP to discuss the review, or go over the listed questions and information in order to get their input as a part of the process. Fill out the page while you are talking on the phone. If the parent and/or other team member request a formal evaluation, develop a prior written notice and an assessment plan and send them out to the family.

Assemble the members of the team to review existing data via the process and utilizing the form as noted below.

**NOTE: This supplemental form is not intended to be used with every triennial reevaluation. It cannot serve as the final report template if additional assessment is needed. It only fulfills the requirements for triennial reevaluation when the IEP team, including the parent, agrees no additional data is needed to determine items in #2 above.**  
**NOTE: This form cannot be used when assessing to exit a student from sped services. Full assessment is required. There must be a minimum of 2 comprehensive evaluation reports on file, no significant changes in the student's functioning and area of disability.**

Student: _____	Birthdate: ___ / ___ / ___	C.A. _____	Grade: _____
School of Attendance: _____	District of Residence/Service: _____	Identified Eligibility Category: _____	Current Services: _____
Initial Evaluation Date: ___ / ___ / ___	Most Current Evaluation Date: ___ / ___ / ___	Triennial Due Date: ___ / ___ / ___	

- **Indicate the student's full name (First Middle Last).**
- **Indicate the student's birthdate (Month/Day/Year).**
- **Input student's chronological age.**
- **Indicate Student's current grade.**
- **Indicate student's school of attendance.**
- **Indicate student's district of residence (where the child lays their head at night).**
- **Input student's identified eligibility per current IEP.**
- **List the student's current Special education services and related services (FAPE).**
- **Indicate the student's date of initial evaluation into special education (Month/Day/Year).**
- **Indicate the most current evaluation date -initial/triennial (Month/Day/Year).**
- **Indicate the date that the upcoming triennial is due (Month/Day/Year).**

### **PART II: PARENT INPUT**

The student's parent was interviewed by \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_ and answered the following questions as noted below:

- **Indicate who interviewed the parent (Title) and the date (Month/Day/Year).**
- **Mark either yes or no when answering the questions below.**
- **Attach information, if available, for numbers 3 and 4.**

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- 1. Do you believe that your child continues to have the disability that qualified him/her for Special Education services?  Yes     No
- 2. Do you believe your child continues to require Special Education services?  Yes     No
- 3. Do you have information to share with the other members of the review team regarding your child's current performance in the educational, home and/or community setting? (attach)  Yes     No
- 4. Is there any recent medical or other information that you believe the team needs to consider in educational planning for your child? (attach)  Yes     No

Comments on any other information parent provided regarding student's educational performance and/or needs:

- **Write out information provided by parents in regard to student's needs or educational performance as indicated by answering the questions above.**

**PART III: EVALUATION PROCESS: REVIEW OF EXISTING DATA**

The following pages document the Determination of Need for Triennial Review Evaluation Data for the student named above. This report consists of \_\_\_\_ pages. The Review Team consisted of the following members (Check all that apply):

- **Indicate the amount of pages that the report contains.**

Parent                       School Psychologist                       Special Ed. Teacher     General Ed. Teacher  
 School Nurse               Related Service Provider(s): \_\_\_\_     Other: \_\_\_\_

- **Check the titles of the people that participated as team members.**

**PART IV: EVALUATION PROCESS: REVIEW OF EXISTING DATA**

Student Records Reviewed (Check all that apply):

- **Mark all of the records that were reviewed.**
- **Baseline is 2 comprehensive psycho-educational evaluations after age 6.**
- **Note: There are 6 areas marked with an asterisk below. Review all yearly information (not semester or quarter) for each area.**

Psycho-Educational Assessment Report(s) dated: \_\_/\_\_/\_\_, \_\_/\_\_/\_\_, \_\_/\_\_/\_\_  
 Related Service Provider(s) Assessment Report(s) dated: \_\_/\_\_/\_\_, \_\_/\_\_/\_\_, \_\_/\_\_/\_\_  
 Current IEP dated: \_\_/\_\_/\_\_                      Previous IEPs dated: \_\_/\_\_/\_\_, \_\_/\_\_/\_\_, \_\_/\_\_/\_\_  
 Progress toward goals report\*    Current year: \_\_/\_\_/\_\_                      Previous years: \_\_/\_\_/\_\_                      \_\_/\_\_/\_\_  
 Report Cards\*                      Current year: \_\_/\_\_/\_\_                      Previous years: \_\_/\_\_/\_\_                      \_\_/\_\_/\_\_  
 Special Ed. Teacher Records\*    Current year: \_\_/\_\_/\_\_                      Previous years: \_\_/\_\_/\_\_                      \_\_/\_\_/\_\_  
 General Ed. Teacher Input\*    Current year: \_\_/\_\_/\_\_                      Previous years: \_\_/\_\_/\_\_                      \_\_/\_\_/\_\_  
 Attendance Records\*              Current year: \_\_/\_\_/\_\_                      Previous years: \_\_/\_\_/\_\_                      \_\_/\_\_/\_\_  
 Discipline Records\*              Current year: \_\_/\_\_/\_\_                      Previous years: \_\_/\_\_/\_\_                      \_\_/\_\_/\_\_  
 English Learner Records              Current year: \_\_/\_\_/\_\_                      Previous years: \_\_/\_\_/\_\_                      \_\_/\_\_/\_\_  
 Review of health and medical records                       Review of medications, if applicable  
 Student work samples or portfolio                       Other: \_\_\_\_

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**PART V: CONCLUSIONS**

- Adequate information is available based on existing files and records, to determine continued eligibility and need for special education and related services.  
Team must complete section VI and have the form signed by all participants.  
Please consider this form, with all included information and assessment report requirement section completed, the Triennial report.
- Additional assessment needs to be conducted\* to determine:
  - If the student continues to have a disability
  - If the student continues to need special education and/or related service
  - The student's current levels of performance and educational needs
  - If any additions or modifications to the student's current special education services are needed to enable the student to meet the measurable annual goals set out by the IEP and to participate, as appropriate, in the general curriculum

\* Prior Written Notice and Assessment Plan required. If additional assessment is completed, a comprehensive written report separate from this review of existing data to determine need for additional triennial review assessment form is also required.



***If the team determines more assessment is needed, DO NOT complete section VI. Refer to RC SELPA's Best Practices for Special Education Evaluation guidance.***

**PART VI: ASSESSMENT REPORT REQUIREMENTS:**

***Note: If the IEP Team chooses to use this form as the completed, "Triennial Review Evaluation Report", please ensure ALL of the following are addressed.***

***Indicate each area under the Legally Complaint Report Components and fill in a Description of Findings for each. Please note there are only a few areas that can be marked as N/A.***

***Note: Current assessment refers to current information on file and gathered from sources listed above. It is not simply a review of the last psycho-educational evaluation.***

Legally Compliant Report Components	Description of Findings
<b>Health and Developmental</b>	
<input type="checkbox"/> Previous assessment includes health, medical and developmental information, as appropriate	
<input type="checkbox"/> Vision/Hearing Screening was completed (unless parent has denied permission)	
<input type="checkbox"/> Current Medications, as appropriate	
<b>Primary Language Requirements</b>	
<input type="checkbox"/> Current English Language Proficiency level	<input type="checkbox"/> N/A
<input type="checkbox"/> Results of tests administered in student's primary language included (if YES, indicate language)	<input type="checkbox"/> N/A <input type="checkbox"/> YES
<input type="checkbox"/> If an interpreter was used, report contains a statement regarding validity of assessment (if YES, indicate language)	<input type="checkbox"/> N/A <input type="checkbox"/> YES
<b>Ability, Aptitude and Cognition</b>	
<input type="checkbox"/> Assessment procedures ensure that materials were selected and administered that reflect individual's skills and aptitude levels	

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<input type="checkbox"/>	Materials were used to assess specific areas of educational need and do not rely merely on procedures that provide a single IQ score	
<input type="checkbox"/>	Previous assessment includes information about general intelligence and ability	
<input type="checkbox"/>	Previous assessment is comprehensive and individually administered tests of intellect or emotional functioning were administered by a credentialed school psychologist	
<input type="checkbox"/>	IQ tests were not administered to an African-American student	<input type="checkbox"/> N/A <input type="checkbox"/> Criteria Met
<b>Social/ Emotional</b>		
<input type="checkbox"/>	Previous assessment includes information about self-help, if appropriate	
<input type="checkbox"/>	Previous assessment includes social and emotional status	
<input type="checkbox"/>	Behavior impedes learning of self or others (If Yes, describe and/or attach pbip/BIP)	<input type="checkbox"/> NO <input type="checkbox"/> YES
<b>Academic</b>		
<input type="checkbox"/>	Previous assessment includes information about academic or pre-academic performance	
<b>Speech and Language</b>		
<input type="checkbox"/>	Previous assessment includes information on communication status and language function, as appropriate	
<b>Motor</b>		
<input type="checkbox"/>	Previous assessment includes information on motor abilities function, as appropriate	
<b>Low Incidence</b>		
<input type="checkbox"/>	Evidence that evaluations for severe and low incidence disabilities were administered by trained and knowledgeable personnel using technically sound instruments in all areas of suspected disability	<input type="checkbox"/> N/A
<input type="checkbox"/>	Previous assessment includes description of the needs for specialized services, materials and equipment if the student has a low incidence disability	<input type="checkbox"/> N/A
<b>Consideration of Outside Reports</b>		
<input type="checkbox"/>	IEP team considered information and private assessments, including independent evaluations provided by parents	
<b>Assessment Recommendations</b>		
<input type="checkbox"/>	The determination of eligibility is evident in the records	
<input type="checkbox"/>	Review of data indicates the student needs special education and/or related services	

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**PART VII: SIGNATURES**

The following people have knowledge of the student's needs and contributed to this review:

- ***Have each participant (as indicated above) sign the form with their name and position.***

Name/Signature_____	Position_____
Name/Signature_____	Position_____
Name/Signature_____	Position_____
Name/Signature_____	Position_____
Name/Signature_____	Position_____
Name/Signature_____	Position_____