

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

<input type="checkbox"/> Cognitive/Developmental assessment needed to determine _____ _____
<input type="checkbox"/> No Cognitive/Developmental assessment needed (no suspected changes); refer to previous data collected _____ _____
<input type="checkbox"/> Current academic performance and accommodations/modifications needs in _____ _____
<input type="checkbox"/> Current social-emotional status needed <input type="checkbox"/> No new data needed, refer to _____ <input type="checkbox"/> No new data necessary, social-emotional status is not impacting student.
<input type="checkbox"/> Data on school and classroom behaviors needed (behavior, attention, work completion, etc.) <input type="checkbox"/> No new data needed, refer to _____ <input type="checkbox"/> No new data needed, classroom performance is not impacting student.
Data needed from DIS/Related Services: Provider 1/service: _____ <input type="checkbox"/> progress <input type="checkbox"/> skills mastered <input type="checkbox"/> services needed Provider 2/service: _____ <input type="checkbox"/> progress <input type="checkbox"/> skills mastered <input type="checkbox"/> services needed Provider 3/service: _____ <input type="checkbox"/> progress <input type="checkbox"/> skills mastered <input type="checkbox"/> services needed (additional provider/services should be listed on supplemental page and attached) <input type="checkbox"/> No new data needed, refer to _____ <input type="checkbox"/> No new data needed, student does not have DIS/related services on IEP; no IEP team member requesting evaluations.
<input type="checkbox"/> Data for self-help, independent skills, adaptive behavior evaluation needed <input type="checkbox"/> No new data needed, refer to _____ <input type="checkbox"/> No new data necessary, self-help, independent skills not impacting student.
<input type="checkbox"/> Data on transition planning needed (age 14 and above) <input type="checkbox"/> No new data on transition needed, refer to _____ <input type="checkbox"/> No new data necessary, transition planning not needed at this time because _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Additional data collection requested by parent(s). If yes, area(s) and reason(s) _____ _____
<input type="checkbox"/> I have reviewed this worksheet and agree with the focused assessment process. <input type="checkbox"/> I have reviewed this worksheet and agree with the focused assessment process as amended. <input type="checkbox"/> 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 _____