

### TRIENNIAL ASSESSMENT WORKSHEET/SUMMARY

STUDENT NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

SELPA ID# \_\_\_\_\_

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 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 \_\_\_\_\_