

Student Name:	DOB:
Grade:	Age:
Previous School:	Type of Transfer:
Date of Most Recent ER:	Next Evaluation Due:

CURRENT SERVICES

Special Education Services

Other Services

ASD		OHD		DAPE		Counseling (school)	
D/B		PI		OT		Counseling (private)	
DCD		S/L		PT		504 Plan	
DD		SLD		Speech (related)		Title I/Interventions	
D/HH		SMI				Mental Health	
EBD		TBI				Nurse	

REVIEW ACTION *(Completed by Evaluation Team)*

Review previous assessments in each area.

Area	Summary of Existing Data	More Data Needed
Background/Medical Information		
Intellectual		
Academic		
Communication		
Sensory/Motor		
Social/Emotional/Behavioral		
Functional/Adaptive Skills		
Autism Assessment Data		
Secondary Transition		

RECOMMENDATION:

___ Assess: Based on the review of records, additional eligibility data needs to be gathered to determine if the student meets Minnesota special education eligibility criteria.

___ Do Not Assess: The review of records would suggest data received from the previous district appears to be current and valid.

The student meets Minnesota criteria in the following disability area(s):

Reviewed By:

Current Date: