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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA**  **DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Triennial Assessment Determination Form**  (To be completed prior to the Triennial due date to determine what assessments, if any, need to be conducted.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | | | | | |  | | | | | | | | | | | | | | | Date of Birth: | | |  | | | | | | Grade: | | | | |  | |
| School Site: | | | | | | |  | | | | | | District of Attendance: | | | | | |  | | | | | | | District of Residence: | | | | | |  | | | | | | | |
| **Triennial Due Date:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian/Surrogate contacted on: *(Date)* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Method of Contact: | | | | | | | | | | Phone Conference | | | | | IEP Meeting | | | | | | | Other Meeting | | | | | | | Written Conference | | | | | | | | | | |
|  | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
| **As part of determining the need for reassessment the district has completed all of the following steps:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 1. | | | Existing assessment data has been reviewed, including assessments provided by the parents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 2. | | | Current classroom-based assessments have been reviewed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 3. | | | Teacher and related service provider(s) observations have been reviewed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 4. | | | Parent/Guardian input has been reviewed and considered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Based upon a review of the information referenced above, the district, in collaboration with parent, has determined that** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | **No** |
| **additional assessment is needed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
| **If “*YES*,” it is recommended that assessment be completed in the following areas (D/M 66 must be completed): *(Check all that apply)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Academic Assessment | | | | | | | | | | | Cognitive Data | | | | | Social/Emotional | | | | | | Behavioral Data | | | | | Motor Skills Data | | | | | | Health Data | | | | | |
|  | Language/Speech | | | | | | | | | | | Occupational Therapy | | | | | Physical Therapy | | | | | | Adapted P.E. | | | | | Postsecondary Transition | | | | | | | | | | | |
|  | Vision and Hearing: *(Check all that apply below)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | *Vision and Hearing assessment dated* | | | | | | | | | | |  | | | | | | | | | | | *to be used for this evaluation period (within one year)* | | | | | | | | | | | | | | |
|  | | | *Parent to provide privately-obtained Vision or Hearing assessment* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | *Parent declined Vision and Hearing screening by the district* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Alternate means of assessment: *(Describe, if applicable)* | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Other: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional assessment data is needed to determine:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | | | | Whether the student has a particular category of disability and/or continues to meet the eligibility criteria as a child with a disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | | | | The present level of performance of the student and the student’s educational needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | | | | Whether the student continues to need special education and related services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 4. | | | | Whether any additions or modifications to special education and related services are needed to enable the student to meet the annual | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | goals included in the student’s IEP and to participate, as appropriate, in the general curriculum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If “*NO*,” state reason(s) it was determined that further assessment data was not needed:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| **NOTE: PARENTS MAY REQUEST FULL ASSESSMENT TO DETERMINE ELIGIBLITY/INELIGIBILITY FOR SERVICES AT**  **ANY TIME, OR MAY AGREE TO FOCUSED DATA COLLECTION IN SPECIFIC AREAS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I have been advised of and given a copy of the Special Education Procedural Safeguards/Parent Rights | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I agree and understand that assessment is needed in the areas marked above (Assessment Plan is required, form D/M 66) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I agree and understand that no new assessment is needed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | |  | | |
| Parent/Guardian/Surrogate | | | | | | | | | | | | | | | | Date | | | |  | Parent/Guardian/Surrogate | | | | | | | | | | | | | | | | Date | | |
|  | | | | | | | | | | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | |  | | |
| LEA Representative | | | | | | | | | | | | | | | | Date | | | |  | Student | | | | | | | | | | | | | | | | Date | | |
|  | | | | | | | | | | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | |  | | |
| Special Education Teacher | | | | | | | | | | | | | | | | Date | | | |  | General Education Teacher | | | | | | | | | | | | | | | | Date | | |
|  | | | | | | | | | | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | |  | | |
| School Psychologist | | | | | | | | | | | | | | | | Date | | | |  | Speech-Language Pathologist | | | | | | | | | | | | | | | | Date | | |
|  | | | | | | | | | | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | |  | | |
| Other/Title | | | | | | | | | | | | | | | | Date | | | |  | Other/Title | | | | | | | | | | | | | | | | Date | | |