

CONFIDENTIAL



Special Education Department
407 Central Ave
Grambling, LA 71245
Phone: (318) 274-6153
FAX: (318) 274-3215

**Waiver for Triennial Re-Evaluation
DATA REVIEW: _____**

Student: _____ **State ID#:** _____
School: _____ **Grade:** _____
Date of Birth: _____

Parent(s): _____
Address: _____

Telephone Number: _____

Exceptionality: _____
Exceptionality Detail: _____
Related Services: _____

Review of Current Performance: (The following checked items were reviewed)

- | | |
|---|--|
| <input type="checkbox"/> Report card grades | <input type="checkbox"/> Hearing/Vision |
| <input type="checkbox"/> Progress monitoring data | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Standardized test scores | <input type="checkbox"/> Progress reports |
| <input type="checkbox"/> Progress toward meeting annual IEP goals | <input type="checkbox"/> Information provided by teachers |
| <input type="checkbox"/> Transitional/Vocational information | <input type="checkbox"/> Information provided by related service providers |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Information provided by parent(s) |
| <input type="checkbox"/> Discipline/FBA/BIP | <input type="checkbox"/> Other _____ |

Review of Current Performance Indicates:

- Adequate progress is being made.
- Progress has been minimal; however, documented interventions have been implemented to increase progress. Adequate data exists to determine whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals in the IEP and to participate as appropriate in the general education curriculum.
- Lack of progress indicates that a re-evaluation for further assessment is needed.

Comments: _____

Student: _____
School: _____
Date of Birth: _____

State ID#: _____
Grade: _____

The *Regulations for Implementation of the Children with Exceptionalities Act, Subparts A and B, Bulletin 1706*, require that a re-evaluation be conducted every three years unless the parents and the public agency agree otherwise. The triennial anniversary of the evaluation for the student listed above is approaching. Based upon a review of your child’s progress in his/her classroom and input from your child’s teacher(s), it has been determined that no additional data are needed to determine that your child continues to have an exceptionality and continues to need special education and related services.

Furthermore, data shows that your child is making progress in meeting the measureable annual goals set out in his/her IEP and is participating, as appropriate in the general education curriculum. Based on this information, Lincoln Preparatory School is requesting your permission to waive this triennial re- evaluation. The next triennial re-evaluation will be due on _____ (3 year re-evaluation date).

A re-evaluation may be requested at anytime by the parent and/or teacher when it is determined a re-evaluation is necessary to provide additional data regarding new concerns or lack of progress.

Signature of Parent(s)/Guardian(s)

Date

Signature of District Representative

Date

If you need further information about this triennial re-evaluation waiver, you may contact:

Name: _____

Title: _____

Telephone: (318) 274-6153 or (318) 274-3215