

EVALUATION REPORT AND IEP COVER SHEET (1-3)
CESA #7 _____ SCHOOL DISTRICT

Name of Student		DOB	Sex	Grade
Parent or Legal Guardian		Telephone (area/number)		
District of Residence	Current District of Placement		Race/Ethnic (if parent chooses to identify)	
Address	For students transferring between public agencies: IEP reviewed and adopted by _____ On _____			
	For students transferring between public agencies: Evaluation report reviewed and adopted by _____ On _____			

PURPOSE OF MEETING (*Check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Evaluation including determination of eligibility | <input type="checkbox"/> Initial or annual IEP development |
| <input type="checkbox"/> IEP review/revision | <input type="checkbox"/> Develop a statement of transition goals and services (<i>required for students age 14 and older, or younger if appropriate</i>) |
| <input type="checkbox"/> Placement | <input type="checkbox"/> Manifestation determination |
| <input type="checkbox"/> Alternate assessment | <input type="checkbox"/> Determine setting for services during disciplinary change in placement |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

If a purpose of this meeting is *IEP development, review, and/or revision* related to the academic, developmental and functional needs of the child, the IEP team considered the results of:

- | | | |
|-----------------------------------|------------------------------|---|
| Initial or most recent evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| Statewide assessments | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| District-wide assessments | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |

Date of Meeting: _____ Date of Last Evaluation: _____
(month/day/year) *(month/day/year)*

IEP Team Participants Attending or Participating by Alternate Means in the Meeting:

Parent/Guardian	Regular education teacher/title:	Regular education teacher/title:
Student (if appropriate):	Special education teacher/title:	Special education teacher/title:
LEA Representative/Title:	Other:	Other:
Other:	Other:	Other:

If the parent did not attend or participate in the meeting by other means and did not agree to the time and place of the IEP team meeting, document 3 efforts to involve the parents: