**School Name**

**County LOGO**

**Street Name**

**Town, State, Zip**

**Phone Number**

**Physical Education Re-Evaluation Report**

**Name: Grade: Age: D.O.B:**

**Student ID: Service School: T**

**The IEP committee has reviewed the student’s data as outlined below and determined whether or not additional data may be needed for continuing eligibility.**

**Data Reviewed:**

IEP Goals and Objectives Classroom Observation Progress Reports

Current Eligibility Information  Present Age, Grade, and Placement OT/PT Information

Classroom Based Assessment

**Description:**

**Recommendation:** Is additional data needed to determine:

* Is additional data needed to determine the present levels of performance Yes No

and educational needs of the student?

* Whether the student continues to need adapted physical education services. Yes No
* Whether any additions or modifications to the adapted physical education Yes No

Services are needed to meet IEP goals and participate, as appropriate in the

Least restrictive environment.

**If “yes” to any of the above, the IEP team recommends the following (Check one)**

Refer for reevaluation in order to determine continued eligibility. Current eligibility(ies): \_\_\_\_\_\_\_\_\_\_

Evaluation in the following area(s) is recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer for reevaluation to consider new/additional eligibility. Evaluation in the following area(s) is recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer for assessment in the following areas to gather information to aid instructional planning – not for eligibility purposes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No additional data is needed for continued eligibility in the following area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility Determination:**

Student continues to meet eligibility for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility determination will be made after additional information/data is obtained.

Student does not meet eligibility for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adapted Physical Education Teacher**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**