**ANNUAL REVIEW/3 YEAR EVALUATION**

**DUE DATES**

**Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Information Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please fill in the first 5 columns for every student on your case load. If that information indicates a 3-year evaluation is due this school year, fill in the “date consent obtained” column. The Due Process Coordinator will fill out the remainder of the form and return to each case manager. If the information indicates an evaluation will be due next year the Due Process Coordinator will indicate whether consent is needed during the annual review or you may proceed with a RECES form.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student/Disability** | **Birth date/Age** | **Elig. Date** | **Psych. Date** | **Annual Rev. Date** | **Date Consent Obtained** | **Date Due to Psych.** | **Meeting Due Date** | **Elig. For RECES/Date** |
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