

# REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN



LOCAL SCHOOL DISTRICT OR INTERMEDIATE SCHOOL DISTRICT NAME

Initial Evaluation       Re-evaluation       Termination of Eligibility

Date of Review:			
Student's Name	Last:	First:	Middle Initial:
Student ID #:	Date of Birth:	Grade:	School:
Parent/Guardian:			Phone:
Address:		City, State, ZIP:	

**Participants:** Check the box  next to the member who can interpret the instructional implications of evaluation results. Also check the box  under each member's name to indicate how the member participated.

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**Student**  
 Phone     Personal Communication     In Person

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**Parent**  
 Phone     Personal Communication     In Person

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**Parent**  
 Phone     Personal Communication     In Person

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**Other**  
 Phone     Personal Communication     In Person

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**District Representative**  
 Phone     Personal Communication     In Person

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**General Education Teacher**  
 Phone     Personal Communication     In Person

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**Special Education Provider**  
 Phone     Personal Communication     In Person

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**Other**  
 Phone     Personal Communication     In Person

REVIEW OF EXISTING EVALUATION DATA		
<i>Review, describe, and identify the data source for the following information:</i>		
Information	Data Source	Description of Information
Review of existing evaluations including current classroom-based, local, or state assessments; and classroom-based observations.		
Review teacher and related service provider(s) observations.		
Review evaluations and information provided by parents.		
Other		

<b>REVIEW OF INPUT FROM PARENT:</b>
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# REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN



## ADDITIONAL DATA NEEDED AND EVALUATION PLAN

On the basis of the above review, the educational needs of the child, and input from the student's parents, identify the additional data needed to determine the following:

- Whether the student has or continues to have a disability.
- The student's present level of academic performance and related developmental needs.
- Whether the student needs or continues to need special education and related services.
- Whether any additions or modifications to special education and related services are needed to meet IEP goals and participate in general education.

ASSESSMENT AREA	DATA AND ASSESSMENTS NEEDED <i>(Note observations if required)</i>
<input type="checkbox"/> Achievement	
<input type="checkbox"/> Adaptive Skills	
<input type="checkbox"/> Cognitive Ability	
<input type="checkbox"/> Social/Emotional/Behavior	
<input type="checkbox"/> Speech and Language	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	

## NOTICE OF SUFFICIENT DATA

- Based on the review of the data and input from the parent, it was determined that no additional data is needed to determine whether the student is or continues to be a student with a disability who has any special educational and program needs. **State reason (required):**

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If you, the parent, do not agree with this plan, you may request an evaluation. Contact (District contact).

## CONSENT FOR ADDITIONAL ASSESSMENT

I, as parent/guardian,

1. Have received a copy of the Special Education Procedural Safeguards.
2. Understand the contents of this plan, and: (Choose one)

- I consent to the proposed evaluation plan.
- I do not consent to the proposed evaluation plan. (Explain concerns):

Parent/Guardian Signature \_\_\_\_\_

Date of Consent \_\_\_\_\_

The results of the evaluation identified in this plan will be reviewed at an IEP team meeting to be held on or before: