



Review of Existing Evaluation Data (REED) and Evaluation Plan

Student Information

UIC Number: _____ Date: ____ / ____ / ____

Student Name: _____
Last First Middle

Resident District: _____ Attending School: _____ Operating District: _____

County of Residence: _____ Birth Date: ____ / ____ / ____ Age: _____ Gender: _____ Grade: _____

Birth City/State: _____ Ethnic Group: _____ Native Language: _____

Residence Address: _____
Number/Street Apt # City State Zip Code

Legal Responsible Adult: _____
Last Name First Name Home Phone/Cell Work Phone

Address If Different: _____
Number/Street Apt # City State Zip Code

Relationship to Student: _____

PURPOSE: Initial Evaluation Re-evaluation Additional Data Collection Consideration of Termination

**Participants: MUST check circle O indicating individual who can interpret instructional implications of evaluation results
MUST check box under each member's name indicating how member participated**

Student:
 Phone Personal Communication In Person

○ _____
District Representative:
 Phone Personal Communication In Person

Parent(s)/Guardian(s):
 Phone Personal Communication In Person

○ _____
General Education Teacher:
 Phone Personal Communication In Person

Parent(s)/Guardian(s):
 Phone Personal Communication In Person

○ _____
Special Education Provider:
 Phone Personal Communication In Person

 Other:
 Phone Personal Communication In Person

○ _____
Special Education Provider:
 Phone Personal Communication In Person

 Other:
 Phone Personal Communication In Person

○ _____
Diagnostic Team Rep:
 Phone Personal Communication In Person

UIC Number: _____

Date: _____

Student Name: _____
Last

First

Middle

Review of Existing Evaluation Data (REED)

<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		

UIC Number: _____

Date: _____

Student Name: _____

Last

First

Middle

Review of Existing Evaluation Data (REED)

Review evaluations and information provided by parents		
Other		

REVIEW OF PARENT INPUT:

Empty space for parent input.

UIC Number: _____

Date: _____

Student Name: _____

Last

First

Middle

Additional Data Needed and Evaluation Plan

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

1. Whether the student has or continues to have a disability.
2. The student's present level of academic performance and related developmental needs.
3. Whether the student needs or continues to need special education and related services.
4. 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 (Note observations, if required)
<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	

UIC Number: _____

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Determination 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) – Attach Summary of Findings**

If you, the parent/guardian, do not agree with this plan, you may request an evaluation.

Contact District Representative _____

Consent

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)

- Consent to the proposed evaluation plan.
- Understand that no additional data is needed and agree.
- Do not consent to the proposed evaluation plan. Explain concerns:

Prior Written Notice of Proposed Evaluation or Sufficient Data

The purpose of this form is to provide written notice of _____ School's proposal to begin or change or refusal to begin or change the (a) identification, (b) evaluation, or (c) educational placement of your student, or (d) the provision of a Free Appropriate Public Education (FAPE) to your student. [34 CFR 300.503(a)]

Description of action the school district proposed or refused to take	
Explanation of why the school district is proposing or refusing to take action	
Description of each evaluation procedure, assessment, record or report the school district used in deciding to propose or refuse the action	
Description of any other choices the IEP Team considered and reasons why those choices were rejected	

Administrative Designee signature acknowledges the content of Prior Written Notice

Signature: _____	Date: _____
Delivered By: _____	Date of Delivery: _____
Method of Delivery: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Email	

The Procedural Safeguards Notice you received describes protections under the IDEA.

The following sources are available to assist you in understanding Part B of the IDEA:
https://www.northwested.org/downloads/special_education_forms/resources_to_assist_in_understanding_part_b_of_idea.pdf

Parent/Guardian Signature: _____ Date of Consent: _____ / _____ / _____

Administrator Receiving Consent: _____ 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 (DATE): _____ / _____ / _____.