



REVIEW OF EXISTING EVALUATION DATA (REED) Ionia County ISD

Date Sent to Parent: _____ Date Received: _____ IEP Due Date: _____

DIRECTIONS: Complete all sections unless otherwise directed.

1. REED PURPOSE (Check **one** of the following):

- Initial Evaluation
 Reevaluation
 Change in Eligibility
 Evaluation (additional)
 Termination of Eligibility

2. STUDENT INFORMATION:

UIC#: _____

Name: _____ DOB: _____ Sex: _____ Current Grade: _____
 Address: _____ City: _____ State: MI Zip: _____
 Phone: _____ Ethnic Group: _____ Language: _____
 Building: _____ Resident District: _____ Operating District: _____
 Parent/Guardian/Surrogate: _____ Language: _____

3. PARTICIPANTS (Check the box under each member's name to indicate how the member participated.)

Student: _____

- Phone
 Written Communication
 In Person

MET Rep: _____

- Phone
 Written Communication
 In Person

Parent/Guardian: _____

- Phone
 Written Communication
 In Person

Gen. Ed. Teacher: _____

- Phone
 Written Communication
 In Person

Parent/Guardian: _____

- Phone
 Written Communication
 In Person

Sp. Ed. Teacher: _____

- Phone
 Written Communication
 In Person

District Rep: _____

- Phone
 Written Communication
 In Person

Other: _____

- Phone
 Written Communication
 In Person

Other: _____

- Phone
 Written Communication
 In Person

Other: _____

- Phone
 Written Communication
 In Person

4. REVIEW of EXISTING EVALUATION DATA (Review, describe, and identify the data source for the information column below.)

Information	Data Source	Description of Information
Review of existing evaluations including current classroom-based, local, or state assessments; and classroom-based observations.	<input type="checkbox"/> Standard Scores <input type="checkbox"/> Grade Level Equivalencies <input type="checkbox"/> Observation <input type="checkbox"/> File Review/Report <input type="checkbox"/> Instructional Consultation Team Data (ICT) <input type="checkbox"/> Other (Specify):	
Review teacher and related service provider(s) observations.	<input type="checkbox"/> Observation	
Review evaluations and documentation provided by parents.	<input type="checkbox"/> Standard Scores <input type="checkbox"/> Grade Level Equivalencies <input type="checkbox"/> Observation <input type="checkbox"/> File Review/Report <input type="checkbox"/> Other (Specify):	
Other		

Student:

5. REVIEW OF INPUT FROM PARENT *(Input from the parent requires the opportunity for meaningful engagement through such means as interviews, phone discussions, participation at meetings, or questionnaires.)*

Four horizontal lines for writing input from the parent.

6. ADDITIONAL DATA NEEDED & EVALUATION PLAN (Required for Initials & Additional Evaluations; Optional for Reevaluation and Termination of Eligibility)

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 & Assessment Needed (Note observation, if required)	Who (Title Only)

7. NOTICE of SUFFICIENT DATA *(Reevaluation/Termination only)*

Based on the review of the data and input from the parent/guardian, it was determined that no additional data is required 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):**

If you, the parent/guardian, do not agree with this plan, you may request an evaluation. For additional information, contact Scott Hubble, Director of Special Education at 616-527-4900.

8. CONSENT for ADDITIONAL ASSESSMENT

I, as the parent/guardian (check all that apply):

- Have received a copy of the Special Education Procedural Safeguards
- Understand the contents of this plan and I consent to the proposed evaluation plan.
- Understand the contents of this plan and I do not consent to the proposed evaluation plan. *(Explain concerns):*

Two horizontal lines for explaining concerns.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Administrator Receiving Consent: _____ Date: _____

Assigned to: _____

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