



(DIRECTIONS for COMPLETING FORM)

REVIEW OF EXISTING EVALUATION DATA (REED)

Ionia County ISD

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

Comment [j1]: For more information refer to the Procedure & Guidance Manual via MDE

Comment [JLL2]: Date received from parent—this is documented by the district administrator who signs this REED.

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

Comment [JLL3]: Check the box to indicate the purpose of the REED. Refer to the Procedure & Guidance Manual via MDE for examples.

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: (When appropriate) <input type="checkbox"/> Phone <input type="checkbox"/> Written Communication <input type="checkbox"/> In Person	<input type="checkbox"/> MET Rep: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Written Communication <input type="checkbox"/> In Person
Parent/Guardian: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Written Communication <input type="checkbox"/> In Person	<input type="checkbox"/> Gen. Ed. Teacher: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Written Communication <input type="checkbox"/> In Person
Parent/Guardian: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Written Communication <input type="checkbox"/> In Person	<input type="checkbox"/> Sp. Ed. Teacher: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Written Communication <input type="checkbox"/> In Person
<input type="checkbox"/> District Rep: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Written Communication <input type="checkbox"/> In Person	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Written Communication <input type="checkbox"/> In Person
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Written Communication <input type="checkbox"/> In Person	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Written Communication <input type="checkbox"/> In Person

Comment [JLL4]: A meeting is not required to complete the REED.

Comment [JLL5]: MET Representative is required for Initial, Reevaluation, & Termination

Comment [j6]: Required as appropriate

Comment [j7]: Required as appropriate

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): _____	<p>(This column lists specific data sources reviewed as well as the results of the data. Examples of gathered information: MEAP results, universal screening, ICT results, discipline reports, attendance, report cards, medical/health records, developmental assessments for young children. Be sure to explain the data—may need to attach this information to the REED.)</p>
Review teacher and related service provider(s) observations.	<input type="checkbox"/> Observation	

Comment [JLL8]: This table documents the data & information reviewed by the team.

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Review evaluations and information 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 <i>(Specify)</i> :	(Examples of info gathered from parents: outside evaluations, medical reports, ADHD protocol, etc. It may be appropriate to write: "None provided.")
Other		

Student: **(Page 2 of form begins here.)**

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.)*

(Input from parent requires opportunity for "meaningful" engagement through such means as interviews, phone discussions, participation at meetings, or questionnaires. If no input provided from parent, then district MUST document its efforts to obtain parent input—this can be written in this space.)

6. ADDITIONAL DATA NEEDED & EVALUATION PLAN 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.

Comment [JLL9]: Whenever completing an initial or just conducting an additional evaluation, the team MUST complete this section. This section is ONLY optional for Reevaluation and Termination of Eligibility!!

Comment [JLL10]: Team must consider all of these areas. Based on this review, the team should check the assessment area needed in column 1 in the table below.

Comment [JLL11]: This first field is a drop down—only suggestions

Comment [JLL12]: This 2nd field is a fill-in for anything that was not included in the drop down.

Assessment Area	Data & Assessment Needed (Note observation, if required)	Who (Title Only)
	(Need to indicate what the data is and how it will be obtained.)	(Indicate who will be responsible for conducting assessment and collecting the data by "title" only. Drop downs have been provided)

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 the team determines that no additional data is needed, check the box above and provide a rationale.)

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):*

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Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Administrator Receiving Consent: _____ Date: **(This date begins the**

30 school day timeline for initial eligibility.)

Assigned to: **(Names listed here by the district administrator are responsible for the assessments/
reports related to the REED and are due on or before the IEP meeting.)**

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