**REVIEW OF EXISTING EVALUATION DATA (REED)**

District Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Process Initiated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Process Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Child’s Name: | | |
| Date of Birth: | Grade: | Child ID#: |
| Parent/Guardian Name: | | |
| Mailing Address: | | |
| City, State, Zip Code: | | |
| School: | | |
| Language of Instruction: | | |
| Primary Home Language: | | |

**Initial Evaluation  Reevaluation (Due date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  \*Special Request**

\*If special request, describe here:

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**If this REED is initiated as part of a reevaluation, what was the date of the last evaluation?** \_\_\_\_\_\_

**Gifted**

**Previously Identified Disability(ies):**

Autism Hearing Impairment, including deafness Other Health Impaired

Deaf Blindness Intellectual Disability  Specific Learning Disability

Developmental Delay  Multiple Disability  Speech or Language Impairment

Emotional Disturbance Orthopedic Impairment Traumatic Brain Injury

Visual Impairments, Including Blindness

Were assessments completed as part of the child’s most recent eligibility determination?

Yes No

**Newly Suspected Disability(ies) or Disability(ies), if any:**

Autism Hearing Impairment, including deafness Other Health Impaired

Deaf Blindness Intellectual Disability  Specific Learning Disability

Developmental Delay  Multiple Disability  Speech or Language Impairment

Emotional Disturbance Orthopedic Impairment Traumatic Brain Injury

Visual Impairments, Including Blindness

**SECTION I: REVIEW OF EXISTING EVALUATION DATA:**

Upon completion of this review, the district needs to determine if additional data are needed to determine one or more of the following:

1. Whether the child continues to have a disability;

2. The educational needs of the child;

3. The present levels of academic achievement and related developmental needs of the child;

4. Whether the child continues to need special education and related services; and/or

5. Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general education curriculum.

Information provided by the parents and, as appropriate, the child. (Specify areas of strength and concern.)

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Summary of Formal Evaluation(s) performed by District, including diagnostic and related service providers. (Specify examiner and dates of report.)

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Summary of Evaluation(s) provided by outside agency(ies). (Specify examiner and date of report.)

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Current academic performance, including grades, classroom based assessments, current state/district group achievement assessments, and teacher observations. (Specify areas of strength and concern.)

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Current related service provider(s) observations. (Specify areas of strength and concern.)

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**Section II: DETERMINATION OF NEED FOR ADDITIONAL DATA**

**Based on review of existing data, the Eligibility Determination Team determines that the following additional data are needed**.

**Part A: Home Life and Experiences**

The child has factors related to his/her home life and the kinds of experiences he/she has had in his/her family that may relate to educational performance AND additional assessment is needed. *School staff members may be contacting the parents to talk about this*.

**YES NO**

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| *Provide detailed explanation of the specific type of assessment data (e.g., specific areas, not specific tests) that are needed and why:* |

**Part B: Speech and Language (Communication Status)**

The child knows more than one language AND assessment is needed to determine which is the best language for his/her learning and to determine which language to use for all other assessment.

**YES NO**

The child seems to have difficulty with understanding what is said to him/her (receptive language) and/or expressing thoughts (expressive language) AND additional assessment is needed in this area.

**YES NO**

The child seems to have difficulty with speech, including speaking clearly (articulation), vocal quality/nasality (voice), stuttering (fluency) AND additional assessment is needed in this area.

**YES NO**

The child seems to have difficulty with communicating socially with others using non-verbal and/or verbal means (language pragmatics) AND additional assessment is needed in this area.

**YES NO**

The child is nonverbal or has difficulty verbally communicating AND additional assessment is needed in this area (e.g., to determine augmentative and alternative communication needs).

**YES NO**

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| *Provide detailed explanation of the specific type of assessment data (e.g., specific areas, not specific tests) that are needed and why:* |

**Part C: Physical (Motor Abilities, Health, Vision, Hearing)**

The child seems to have difficulty with physical skills (fine and/or gross motor) AND additional assessment is needed in this area.

**YES NO**

The child seems to have physical or health problems that impact his/her educational performance AND additional assessment is needed in this area. *School staff may need to request a release to exchange information with the child’s doctor.*

**YES NO**

The child seems to have vision concerns AND additional assessment is needed in this area.

**YES NO**

The child seems to have hearing concerns AND additional assessment is needed in this area.

**YES NO**

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| *Provide detailed explanation of the specific type of assessment data (e.g., specific areas, not specific tests) that are needed and why:* |

**Part D: Emotional/Behavioral**

The child seems to have difficulty getting along with others at school and at home AND additional assessment is needed in this area.

**YES NO**

The child seems to demonstrate behaviors in the school setting that are impeding learning AND additional assessment is needed in this area.

**YES NO**

The child seems to have difficulty with social-emotional behaviors including social skills, interpersonal interactions, and coping skills AND additional assessment is needed in this area.  
 **YES NO**

The child seems to have difficulty with self-concept, self-regulation, stress responses, and/or overall satisfaction to the extent that these are impacting learning AND additional assessment is needed in this area.

**YES NO**

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| *Provide detailed explanation of the specific type of assessment data (e.g., specific areas, not specific tests) that are needed and why:* |

**Part E: Cognitive Abilities/Adaptive Behavior**

The child seems to have differences with thinking, reasoning, and/or problem solving compared to others of the same age (i.e., cognitive functioning) AND additional assessment is needed.

**YES NO**

The child seems to have differences regarding how he/she process information (i.e., attention span, short/long term memory, cognitive fluency, auditory processing, visual-motor integration, visual spatial, fluid reasoning, phonological awareness, preferred learning style, etc.) AND additional assessment is needed.

**YES NO**

The child seems to have difficulty taking care of himself/herself at home and at school (i.e., adaptive behavior) AND additional assessment is needed.

**YES NO**

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| *Provide detailed explanation of the specific type of assessment data (e.g., specific areas, not specific tests) that are needed and why:* |

**Part F: Assistive Technology**

Data regarding assistive technology devices/services to enable the child to be involved in progress in the general education classroom.

**YES NO**

Data regarding assistive technology devices/services needed to provide appropriate special education and related services to the child.

**YES NO**

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| *Provide detailed explanation of the specific type of assessment data (e.g., specific areas, not specific tests) that are needed and why:* |

**Part G: Academic Achievement**

The child seems to have differences in his/her ability to perform in reading, math, spelling and other areas, including in relation to how he/she is involved in and progresses in the general curriculum (or for preschool children, participates in appropriate activities) AND additional assessment is needed.

**YES NO**

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| *Provide detailed explanation of the specific type of assessment data (e.g., specific areas, not specific tests) that are needed and why:* |

**Part H: Functional Performance**

The child has difficulties in functional area(s), including in relation to how he/she is involved in and progresses in the general curriculum (or for preschool children, participating in appropriate activities) AND additional assessment is needed.

**YES NO**

The child may need support with transition planning AND additional assessment is needed.

**YES NO**

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| *Provide detailed explanation of the specific type of assessment data (e.g., specific areas, not specific tests) that are needed and why:* |

**Section III: Summary of Need for Additional Data**

**YES, AS REFLECTED ABOVE, THERE IS A NEED FOR ADDITIONAL DATA**

The additional data specified above are needed in order to determine any of the following:

1. Whether the child continues to have a disability;
2. The educational needs of the child;
3. The present levels of academic achievement and related developmental needs of the child;
4. Whether the child continues to need special education and related services; and/or
5. Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general education curriculum.

**NOTE: After providing prior written notice and obtaining parental consent, the district will administer such assessments and other evaluation measures as may be needed to produce the data identified above in order to complete a full and individual evaluation of the child. The Eligibility Determination Team meeting will be scheduled upon completion of a full and individual evaluation. For preschool students transitioning from Part C to Part B, the LEA should not create any undue delay in scheduling additional assessments if more data is needed.**

**NO, AS REFLECTED ABOVE, THERE IS NOT A NEED FOR ADDITIONAL DATA:**

On the basis of the above review, the district determined that no additional data are needed to determine any of the following:

1. Whether the child continues to have a disability;

2. The educational needs of the child;

3. The present levels of academic achievement and related developmental needs of the child;

4. Whether the child continues to need special education and related services; and/or

5. Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general education curriculum.

**NOTE: An EDT meeting will be scheduled to determine continued eligibility for special education and related services. The date of EDT decision becomes the new evaluation date.**

**PARENT NOTICE: If the Eligibility Determination Team determines that no additional data are needed to determine whether your child continues to be a child with a disability, the district must notify you of its determination and the reasons for it, and of your right to request an evaluation to determine whether your child continues to be a child with a disability.**

**YES NO**

The District has explained the reasons for its determination that additional data are not needed to determine whether my child continues to be a child with a disability and to determine my child’s educational needs.

**YES NO**

I understand my right to request an evaluation to determine whether my child continues to be a child with a disability and to determine my child’s educational needs.

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Signature of Parent, Guardian, or Adult Student Date

**PARTICIPANTS: Every member who participated in the REED process should sign below indicating his/her participation. Also, check the box under each member’s name to indicate how the member participated.**

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| --- | --- |
| **Signature** | **Position** |
|  | **Parent(s)/Adult Student**  Phone Personal Communication In Person Other |
|  | **Administrator/District Designee**  Phone Personal Communication In Person Other |
|  | **General Education Teacher**  Phone Personal Communication In Person Other |
|  | **Special Education Teacher**  Phone Personal Communication In Person Other |
|  | **Person Interpreting Evaluation Results**  Phone Personal Communication In Person Other |
| **Other Participant’s Signature** | Print Name and Position of Other Participant |
|  | Phone Personal Communication In Person Other |
|  | Phone Personal Communication In Person Other |
|  | Phone Personal Communication In Person Other |
|  | Phone Personal Communication In Person Other |
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