**Review of Existing Data Documentation Form**

**MO STATE SAMPLE**

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| --- |
| Student’s Name: School District: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Eligibility Category (for reevaluation ONLY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of most recent evaluation (for reevaluation ONLY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Referral (either for initial evaluation OR parent referral for reevaluation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Review of Existing Data Decision is Finalized:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| This data review is being conducted as part of:[ ]  an initial evaluation [ ]  a required three year reevaluation [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| IEP team members and other qualified professionals, as appropriate [ ]  met [ ]  conferred to review all relevant existing evaluation information in order to determine what additional data, if any, was needed to determine:1. Whether the child has a particular category of disability or, in the case of a reevaluation, whether the child continues to have a disability.
2. The present levels of performance and educational needs of the student.
3. Whether the child needs special education and related services, or in the case of a reevaluation, whether the child continues to need special education and related services.
4. 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 individualized education program of the child and to participate, as appropriate, in the general curriculum.
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**In making this determination, the following information was reviewed by the team:**

*(Note: Not all areas will have all data sources addressed)*

|  |  |  |
| --- | --- | --- |
| **AREA/ DATA SOURCE** | **TYPE AND DESCRIPTION** **OF DATA REVIEWED****(Include name and date of the previous assessment if applicable)** | **SUMMARY OF INFORMATION GAINED****(Describe strengths and concerns)** |
| **[ ]  Vision: a student’s near/far point visual acuity, eye muscle control, depth perception, color blindness, orientation/mobility skills.** |
| [ ]  General screening |  |  |
| [ ]  School health records |  |  |
| [ ]  Previous assessments |  |  |
| [ ]  Medical reports |  |  |
| [ ]  Teacher |  |  |
| [ ]  Parent |  |  |
| [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **[ ]  Hearing: a student’s hearing acuity for pure-tones and speech, middle ear function, central auditory processing skills, and the need for/use of amplification systems.** |
| [ ]  General screening |  |  |
| [ ]  School health records |  |  |
| [ ]  Previous assessments |  |  |
| [ ]  Medical reports |  |  |
| [ ]  Teacher |  |  |
| [ ]  Parent |  |  |
| [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **[ ]  Health/Motor: a student’s physiological and neurological condition including gross and fine motor skills, metabolic functioning, and/or evidence of disease or injury. May also include laterality, directionality, balance, kinesthetic skills, tactile skills, and ambulatory/postural problems.** |
| [ ]  General screening |  |  |
| [ ]  School health records |  |  |
| [ ]  Medical reports |  |  |
| [ ]  Previous assessments |  |  |
| [ ]  Teacher |  |  |
| [ ]  Parent |  |  |
| [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **[ ]  Speech: a student’s articulation or phonological skill, voice, or fluency.** |
| [ ]  General screening |  |  |
| [ ]  Previous assessments |  |  |
| [ ]  Medical reports |  |  |
| [ ]  Teacher |  |  |
| [ ]  Parent |  |  |
| [ ]  Related service provider |  |  |
| [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **[ ]  Language: a student’s receptive/expressive language skills, auditory processing.** |
|  [ ]  General screening |  |  |
|  [ ]  Previous assessments |  |  |
|  [ ]  Medical reports |  |  |
|  [ ]  Teacher |  |  |
|  [ ]  Parent |  |  |
|  [ ]  Related service provider |  |  |
|  [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **[ ]  Intellectual/Cognitive: a student’s general mental abilities including learning rate, specific strengths and weaknesses, and sensory perceptual learning processes.** |
| [ ]  Previous assessments |  |  |
| [ ]  Medical reports |  |  |
| [ ]  School records |  |  |
| [ ]  Teacher |  |  |
| [ ]  Parent |  |  |
| [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **[ ]  Adaptive Behaviors: a student’s ability to function and maintain self independently, and the degree to which the student meets satisfactorily the culturally imposed demands of personal and social responsibility.** |
| [ ]  Previous assessments |  |  |
| [ ]  Medical reports |  |  |
| [ ]  School records |  |  |
| [ ]  Teacher |  |  |
| [ ]  Parent |  |  |
| [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **[ ]  Social/Emotional/Behavioral: a student’s social/emotional/behavioral development in relation to learning, interpersonal relationships, and self.** |
| [ ]  Previous assessments |  |  |
| [ ]  Medical reports |  |  |
| [ ]  Teacher |  |  |
| [ ]  Parent |  |  |
| [ ]  Student |  |  |
| [ ]  Counselor |  |  |
| [ ]  Related service provider |  |  |
| [ ]  Outside agency |  |  |
| [ ]  School records |  |  |
| [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **[ ]  Academic Achievement: a student’s educational skills and achievement levels including pre-academic skills, if age appropriate.** |
| [ ]  Classroom/teacher assessments |  |  |
| [ ]  Curriculum-based assessments |  |  |
| [ ]  Agency/district-wide assessments |  |  |
| [ ]  State-wide MAP assessments |  |  |
| [ ]  Previous assessments |  |  |
| [ ]  School records |  |  |
| [ ]  Teacher |  |  |
| [ ]  Parent |  |  |
| [ ]  Student |  |  |
| [ ]  Intervention strategies |  |  |
| [ ]  Current IEP progress report |  |  |
| [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **[ ]  Post-secondary Transition (Age 16+ or younger, if appropriate – this area must be included in the IEP in effect when the child turns age 16): a student’s ability to function independently in the school environment and movement toward successful functioning in post-school activities (i.e. working toward career choices).** |
| Age Appropriate Transition Assessment in the area(s) of: |  |  |
| [ ]  Education |  |  |
| [ ]  Training |  |  |
| [ ]  Employment |  |  |
| [ ]  Independent living |  |  |
| [ ]  Vocational interest inventories |  |  |
| [ ]  Previous assessments |  |  |
| [ ]  Teacher |  |  |
| [ ]  Parent |  |  |
| [ ]  Student |  |  |
| [ ]  Employer |  |  |
| [ ]  Current IEP transition plan |  |  |
| [ ]  Outside agency |  |  |
| [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **[ ]  Assistive Technology (if applicable): a student’s need for assistive devices/services in order to maintain, increase, or improve the functional capabilities of the student.** |
| [ ]  Previous assessments |  |  |
| [ ]  Medical reports |  |  |
| [ ]  Teacher |  |  |
| [ ]  Parent |  |  |
| [ ]  Student |  |  |
| [ ]  Related service provider |  |  |
| [ ]  Outside agency |  |  |
| [ ]  Other |  |  |
| Further Assessment Information Needed? [ ]  Yes [ ]  No | Assessment instruments, if known  |
| **Team Conclusions and Decisions****Based upon the Review of Existing Data the Team made the following decisions:** |
| **[ ]  ADDITIONAL DATA IS NEEDED:**  | **OR** | [ ]  **NO ADDITIONAL DATA IS NEEDED:**   |
| **If checked, choose type of evaluation. 🡻** |  | **If checked, choose type of evaluation. 🡻** |
| [ ]  For **Initial Evaluation***MUST provide parent with Prior Written Notice for intent to evaluate and provide a description of the areas to be assessed and the tests to be administered, if known. Parental consent is required to initiate the evaluation.*  |  | [ ]  For **Initial Evaluation***MUST provide parent with Prior Written Notice* ***and*** *obtain Parental consent* ***and*** *provide an Evaluation Report that includes an eligibility determination based on the Review of Existing Data.* |
| **OR** |  | **OR** |
| [ ]  For **Reevaluation:** **Additional data will be collected by administering assessment instrument(s) requiring written parental consent.***MUST provide parent with Prior Written Notice for intent to evaluate and provide a description of the areas to be assessed and the tests to be administered, if known. Parental consent is required to initiate the evaluation.* *However, IF parent does not respond to two attempts by the public agency to provide Prior Written Notices for intent to reevaluate, the public agency can proceed with reevaluation after the second 10 day waiting period if the parents do not file for due process.*  | [ ]  For **Reevaluation:** *(MUST select one reason below)*[ ]  The current Identification of (disability and sub-areas within disability)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_continues to be appropriate and sufficient information exists on which to base educational decisions. MUST complete *“Prior Written Notice Regarding Results of Review of Existing Data Documentation Form”* (page 6 of the RED form) to provide prior written notice.**OR**[ ]  Sufficient information exists on which to base the decision that (name of student)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not continue to show evidence of the disability indicated in the initial or most recent evaluation and does not continue to need special education and related service.1   **OR**[ ]  Sufficient information exists to change the current identification FROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_1****1***MUST Provide parent with Prior Written Notice* ***and*** *an Evaluation Report that includes an eligibility determination based on the Review of Existing Data.* |

The following individuals, meeting the requirements of an IEP team and other qualified professionals made the above determination on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (m/d/y) **(*date of meeting or, if no meeting, indicate the date the decision is finalized)***

|  |  |
| --- | --- |
| **Name** | **Title/Role of Team Members** |
|  | Parent\* |
|  | LEA Representative\* |
|  | Regular Education Teacher\* |
|  | Special Education Teacher\* |
|  | Person to Interpret Instructional Implications of Evaluation Results\* |
|  | Others: (indicate role) |

***\*Required team participants for the Review of Existing Data – may NOT be excused***

**Prior Written Notice Regarding Results of Review of Existing Data**

**Used ONLY for a Reevaluation When No Additional Data Required**

**Agency and Parent Rights and Responsibilities in regards to Reevaluation when no additional data is required**:

Provide parent with notification (verbal or written) regarding reevaluation results. If notification given verbally, the content of notification must be documented.

Parents have the right to request an assessment IF the purpose of conducting the assessment is to determine continued eligibility and to determine the educational needs of the child. If the parent requests additional assessments for any other reason (e.g., additional disability identification, updated test results, etc.) the district/agency would consider the request a parent request for reevaluation and provide appropriate Prior Written Notice.

Parents must be notified of their right to further assessment, the decision, and the reason for the decision.

Date of Notification (m/d/y) \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The review team has determined:

**The decision:**

After reviewing all existing data, the Review Team considered collecting additional data and concluded no additional data is needed at this time to determine the student continues to be a student with a disability.

**The reason for the decision:**

Sufficient information exists to:

* Determine that the student continues to be a student with a disability under the categorical disability of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
* Develop a present level of educational performance;
* Determine the child continues to need special education and related services; and
* Determine any additions or modifications to the special education and related services needed to enable the student to meet the annual goals in the IEP and participate in the general curriculum.

**Parent’s right to additional assessment**

As noted above, you have the right to request additional assessment to determine whether your child continues to be a child with a disability and to determine the child’s educational needs. If you desire additional assessment, please contact the individual noted below.

Parents of a child with a disability have protection under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA). If you need assistance in understanding the provisions of the procedural safeguards or would like a copy of the Procedural Safeguards Statement, you may contact:

**Name and role of individual notifying parent:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Role Phone Number**

**Method of notification:**

[ ]  **Verbal:** [ ]  **In person** [ ]  **By phone**

[ ]  **Written:** [ ]  **Regular mail** [ ]  **Certified mail** [ ]  **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_**