

Review of Existing Data Documentation Form

MO STATE SAMPLE

Student's Name: _____ School District: _____

Date of Birth: _____ Age: _____ Grade: _____

Date of Referral (either for initial evaluation OR parent referral for reevaluation): _____

Current Eligibility Category (for reevaluation): _____

This data review is being conducted as part of:

- ☐ an initial evaluation
☐ a required three year reevaluation
☐ Other: _____

IEP team members and other qualified professional, 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.

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)
<input type="checkbox"/> Vision: a student's near/far point visual acuity, eye muscle control, depth perception, color blindness, orientation/mobility skills.		
<input type="checkbox"/> General screening		
<input type="checkbox"/> School health records		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> Medical reports		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	
<input type="checkbox"/> 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.		
<input type="checkbox"/> General screening		
<input type="checkbox"/> School health records		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> Medical reports		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		

<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	
<input type="checkbox"/> 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.		
<input type="checkbox"/> General screening		
<input type="checkbox"/> School health records		
<input type="checkbox"/> Medical reports		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	
<input type="checkbox"/> Speech: a student's articulation or phonological skill, voice, or fluency.		
<input type="checkbox"/> General screening		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> Medical reports		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Related service provider		
<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	
<input type="checkbox"/> Language: a student's receptive/expressive language skills, auditory processing.		
<input type="checkbox"/> General screening		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> Medical reports		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Related service provider		
<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	

<input type="checkbox"/> Intellectual/Cognitive: a student's general mental abilities including learning rate, specific strengths and weaknesses, and sensory perceptual learning processes.		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> Medical reports		
<input type="checkbox"/> School records		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	
<input type="checkbox"/> 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.		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> Medical reports		
<input type="checkbox"/> School records		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	
<input type="checkbox"/> Social/Emotional/Behavioral: a student's social/emotional/behavioral development in relation to learning, interpersonal relationships, and self.		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> Medical reports		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Student		
<input type="checkbox"/> Counselor		
<input type="checkbox"/> Related service provider		
<input type="checkbox"/> Outside agency		
<input type="checkbox"/> School records		
<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	
<input type="checkbox"/> Academic Achievement: a student's educational skills and achievement levels including pre-academic skills, if age appropriate.		
<input type="checkbox"/> Classroom/teacher assessments		
<input type="checkbox"/> Curriculum-based assessments		
<input type="checkbox"/> Agency/district-wide assessments		
<input type="checkbox"/> State-wide MAP assessments		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> School records		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		

<input type="checkbox"/> Student		
<input type="checkbox"/> Intervention strategies		
<input type="checkbox"/> Current IEP progress report		
<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	
<input type="checkbox"/> 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:		
<input type="checkbox"/> Education		
<input type="checkbox"/> Training		
<input type="checkbox"/> Employment		
<input type="checkbox"/> Independent living		
<input type="checkbox"/> Vocational interest inventories		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Student		
<input type="checkbox"/> Employer		
<input type="checkbox"/> Current IEP transition plan		
<input type="checkbox"/> Outside agency		
<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	
<input type="checkbox"/> 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.		
<input type="checkbox"/> Previous assessments		
<input type="checkbox"/> Medical reports		
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Parent		
<input type="checkbox"/> Student		
<input type="checkbox"/> Related service provider		
<input type="checkbox"/> Outside agency		
<input type="checkbox"/> Other		
Further Assessment Information Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessment instruments, if known	

Team Conclusions and Decisions

Based upon the Review of Existing Data the Team made the following decisions:

<input type="checkbox"/> ADDITIONAL DATA IS NEEDED:	OR	<input type="checkbox"/> NO ADDITIONAL DATA IS NEEDED:
If checked, choose type of evaluation. ↓		If checked, choose type of evaluation. ↓
<input type="checkbox"/> For Initial Evaluation <i>MUST provide parent with prior written Notice of Action 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.</i>		<input type="checkbox"/> For Initial Evaluation <i>MUST provide parent with prior written Notice of Action and an Evaluation Report that includes an eligibility determination based on the Review of Existing Data.</i>
OR		OR
<input type="checkbox"/> For Reevaluation: (MUST select one option below) <div style="margin-left: 40px;"> <input type="checkbox"/> Additional data will be collected by administering assessment instrument(s) requiring written parental consent.¹ </div> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="margin-left: 40px;"> <input type="checkbox"/> Additional, data/information will <u>not</u> be collected through means requiring parental consent.² </div> <div style="margin-top: 10px;"> <u>Describe additional data to be obtained:</u> </div> <div style="margin-top: 20px;"> ¹ <i>MUST provide parent with prior written Notice of Action 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.</i> ² <i>MUST provide parent with prior written Notice of Action for intent to reevaluate and can proceed with reevaluation after 10 days if parents do not waive the 10 day waiting period or file for due process.</i> </div>		<input type="checkbox"/> For Reevaluation: (<u>MUST</u> select one reason below) <div style="margin-left: 40px;"> <input type="checkbox"/> 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 "Parent Notification Regarding Results of Review of Existing Data Documentation Form" (page 6 of the RED form) to provide prior written notice. </div> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="margin-left: 40px;"> <input type="checkbox"/> 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 </div> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="margin-left: 40px;"> <input type="checkbox"/> Sufficient information exists to change the current identification FROM _____¹ TO _____ </div> <div style="margin-top: 10px;"> ¹ <i>MUST Provide parent with Notice of Action and an Evaluation Report that includes an eligibility determination based on the Review of Existing Data.</i> </div>

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**

DOCUMENTATION FORM

Parent Notification 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 is 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 Notice of Action.

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 determined that no additional data is needed at this time.

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.

Name and role of individual notifying parent:

Name

Role

Method of notification:

- ☐ Verbal: ☐ In person ☐ By phone
☐ Written: ☐ Regular mail ☐ Certified mail ☐ Other _____