

Review of Existing Evaluation Data - 1

Student: _____ Date of birth: _____ Age: _____ Student ID: _____
Ethnicity: _____ Hm language: _____ Sch language: _____
Home school: _____ Service school: _____ Grade: _____

SAMPLE

REASON FOR REVIEW

Consideration for initial evaluation Consideration for reevaluation Other _____

Review date: _____ **Specific area(s) of concern:**

REVIEW OF EXISTING DATA

Relevant data from previous evaluations of the student, including dates, types of tests, and test results:

Information provided by the parents (including developmental, medical, health, and family history:

Results of current classroom-based, district, and State assessments:

Classroom-based observations and observations by teachers and related services providers:

Review of Existing Evaluation Data - 2

Student: _____ Date of birth: _____ Review date: _____

Hearing screening date: _____ Pass Fail **Vision screening date:** _____ Pass Fail

Current medications: _____

Language proficiency and background: _____ Is the student ELL? _____

Student's primary language _____ Other language(s) spoken by student: _____

Primary home language: _____ Other language(s) spoken at home: _____

Language proficiency testing, if applicable: (include date tested, name of test, and results)

English: _____

Other: _____

Educational history: (include previous schools attended, retention, grades, attendance, special services)

Complete the following if the student currently receives special education services:

Primary disability: _____ Secondary disabilities: _____ IEP date: _____

Current services: _____

Check all interventions that have been provided:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Remedial instruction | <input type="checkbox"/> Preferential seating | <input type="checkbox"/> Change in classes | <input type="checkbox"/> Suspension from school |
| <input type="checkbox"/> Individual tutoring | <input type="checkbox"/> Individual incentives | <input type="checkbox"/> Point reinforcement system | <input type="checkbox"/> Progress notes/calls to parents |
| <input type="checkbox"/> Peer tutoring | <input type="checkbox"/> Written assignment sheets | <input type="checkbox"/> Discipline program | <input type="checkbox"/> Parent conferences |
| <input type="checkbox"/> Simplified curriculum | <input type="checkbox"/> Reduced assignments | <input type="checkbox"/> Written behavior contract | <input type="checkbox"/> Section 504 plan |
| <input type="checkbox"/> Academic skills grouping | <input type="checkbox"/> Teacher reassignment | <input type="checkbox"/> In-school suspension | <input type="checkbox"/> ELL services |

Other: _____

Impact of any racial and/or cultural considerations or educational disadvantage:

Yes No Are the student's educational problems related to or resulting primarily from racial/cultural differences?

Yes No Are the student's educational problems related to or resulting primarily from educational disadvantage?

Explain if checked Yes:

Review of Existing Evaluation Data - 3

Student: _____ Review date: _____

TEAM CONCLUSIONS AND DETERMINATIONS

Is additional information needed to determine:

- Whether the student has a particular category of disability or continues to have a disability? Yes No
- The student's present levels of performance and educational needs? Yes No
- Whether the student needs or continues to need special education and related services? Yes No
- Whether any additions or modifications to the special education and related services are needed to enable the student to meet the IEP annual goals and to participate, as appropriate, in the general curriculum? Yes No

If additional information is needed, specify the information and/or assessment(s):

Additional information not requiring an evaluation:

Additional information requiring an evaluation:

Need area	Tests and other evaluation methods	Person responsible
_____	_____	_____
_____	_____	_____
_____	_____	_____

If no additional information is needed, what are the reasons for that determination?

(If no additional information is needed, complete and attach the appropriate MET eligibility report(s).)

Specify the student's present levels of performance and educational needs:

PARENTS' RIGHT TO ADDITIONAL ASSESSMENT

Parents have the right to request additional assessment to determine if their child has or continues to have a disability.

Name of person notifying parents of this right _____ Title: _____

(Attach Prior Written Notice documenting parent notification.)