



## REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN

Alcona-Montmorency-Alcona  
Educational Service District  
2118 US 23 South  
Alcona, MI 49707  
(989) 354-3101

Initial Evaluation

Re-evaluation

Termination of Eligibility

Date of Review:			
Student's Name	Last:	First:	M.I.:
Student ID#	DOB:	Grade:	School:
Parent/Guardian:		Phone:	
Address:		City/State/ZIP:	

**Participants:** Check the box  next to the member who can interpret the instructional implications of evaluation results. Also check the box  under each member's name to indicate how the member participated.

\_\_\_\_\_  
**Student**

Phone    Personal Communication    In Person

\_\_\_\_\_  
 **District Representative**

Phone    Personal Communication    In Person

\_\_\_\_\_  
**Parent**

Phone    Personal Communication    In Person

\_\_\_\_\_  
 **General Education Teacher**

Phone    Personal Communication    In Person

\_\_\_\_\_  
**Parent**

Phone    Personal Communication    In Person

\_\_\_\_\_  
 **Special Education Provider**

Phone    Personal Communication    In Person

\_\_\_\_\_  
**Other**

Phone    Personal Communication    In Person

\_\_\_\_\_  
 **Other**

Phone    Personal Communication    In Person

**REVIEW OF INPUT FROM PARENT:**

**REVIEW OF EXISTING EVALUATION DATA**

**Review, describe, and identify** the data source for the following information:

<b>Information</b>	<b>Data Source</b>	<b>Description of Information</b>
Review of existing evaluations including current classroom-based, local, or state assessments; and classroom-based observations.		
Review teacher and related service provider(s) observations		
Review evaluations and information provided by parents.		
Other		

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

**ADDITIONAL DATA NEEDED AND EVALUATION PLAN**

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.

<b>ASSESSMENT AREA</b>	<b>DATA AND ASSESSMENT NEEDED</b> <small>(Note observations if required)</small>
<input type="checkbox"/> Achievement	
<input type="checkbox"/> Adaptive Skills	
<input type="checkbox"/> Cognitive Ability	
<input type="checkbox"/> Social/Emotional/Behavior	
<input type="checkbox"/> Speech and Language	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	

**NOTICE OF SUFFICIENT DATA**

- Based on the review of the data and input from the parent, it was determined that no additional data is needed 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 you, the parent, do not agree with this plan, you may request an evaluation. Contact \_\_\_\_\_ at AMA ESD at 989/354-3101.

**CONSENT FOR ADDITIONAL ASSESSMENT**

I, as parent/guardian,

1. Have received a copy of the Working Together Booklet which informs me of the special education procedural safeguards and the right to an independent educational evaluation.
2. Understand the contents of this plan, and: (Choose one)
  - I consent to the proposed evaluation plan.
  - I do not consent to the proposed evaluation plan. (Explain concerns): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date of Consent \_\_\_\_\_

The results of the evaluation identified in this plan will be shared with the parent/caregiver on or before: \_\_\_\_\_

AND will be reviewed at an IEP team meeting to be held on or before: \_\_\_\_\_.