REVIEW OF EXISTING DATA (RED)

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S):_____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING: _____ SITE CODE: _____IEP TEACHER OF RECORD: _____

Review by a group of qualified professionals and parent(s) does not require a meeting (34 CFR § 300.305).
If existing records, assessments, or information must be obtained from other sources, the following forms may be utilized: Authority to Transfer Education Records, Consent for the Release of Confidential Information, Medical Report, and/or Vision Report, as appropriate. Parental consent is required for when utilizing the Consent for the Release of Confidential Information form.

SPECIFY PRESENTING CONCERN(S):	**DATA REVIEW** (Check reasons) ☐ Consideration for Initial Evaluation ☐ Consideration for Reevaluation ☐ Other (Explain) _____

Building/Site Level Review of Existing School Information:
Present Levels of Educational Performance (or Age-Appropriate Activities for Preschool Children)_____

_____

_____

Grades/Progress Reports _____ Work Habits _____

Work Samples _____

_____

Assessments of Achievement _____

_____

Attendance History _____ Number of Days Absent This Year _____

Behavior Concerns or Discipline Reports _____

_____

Observations in Classroom or in Age Appropriate Settings _____

_____

Describe Interventions, Instructional Strategies, and Child-Centered Data Collected (e.g., Response to Intervention [RtI], reduced homework assignment, bilingual interpreter) _____

_____

_____

Other Information:

Concerns/Special Considerations of Parent(s) or other sources_____

_____

What are the specific referral concerns/questions to be answered? _____

_____

_____

RED

NAME OF CHILD: _____STUDENT ID: _____
FIRST MIDDLE LAST

Complete only the areas needed for this child.

AREA	EVALUATION PROCEDURES	PERSON/AGENCY QUALIFICATIONS	DATE (of information)	COMMENTS, FINDINGS, EDUCATIONAL NEEDS
PARENT INFORMATION CONCERNS/COMMENTS ☐ Existing ☐ New Information				
DEVELOPMENTAL ☐ Existing ☐ New Information				
ADAPTIVE BEHAVIOR _____HOME _____SCHOOL _____AGE APPROPRIATE SETTING ☐ Existing ☐ New Information				
SOCIOCULTURAL ☐ Existing ☐ New Information				
HEALTH/MEDICAL ☐ Existing ☐ New Information				
VISION ☐ Existing ☐ New Information				
HEARING ☐ Existing ☐ New Information				
MOTOR ☐ Existing ☐ New Information				
COMMUNICATION/SPEECH AND LANGUAGE ☐ Existing ☐ New Information				

RED

NAME OF CHILD: _____STUDENT ID: _____

FIRST MIDDLE LAST

AREA	EVALUATION PROCEDURES	PERSON/AGENCY QUALIFICATIONS	DATE (of information)	COMMENTS, FINDINGS, EDUCATIONAL NEEDS
ACADEMIC: LISTENING COMPREHENSION ☐ Existing				
☐ New Information				
ORAL EXPRESSION ☐ Existing				
☐ New Information				
BASIC READING SKILLS ☐ Existing				
☐ New Information				
READING COMPREHENSION ☐ Existing				
☐ New Information				
READING FLUENCY ☐ Existing				
☐ New Information				
WRITTEN EXPRESSION ☐ Existing				
☐ New Information				
MATHEMATICS CALCULATION ☐ Existing				
☐ New Information				
MATHEMATICS PROBLEM SOLVING ☐ Existing				
☐ New Information				

RED

NAME OF CHILD: _____STUDENT ID: _____

FIRST MIDDLE LAST

AREA	EVALUATION PROCEDURES	PERSON/AGENCY QUALIFICATIONS	DATE (of information)	COMMENTS, FINDINGS, EDUCATIONAL NEEDS
ASSISTIVE TECHNOLOGY ☐ Existing ☐ New Information				
PERCEPTUAL/PROCESSING ☐ Existing ☐ New Information				
INTELLECTUAL/COGNITIVE ☐ Existing ☐ New Information				
FUNCTIONAL BEHAVIOR ASSESSMENT ☐ Existing ☐ New Information				
PSYCHOLOGICAL SOCIAL/EMOTIONAL ☐ Existing ☐ New Information				
VOCATIONAL ☐ Existing ☐ New Information				
OBSERVATION IN CLASSROOM OR OTHER ENVIRONMENT ☐ Existing ☐ New Information				
OTHER ☐ Existing ☐ New Information				

RED

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Background Information:

Native Language/Mode of Communication _____ Primary Language of Home _____

List Schools Previously Attended _____

List Grade(s) Repeated _____ Remedial/Other School Services _____

_____

Previous Individualized Evaluation(s)/Date(s) _____

Special Education Services ☐ None ☐ Previous Disability Category _____

Student Received SoonerStart or Other Early Intervention Services: ☐ Yes ☐ No

If Yes, Describe _____

Pertinent Medical or Health Information _____

List Medication Taken Regularly _____ Reason _____

Describe Physical Limitations or Motor Impairments _____

Services Provided By Outside Professionals/Agencies ☐ Yes ☐ No ☐ Previously ☐ Currently

Describe Services _____

Screening Information:

Date of Last Visual Test/Screening _____ Results _____

Describe Vision Problems _____ Aids/Devices _____

Date of Last Hearing Test/Screening _____ Results _____

Describe Hearing Problems _____ Aids/Devices _____

Date of Last Speech/Language Test/Screening _____ Results _____

Describe Speech/Language Problems _____ Aids/Devices _____

Developmental Screening _____ Results _____

Describe Developmental Problems _____

Other Screening _____ Results _____

Team/Group Recommended Action:

☐ Consultation Services _____

☐ Additional Assessments for Initial Evaluation _____

☐ Additional Assessments for Reevaluation _____

☐ No Additional Assessments Needed

SIGNATURES: (Sign and date when each person reviews. Dates may vary since a meeting is not required for review of existing data and information.)

Regular Education Teacher _____ Date _____

Special Education Teacher _____ Date _____

Administrative Representative _____ Date _____

Other/Qualified Professional _____ Date _____

Parent(s) _____ Date _____

Comments/Concerns _____

_____

_____

_____

_____

RED

NAME OF CHILD: _____STUDENT ID: _____
FIRST MIDDLE LAST

DOCUMENTATION OF INTERVENTIONS

Targeted Behavior/Skill:

_____

_____

_____

Goal:

_____

_____

_____

Interventions Attempted:

_____

_____

_____

Frequency and Duration:

_____

_____

_____

Treatment Integrity Data:

_____

_____

_____

Type of Measure Used to Define Outcome:

_____

_____

_____

Was goal accomplished? ☐ Yes ☐ No

Recommended Action:

_____

_____

_____