

Existing Data Review/Notice of Decision

Name: ID#: Date of Birth:

Age: Grade: School/Site:

Current Eligibility Category:	<input type="checkbox"/> Autism <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Deaf-Blindness <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Non categorical (Ages 3-5 only) <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment
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The IEP Committee has reviewed the student data as outlined below and determined whether or not additional or updated data may be needed for initial or continuing eligibility.

I. Data Reviewed (Check all that apply and attach documentation):

<input type="checkbox"/> Achievement Data	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Adaptive Behavior	<input type="checkbox"/> Occupational Therapy Data
<input type="checkbox"/> Anecdotal Records	<input type="checkbox"/> Orientation and Mobility Data
<input type="checkbox"/> Assistive Technology Data	<input type="checkbox"/> Physical Therapy Data
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Portfolio/Current Work Samples
<input type="checkbox"/> Behavior Scales	<input type="checkbox"/> Previous Psychological Evaluation
<input type="checkbox"/> Behavioral Intervention Plan	<input type="checkbox"/> Previous Services Received (Special Education, 504, ESOL, etc.)
<input type="checkbox"/> Classroom Based Assessments	<input type="checkbox"/> Progress and Grade Reports
<input type="checkbox"/> Classroom Observation	<input type="checkbox"/> Self-Help Skills
<input type="checkbox"/> Current Eligibility Information	<input type="checkbox"/> Social History Update
<input type="checkbox"/> Curriculum Based Assessments	<input type="checkbox"/> Speech-Language Data
<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Teacher/Staff Observations
<input type="checkbox"/> Hearing/Vision Screening/Data	<input type="checkbox"/> Transition Plan
<input type="checkbox"/> IEP Accommodations	<input type="checkbox"/> Other Data (Specify):
<input type="checkbox"/> IEP Goals and Objectives	<input type="text"/>
<input type="checkbox"/> Information Provided by Parents	
<input type="checkbox"/> Local or State Assessments	

II. Decisions: Is additional data needed to determine:

Present levels of performance and educational needs of the child (e.g., transition and postsecondary planning)?	<input type="radio"/> Yes <input type="radio"/> No
Whether the child is a child with a disability or, in case of a reevaluation, whether the child continues to have such a disability?	<input type="radio"/> Yes <input type="radio"/> No
Whether the child needs special education and related services or, in case of a reevaluation, continues to need special education and related services?	<input type="radio"/> Yes <input type="radio"/> No
Whether any additions or changes to the special education and related services are needed to meet IEP goals and participate, as appropriate, in the general curriculum?	<input type="radio"/> Yes <input type="radio"/> No

Name:

A. If additional data is needed, the IEP team recommends the following:

- Evaluation/reevaluation in order to determine eligibility or continued eligibility.
- Reevaluation to consider new/additional eligibility.
- Reevaluation to gather information to aid instructional planning.

B. If additional data is not needed, the team has determined the following (check one):

- Child meets IDEA eligibility or, in the case of a reevaluation, continues to meet IDEA eligibility.
- Child does not meet IDEA eligibility or, in the case of a reevaluation, does not continue to meet IDEA eligibility.

Parent was notified of the decision and their right to request additional assessment. Yes No

Excusal(s): Yes No

If yes, Name(s) of Team Member(s) Excused:

Parent Agreement to Excusal: Yes No Initials _____

Is excused member's area of curriculum being discussed?

- Yes, written input was provided
- No

EDR Committee List

<input type="text"/>	Parent(s)
<input type="text"/>	Special Education Teacher
<input type="text"/>	General Education Teacher
<input type="text"/>	Local Education Agency Representative
<input type="text"/>	Individual to Interpret Instructional Implications of Evaluation Results
<input type="text"/>	Other: <input type="text"/>

The above listed individuals **meeting the requirements of an IEP team** made the above determination on:

- In a conference
- Through consultation with required committee members