

**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