**EXISTING DATA REVIEW Page \_\_\_\_ of \_\_\_\_**

**TO DETERMINE IF ADDITIONAL ASSESSMENTS**

**OR EVALUATION DATA ARE NEEDED**

**Form ED-1 (Rev. 05/2022)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid \_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| The purpose of the review of existing evaluation data is to determine whether there is sufficient information needed to conduct a comprehensive evaluation to determine eligibility and to identify all of the student’s special education and related services needs.  The review of existing data is conducted:   * **After** the parent(s) receives the *Notice of Receipt of Referral and Start of Initial Evaluation* orthe *Notice of Reevaluation*, and * **Before** sending the *Notice and Consent Regarding Need to Conduct Additional Assessments or Notice that No Additional Assessments Needed*.   If a meeting is held to consider existing data, this form is used as documentation of that meeting, along with a Cover Sheet. If no meeting is held, this form is used to document the input and decisions of required participants. |

☐ Notice of receipt of referral and start of initial evaluation/notice of reevaluation was provided to parent(s)

(Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Information from referral for special education/notice of reevaluation was reviewed☐ Yes ☐ No

**I. Review of existing evaluation data to identify what additional data, if any, are needed to assess areas of concern identified on the referral.**

|  |  |  |
| --- | --- | --- |
| **Existing Data**  For additional information, see [Guide to Special Education Forms](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms).  *Check all reviewed:* | **Sources of Information**  *Check all that apply:* | **Additional Data**  **Needed** |
| Information about the student’s (including preschool children) academic achievement:   * Early literacy/Reading achievement * Speaking and listening achievement * Language achievement * Writing achievement * Mathematics achievement * Physical education (PE) achievement * Academic achievement in other areas (e.g., science, social studies, etc.)   Information about the student’s (including preschool children) functional performance:   * Cognitive learning (e.g. executive function skills, information processing) * Communication (e.g., sound production, fluency, voice, social and pragmatic language) * Independence/Self-determination (e.g., self-advocacy, self-care and hygiene) * Physical/Health (e.g., vision, hearing, fine and gross motor skills, mobility) * Social and Emotional Learning (e.g., perspective taking, self-management and regulation) | ◻ Information or evaluations provided by the parent(s)/family  ◻ Previous evaluations    ◻ Current classroom-based, district-wide, or state assessment results  ◻ Observations by teachers, related service providers and others (including current classroom-based observations and observations by reading teacher/specialist, if applicable).  ◻ Previous interventions and effects  ◻ Behavioral records (including but not limited to discipline data, suspensions, office referrals, and data tracking a behavior)  ◻ Assistive technology assessment (including but not limited to assessment for accessible educational materials and augmentative and alternative communication)  ◻ Functional behavioral assessment  ◻ Adaptive PE Assessment  ◻ Information from other sources (including but not limited to postsecondary transition, medical, Birth-to-3) | ◻ Yes  *(specify under Section III below)*  ◻ No |

**II. Additional areas of concern identified during the review of existing data, if any:**

☐ **None**

**III.** **Describe additional assessments and other evaluation materials needed to complete a sufficiently comprehensive evaluation to assess the areas of concerns and determine if a student meets criteria for a disability category and needs specially designed instruction:**

☐ **None**

**III. List of IEP team participants involved in the review of existing data to determine if additional information is needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Name | Date | Method of involvement |
| Parent(s) |  |  |  |
| Student, as appropriate |  |  |  |
| Special Education Teacher of the student (as applicable) |  |  |  |
| Regular Education Teacher of the student (as applicable) |  |  |  |
| LEA Representative |  |  |  |
| Others: |  |  |  |

If the parent did not attend or participate in the review of existing data, document three efforts to involve the parent:

|  |  |  |
| --- | --- | --- |
| Date | Method | Result |
|  |  |  |
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|  |  |  |

Form Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_