

Adams-Wells Special Services

Review of Existing Evaluation Data and Evaluation Plan

School District: [Click here to enter text.](#)

Teacher of Record: [Click here to enter text.](#)

Date of Review:			
Student's Name:			
Date of Birth:	Age:	Grade:	School:
Current Eligibility			

Please complete the following information electronically, then email (with attachments) to the school psychologist. Also, provide your availability for a meeting with the school psychologist to review the data.

1. Information from parents (concerns and/or outside evaluation results).

2. Classroom *academic* information (teacher narrative, reading level, math level, accommodations)

3. Classroom *behavior* information (PBIS, behavior log entries/referrals, behavior plans)

4. Medical information/504 plan

5. Attach or provide the following information: grades, attendance, standardized scores (NWEA, IREADY, IREAD-3, ILEARN, COGAT), RTI/MTSS notes and data, and social developmental history (if available). Please place links to the files in the text box below or send as separate attachments.

6. Signatures:

School Psychologist: _____ Date: _____

Special Ed. Teacher: _____ Date: _____

REED Decision

The school psychologist has reviewed the information in the REED with the TOR. The following decision has been made:

Yes, proceed with a re-evaluation. We will evaluate for the following: _____

No, do NOT proceed with a re-evaluation.