

**REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN  
MENOMINEE COUNTY INTERMEDIATE SCHOOL DISTRICT**



- Carney-Nadeau    
  Stephenson    
  Menominee    
  North Central    
  ISD  
 Initial Evaluation    
  Transfer-In    
  Other: \_\_\_\_\_

Date of Referral:	Student's Name:		
Date of Birth:	Sex:	Grade:	UIC#:
Mother/Guardian:		Father/Guardian:	
Student's Primary Address:			
Mother Phone:		Father Phone:	
Parent Email:			

**Participants:** Check the box  next to the member who can interpret the instructional implications of evaluation results. Also check the box  under each member's name to indicate how the member participated.

\_\_\_\_\_  
 Student  
 Phone    Personal Communication    In Person

\_\_\_\_\_  
 District Representative  
 Phone    Personal Communication    In Person

\_\_\_\_\_  
 Parent/Guardian  
 Phone    Personal Communication    In Person

\_\_\_\_\_  
 General Education Teacher  
 Phone    Personal Communication    In Person

\_\_\_\_\_  
 Parent/Guardian  
 Phone    Personal Communication    In Person

\_\_\_\_\_  
 Special Education Provider  
 Phone    Personal Communication    In Person

\_\_\_\_\_  
 Other  
 Phone    Personal Communication    In Person

\_\_\_\_\_  
 Other  
 Phone    Personal Communication    In Person

REVIEW OF EXISTING EVALUATION DATA		
Information	Data Source	Description of Information
Review of existing evaluations including current classroom-based, local, or state assessments.	DIBELS STAR M-STEP	
Review teacher and related service provider(s) observations.	Gen Ed Spec Ed Related Service	
Review evaluations and information provided by parents (outside medical reports).	Date of Report: _____ Source: _____	<i>Provide a copy of report.</i>
Interventions		
<b>*REQUIRED* Review of Input from Parent:</b>		

**REVIEW OF EXISTING EVALUATION DATA (REED) AND EVALUATION PLAN**

ADDITIONAL DATA NEEDED AND EVALUATION PLAN	
Assessment Area	Data and Assessments Needed
<input type="checkbox"/> Achievement	
<input type="checkbox"/> Adaptive Skills	
<input type="checkbox"/> Cognitive Ability	
<input type="checkbox"/> Social/Emotional/Behavior	
<input type="checkbox"/> Speech & Language	
<input type="checkbox"/> OT <input type="checkbox"/> PT	
<input type="checkbox"/> Autism Evaluation	
<input type="checkbox"/> Other: _____	

No testing is recommended at this time. Team recommends ongoing progress monitoring and data collection.

**NOTICE OF SUFFICIENT DATA**

Based on the review of the data and input from the parent, it was determined that no additional data is needed to determine whether the student is or continues to be a student with a disability who has any special education and program needs. **State Reason (required):**

If you, the parent, do not agree with this plan, you may request an evaluation. Contact Building Administrator.

**CONSENT FOR ADDITIONAL ASSESSMENT**

Further testing is recommended at this time, as specified above, to determine whether the student is or continues to be a student with a disability who has any special education and program needs.

I, as parent/guardian,

1. Have received a copy of the Special Education Procedural Safeguards (the Procedural Safeguards Notice you received describes protections under the IDEA. The Procedural Safeguards Notice is also available at [https://www.michigan.gov/documents/mde/Procedural\\_Safeguards\\_Notice\\_550307\\_7.pdf](https://www.michigan.gov/documents/mde/Procedural_Safeguards_Notice_550307_7.pdf))
2. Understand the contents of this plan, and: **(Choose one)**

I consent to the proposed evaluation plan

I do NOT consent to the proposed evaluation plan (Explain concerns): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date of Consent

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Date

If testing is recommended, the results of the evaluation identified in this plan will be reviewed at an IEP team meeting to be held on or before:                     

Send Completed Form to:

Menominee County ISD, 1201 – 41<sup>st</sup> Avenue, Menominee, MI 49858; Fax: 906-863-7776; Phone: 906-863-5665