DETERMINATION OF ADDITIONAL DATA NEEDED

☐ INITIAL EVALUATION (IF APPROPRIATE)

☐ REEVALUATION (REQUIRED)

STUDENT_____ **BIRTHDATE**_____ **SCHOOL**_____ **DATE**_____

PREVIOUS ELIGIBILITY CATEGORY (if review in conjunction with reevaluation)_____

CONSULTATION WITH COMBINED MEMBERS OF ELIGIBILITY TEAM AND IEP COMMITTEE: The following members of the student's eligibility team (ET) and individualized educational program (IEP) committee have reviewed available information to identify if additional data are needed to determine: (1) whether the student has (or continues to have) a disability; (2) the present levels of performance and educational needs of the student; (3) whether the student needs (or continues to need) special education and related services; and (4) whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable goals on the IEP and to participate as appropriate in the general curriculum.

ET/IEP COMMITTEE MEMBERS Position/Name	Date Member Reviewed OR was Consulted Regarding Existing Data*	Notes
LEA Representative_____	Date Reviewed/Consulted_____	
Special Education Teacher_____	Date Reviewed/Consulted_____	
Regular Education Teacher_____	Date Reviewed/Consulted_____	
Parent_____	Date Reviewed/Consulted_____	
Student (at age 14+)_____	Date Reviewed/Consulted_____	
School Psychologist_____	Date Reviewed/Consulted_____	
Speech/Language Specialist_____	Date Reviewed/Consulted_____	
Physical or Occupational Therapist_____	Date Reviewed/Consulted_____	
School Nurse_____	Date Reviewed/Consulted_____	
Other (Title)_____	Date Reviewed/Consulted_____	
Other (Title)_____	Date Reviewed/Consulted_____	

*Review may occur during a meeting, through telephone or other contact, where the member is consulted about the existing data and is given an opportunity to discuss whether existing data are current and valid for evaluation/reevaluation purposes, and whether additional assessments are necessary.

REVIEW OF EXISTING DATA: (including previous evaluation findings, if any; evaluations and information provided by the parents; current classroom-based assessments and observations; observations by teachers and related service providers; current progress including present grades and statewide and district-wide assessment scores)

SELECT THE MINIMUM ASSESSMENT COMPONENTS REQUIRED UNDER NAC, PER DISABILITY CATEGORY	LIST ANY EXISTING DATA THAT MAY BE USED TO SATISFY THE ASSESSMENT COMPONENT—NOTE THE DATE OF THE ASSESSMENT/INFORMATION	INDICATE WHETHER EXISTING DATA IS CURRENT AND VALID TO SATISFY REQUIREMENT	IF NO EXISTING DATA, DESCRIBE ASSESSMENT TO BE CONDUCTED	STAFF MEMBER DESIGNATED TO CONDUCT ASSESSMENT
☐ Academic achievement		Y or N		
☐ Cognitive abilities		Y or N		
☐ Social/emotional condition		Y or N		
☐ Adaptive skills		Y or N		
☐ Health (orthopedic requires physical exam)		Y or N		
☐ Classroom observation		Y or N		
☐ Speech/language/communication skills		Y or N		
☐ Performance in current educational setting		Y or N		
☐ Previous educational intervention		Y or N		
☐ Developmental history		Y or N		
☐ Developmental functioning		Y or N		
☐ Audiological examination		Y or N		
☐ Vision examination		Y or N		
☐ Functional limitations related to demands of regular classroom		Y or N		
☐ Motor skills		Y or N		
☐ Sensory and perceptual abilities		Y or N		
☐ Attention, comprehension, judgment, problem-solving skills		Y or N		
☐ Other Describe:_____		Y or N		

CONCLUSION OF TEAM REGARDING NEED FOR ADDITIONAL DATA:

☐ Additional data are required—obtain Parent Consent (for reevaluation requiring additional data)

☐ No additional data are required—send "Parental Prior Notice" (indicating no additional assessment information needed)