

# REVIEW OF EXISTING DATA (RED)

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
FIRST MIDDLE LAST

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): \_\_\_\_\_

PHONE: (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_ (OTHER) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ DISTRICT/AGENCY: \_\_\_\_\_  
STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING: \_\_\_\_\_ SITE CODE: \_\_\_\_\_ IEP TEACHER OF RECORD: \_\_\_\_\_

**Review by a group of qualified professionals and parent(s) does not require a meeting (34 CFR § 300.305).**

**SPECIFY PRESENTING CONCERNS:**

**DATA REVIEW:**

(Check Reason)

- Consideration for Initial Evaluation
- Consideration for Reevaluation
- Other (Explain)  
\_\_\_\_\_  
\_\_\_\_\_

**Include evaluation data using the  
RED/MEEGS Evaluation Data Form**

**Background Information:**

Native Language/Mode of Communication \_\_\_\_\_ Primary Language of Home \_\_\_\_\_

List Schools Previously Attended \_\_\_\_\_

List Grade(s) Repeated \_\_\_\_\_ Remedial/Other School Services \_\_\_\_\_

Previous Individualized Evaluation(s)/Date(s) \_\_\_\_\_

Currently Receives Special Education Services; Eligible Under: \_\_\_\_\_ Disability Category

Previously Received Special Education Services; Eligible Under: \_\_\_\_\_ Disability Category

Student Received SoonerStart:  Yes  No or Other Early Intervention Services:  Yes  No

If Other, Describe \_\_\_\_\_

Service(s) Provided By Outside Professional/Agency:  Yes  No  Previously  Currently

Describe Service(s): \_\_\_\_\_

**RED**

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FIRST MIDDLE LAST

**DOCUMENTATION OF INTERVENTIONS**

**Targeted Behavior/Skill:**

**Goal:**

**Interventions Attempted:**

**Frequency and Duration:**

**Treatment Integrity Plan:**

**Type of Measure Used to Define Outcome:**

**Was goal accomplished?**  Yes  No

**Recommended Action:**

**RED**

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FIRST MIDDLE LAST

**Team/Group Recommended Action Based on the Review of Existing Data:**

Consultation Services

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Assessments are Necessary for Initial Evaluation

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Assessments are Necessary for Reevaluation

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No Additional Assessments Needed

Justification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Suspected Primary Disability Category(ies)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES:**

General Education Teacher \_\_\_\_\_ Date \_\_\_\_\_

Special Education Teacher \_\_\_\_\_ Date \_\_\_\_\_

Administrative Representative \_\_\_\_\_ Date \_\_\_\_\_

Other/Qualified Professional \_\_\_\_\_ Date \_\_\_\_\_

Other/Qualified Professional \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

Comments/Concerns: \_\_\_\_\_

\_\_\_\_\_