

- Check one:  
 Evaluation  
 Reevaluation

**EARLY CHILDHOOD SPECIAL EDUCATION  
 EXISTING DATA REVIEW, DECISION FORM AND NOTICE OF DECISION**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Assessment Categories	Examples of Data Sources	Need for further data?	
		Yes	No
Social/Developmental History	Parent Information		
Early Intervention History	Service the child has received and/or is receiving		
Cognitive Development	Past comprehensive evaluations; independent developmental evaluations, if available from parents		
Communicative Abilities	Past comprehensive evaluations; speech-language evaluations; programmatic data; classroom teacher/ provider observations; independent developmental evaluations, if available from parents		
Social/Emotional Development	Past comprehensive evaluations; programmatic data; classroom teacher/ provider observations; independent developmental evaluations, if available from parents; parent observations; functional behavioral assessment; disciplinary records		
Physical Development (Fine & Gross Motor)	Past Comprehensive evaluations, progress reports; service provider observation; independent evaluations, if available from parents		
Adaptive Development (Self-Help)	Past Comprehensive evaluations, programmatic data; service provider observation; independent evaluations, if available from parents		
Developmental Performance	Data on current developmental performance in the five developmental domains		
Related Services	Related services personnel progress reports; medical reports; may include assessments in the following: audiology, psychological services, physical and occupational therapy; recreation, early identification, counseling services, orientation and mobility;		
Additional Components	Comprehensive evaluations; independent evaluations, if available from parents; current vision and hearing evaluations		

Check one:  
 Additional data needed (Specify) \_\_\_\_\_

No additional data needed (Attach most recent *Evaluation/Programming Conference Decision Form*.)

**Signature and Titles of Reviewers:**

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

Notification Date: \_\_\_\_\_  Given to parent at conference  Mailed to Parent