

NEW REFERRAL CHECKLIST

STUDENT:	SCHOOL:	GRADE:	DOB:
SSID:	REFERRAL TEACHER:	Attending School: Resident District:	

<p><u>DATE</u></p> <p>A. Pre-Referral for Special Education (Regular Education)</p> <p>_____ completed</p> <ul style="list-style-type: none"> • Referral for Special Education Evaluation Form _____ • Student Work Samples _____ • Vision Screening _____ • Hearing Screening _____ • Observation(s) 1 for SLD, 2 for ED, TBI, Autism <p>B. Child Study Committee Meeting</p> <p>_____ Review of Existing Data form</p> <p>_____ Assessment Determination form</p> <p>_____ Prior Notice About Evaluation/Consent for evaluation w/Test Procedures signed by parent</p> <p>_____ Sociological Completed by parent</p> <p>_____ Special Ed Action Notice if determined not to test</p> <p>_____ Permission to Obtain & Release Information (if needed)</p> <p>.....</p> <p>C. Special Ed Evaluations requested by Child Study Team</p> <p>_____ Initial Individual Evaluation</p> <p>_____ Speech/Language Evaluation</p> <p>_____ Medical Statement or Health Assessment</p> <p>_____ Transition Assessment (age 16 and older) – if required</p> <p>_____ OT Assessment</p> <p>_____ PT Assessment</p> <p>_____ Functional Behavior Assessment</p> <p>Assessment completed in all areas of Suspected Disability</p> <p>Eligibility Evaluation(s)</p> <p><input type="checkbox"/> Vision <input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Hearing <input type="checkbox"/> Deaf/Blind</p> <p><input type="checkbox"/> Communication <input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Other Health Impairment</p> <p><input type="checkbox"/> Orthopedic Impairment</p> <p><input type="checkbox"/> Specific Learning Disability</p> <p><input type="checkbox"/> Emotional Disturbance</p> <p><input type="checkbox"/> Intellectual Disability</p> <p>_____ D. Written Evaluation Report</p> <p>.....</p> <p>_____ E. Notice of Eligibility and/or IEP Meeting</p> <p>_____ F. Written Agreements between Parent & District</p>	<p style="text-align: center;"><i>To be completed at Eligibility/IEP meeting.</i></p> <p><u>DATE</u></p> <p>_____ G. Eligibility Statement(s) signed</p> <p>_____ H. Prior Notice & Consent for Initial Provision of Special Education Services-if made eligible by Team</p> <p>_____ I. Prior Notice of Special Ed. Action-if <u>not</u> made eligible by Team</p> <p>_____ J. If the IEP is on a different day there must be a new Team Meeting Notice sent out.</p> <p style="text-align: center;"><i>If eligible, IEP must be developed within 30 calendar days of Eligibility meeting.</i></p> <p>_____ K. IEP State Form</p> <p><input type="checkbox"/> Coversheet</p> <p><input type="checkbox"/> Special Factors</p> <p><input type="checkbox"/> Present Level of Educational Performance</p> <p><input type="checkbox"/> State Wide/District Assessments</p> <p><input type="checkbox"/> Transition (if needed)</p> <p><input type="checkbox"/> Goals & Objectives</p> <p><input type="checkbox"/> Service Summary</p> <p><input type="checkbox"/> LRE Determination page</p> <p>_____ L. Extended School Year-if required</p> <p>_____ M. Other:</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____ N. Copies of IEP sent/given to parent(s)</p> <p>_____ O. Copy of Evaluation Report sent/ given to parent(s)</p> <p>_____ P. Locked IEP and other forms in SEAS</p> <p>_____ Q. Student Registry form on SEAS updated, then Saved to R drive in Gretchen's folder under Each Sped Teacher's folder</p> <p>_____ R. Email sent to ESD secretary with instructions to Retrieve Student Registry form to update SECC Manager program</p>
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Updated 6-12-17