

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

**NEW REFERRAL CHECKLIST:**

Folder Submitted By: \_\_\_\_\_

*During the ARC to obtain consent for an evaluation, items 1-6 should be completed*

- \_\_\_\_\_ 1. Determination of Educational Rep.
- \_\_\_\_\_ 2. Meeting Notice
- \_\_\_\_\_ 3. ARC Chairperson accepts KY Referral \_\_\_\_\_ (Date) \_\_\_\_\_ Motor Screening (SLD)  
\_\_\_\_\_ Vision Screening \_\_\_\_\_ Hearing Screening \_\_\_\_\_ Speech/Language Screening \_\_\_\_\_ Interventions
- \_\_\_\_\_ 4. KY Consent for Evaluation (*Consult School Psychologist/Evaluation Planning Guide*) \_\_\_\_\_ (Date)
- \_\_\_\_\_ 5. KY Conference Summary
- \_\_\_\_\_ 6. Upload Signatures in IC (referral – two signature pages, consent to evaluate, conference summary signature page)

<b>OUT-OF-STATE TRANSFER STUDENT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
--

Consent Date: _____
------------------------

*Within 20 days of receiving consent, items 7-15 should be completed*

20 Days Date: _____
------------------------

- \_\_\_\_\_ 7. Communication Written Report
- \_\_\_\_\_ 8. OT  PT  Evaluation Report (if applicable)
- \_\_\_\_\_ 9. Developmental Social Health History (EC-9)
- \_\_\_\_\_ 10. Behavior Observations (EC-11) (minimum of 2 for all disabilities except EBD which requires 4)  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
- \_\_\_\_\_ 11. Adaptive Behavior Instrument (ABAS-3  Vineland-3 )
- \_\_\_\_\_ 12. Social-Emotional Behavior Instrument  
(Achenbach  BASC-3  SSIS  Conners 3  DBRS  GARS-3 )  
(2+ Teacher Forms, 1 Parent Form) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- \_\_\_\_\_ 13. Achievement Instrument (KTEA-3  Woodcock Johnson IV  Other  \_\_\_\_\_)
- \_\_\_\_\_ 14. Transition Assessments (if turning 14 y/o within upcoming year)
- \_\_\_\_\_ 15. Physician's Statement (Orthopedic Impairment  Hearing Impairment   
Other Health Impairment  Visually Impaired )

WHEN ITEMS 1-15 ARE COMPLETE, SEND NEW REFERRAL CHECKLIST AND TESTING FOLDER TO DoSE.

40 Days Date: _____
------------------------

*Within 40 days of receiving consent, items 16-17 should be completed, folder returned to Central Office for check in, and folder returned to school*

- \_\_\_\_\_ 16. Cognitive Instrument \_\_\_\_\_ (Date)
- \_\_\_\_\_ 17. Integrated Report \_\_\_\_\_ (Date)

50 Days Date: _____
------------------------

*Within 50 days of receiving consent, an ARC must be held to discuss results and eligibility*

- \_\_\_\_\_ 18. Meeting Notice
- \_\_\_\_\_ 19. KY Conference Summary Report

60 Days Date: _____
------------------------

Date of Conference: \_\_\_\_\_ Disability: \_\_\_\_\_

WHEN ITEMS 18 AND 19 ARE COMPLETE, RETURN NEW REFERRAL CHECKLIST AND DUE PROCESS FORMS TO DoSE.