

## Re-Evaluation Referral Checklist for Speech Only Students

Student Name \_\_\_\_\_

School \_\_\_\_\_ Ethnicity \_\_\_\_\_ Grade \_\_\_\_\_

Referral for Psychological	
Academic Screening	
IQ Screening	
School Personnel Signatures	
Vision Screening	
Auditory Screening	
<b>Parent Consent for Evaluation</b>	
<b>Parent Signature Date _____ Consent: Y/N</b>	
<b>Received By _____ Received Date: _____</b>	
Student Support Team Referral	
Student Support Team Minutes	
Student Support Team Strategies/Interventions	
Student Support Team Final Recommendation	
Re-Evaluation/Redetermination Form	
Present Level of Performance/Any Current Achievement Test Scores	
School Transfer	
Previous School System: _____	
Classroom Work Samples	
<i>*If Warranted...</i>	
*BD Checklist	
*Adaptive Behavior Scales	
*LD Screening Checklist	
*Is a re-evaluation consideration checklist included?	
*Physician's Report for OHI	

Referral Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_