

Initial Referral for Evaluation Checklist

A Parent Consent for Evaluation will be requested after all documents from the referral have been reviewed and checked for completion by the Special Education Office.

Student Name _____

School _____ Ethnicity _____ Grade _____

Referral for Psychological	
Academic Screening	
IQ Screening	
School Personnel Signatures (on Referral form)	
Vision Screening	
Hearing Screening	
Parent Consent for Evaluation (<i>Do not include in packet, C.O. will notify you when to retrieve.</i>)	
Parent Signature Date _____ Consent: Y/N	
Received By _____ Received Date: _____	
Student Support Team Referral	
SST Meeting Minutes	
Student Support Team Strategies/Interventions	
Student Support Team Final Recommendation	
Immediate Consideration of Special Education Services	
Bypass Interventions: Y/N	
Rationale Provided: Y/N	
Student Classroom Work Samples	
<i>*If Warranted...</i>	
*BD Checklist	
*Adaptive Behavior Scales	
*LD Screening Checklist	
*Physician's Report/Medical Documentation	

Referral Reviewed by: _____ Date Reviewed: _____

