



Psychoeducational Services

### Referral Checklist for New Evaluation (Disabilities)

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Other ID: \_\_\_\_\_

School: \_\_\_\_\_ School Psychologist: \_\_\_\_\_

*For Evaluations for Speech only or Gifted only see applicable checklists.*

**Recommended sequence of steps:**

**Documents for New Evaluations**

	<b>Date</b>	<b>Initials</b>
1. Educational Screening Record <i>(Attach copy of Enrollment History and Attendance printouts)</i>	_____	_____
2. Record of Intervention(s)		
a. Record of Academic Intervention – include graphs	_____	_____
b. Record of Behavior Intervention – include graphs	_____	_____
c. FBA (required for EBD of ASD)	_____	_____
d. District and state progress monitoring	_____	_____
3. Classroom Observations (2)		
a. Classroom Observation Record <i>(in area of intervention)</i>	_____	_____
b. Anecdotal Teacher Observation Form <i>(in area of intervention)</i>	_____	_____
c. Other observations <i>(if attention/focus is a concern, observe in area other than intervention)</i>	_____	_____
4. EPT Meetings (at least 2)	_____	_____
5. Reviewed by		
a. School Counselor <i>(and at least one of the following)</i>	_____	_____
b. School Psychologist	_____	_____
c. Staffing Specialist	_____	_____
6. Informed Notice & Consent for Initial Evaluation	_____	_____
7. 60 Days from Consent Date/Must be Staffed on or Before _____	_____	_____
8. Evaluation		
◆ Social Developmental History Interview <i>(Required for all initial evaluations)</i>	_____	_____
◆ Speech/Language Evaluation <i>(If needed Pragmatics required for ASD)</i>	_____	_____
◆ Behavior Rating Scales <i>(Required for EBD)</i>	_____	_____
--Parent Interview Form	_____	_____
--Classroom Teacher Form	_____	_____
◆ Functional Behavioral Assessment <i>(Required for EBD &amp; ASD if Beh is sig.)</i>	_____	_____
◆ Adaptive Behavior <i>(Required for Intellectually Disabled – InD &amp; ASD)</i>	_____	_____
--Parent Interview Form	_____	_____
--Classroom Teacher Form	_____	_____
◆ Physician's Report (Required for OHI, OI, PI, TBI)	_____	_____
◆ Audiogram and Eval of Social Development (Required for D/HH)	_____	_____
◆ Eye Medical Report (Required for VI)	_____	_____
◆ Private Evaluation attached (if available)	_____	_____
9. Folder Logged at District Office	_____	_____
10. To Staffing Specialist for Case Review	_____	_____
11. Date of Last Evaluation Procedure	_____	_____
12. Eligibility Determination	_____	_____
13. Initial IEP written (if eligible)	_____	_____
14. Consent for Placement or Notice of Ineligibility	_____	_____
15. Evaluation Folder given to District Data Entry	_____	_____
16. Evaluation Folder returned to school	_____	_____