



Psychological Services  
**Referral Checklist for Initial Speech Evaluation**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Speech/Language Pathologist: \_\_\_\_\_

Recommended sequence of steps for evaluation of speech only:	Date	Initials
1. EPT Screening Record (Attach copy of Enrollment History and Attendance printouts). a. Screening date (may predate EPT)	_____	_____
2. Classroom Observations (2): In area of intervention- (At least one must be from a classroom teacher). a. Classroom Observation Record b. Anecdotal Observation Form- Teacher Checklist- Speech	_____ _____	_____ _____
3. EPT Recommendation Form stating that there are no academic or behavior concerns other than speech.	_____	_____
4. Reviewed by: a. School Counselor b. Speech/Language Pathologist	_____ _____	_____ _____
5. Informed Notice and Consent for Initial Evaluation	_____	_____
6. 60 days from consent date/must be staffed on or before	_____	_____
7. Date of last evaluation procedure	_____	_____
8. Documentation of Staffing/Notice of Eligibility	_____	_____
9. Initial IEP written (if eligible)	_____	_____
10. Consent for Placement or Notice of Ineligibility	_____	_____
11. Medicaid Certified School Match Program	_____	_____
12. Information for Parents/Funding Levels	_____	_____
13. Evaluation Folder given to District Data Entry	_____	_____
14. Evaluation Folder returned to school	_____	_____

Comments: