Exceptional Student Education

Referral Checklist for Re-Evaluation (Current Programs Only)

Student Name:_____ DOB:_____ Other ID.:_____

School:_____ School Psychologist:_____

Check Current Program(s): Speech ☐ Language ☐ DHH ☐ VI ☐ EBD ☐ SLD ☐ ASD ☐ DD ☐ InD ☐ OI ☐ OHI ☐ TBI ☐ Gifted ☐

Current Related Services: Speech ☐ Language ☐ OT ☐ PT ☐

Recommended sequence of steps:	**Date**	**Initials**
1. IEP Conference to Review Re-evaluation Needs		
a. Meeting notice to consider re-evaluation needs	_____	_____
b. Results of re-evaluation needs review	_____	_____
c. IEP conference notes: include discussion of needs in areas to be re-evaluated and rationale for the areas targeted for re-evaluation	_____	_____
2. Re-evaluation Parent Input Survey	_____	_____
3. Informed Notice and Consent for Re-evaluation *(consult with all applicable evaluator(s) before selecting area for re-evaluation)*		
a. School counselor	_____	_____
b. School psychologist *(at least one is required)*	_____	_____
c. Staffing specialist *(at least one is required)*	_____	_____
d. Related services (SLP ☐ OT ☐ PT ☐), if applicable	_____	_____
4. Educational Screening Record *(Attach copy of Enrollment History and Attendance printouts)*	_____	_____
5. Evaluations Completed:		
◆ Speech/Language Evaluation *(If requested)*	_____	_____
◆ Behavior Rating Scales *(If requested)*		
-- Parent Interview Form	_____	_____
-- Classroom/Teacher Form	_____	_____
◆ Functional Behavioral Assessment *(If requested)*	_____	_____
◆ Adaptive Behavior *(If requested)*		
-- Parent Interview Form	_____	_____
-- Classroom/Teacher Form	_____	_____
◆ Physician's Report *(If available)*	_____	_____
◆ Audiogram *(If available – required every 3 yrs. for DHH)*	_____	_____
◆ Eye Medical Report *(If available – required every 3 yrs. for VI)*	_____	_____
◆ Private Evaluation attached *(if available)*	_____	_____
◆ O.T. evaluation *(if needed)*	_____	_____
◆ P.T. evaluation *(if needed)*	_____	_____
6. Folder Logged at District Office–*if requesting psycho-educational evaluation*	_____	_____
7. Psycho-educational Evaluation Completed (if needed)	_____	_____
8. IEP Conference	_____	_____
9. Notice of Change (if any changes in services)	_____	_____
10. Re-evaluation folder given to District Data Entry	_____	_____
11. Re-evaluation folder returned to school	_____	_____