



Exceptional Student Education
Referral Checklist for Re-Evaluation (Change/Add Program)

Student Name: _____ DOB: _____ Other ID: _____
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. Annual IEP or Amendment Conference to plan for #2
a. Date of most recent re-evaluation (within 3 years)
b. Date of initial evaluation for ESE
2. Record of Intervention(s)/Progress Monitoring
a. Record of Academic Interventions (include IEP goals and graphs of results)
b. Record of Behavior Interventions (BIP and IEP goals – include graphs/FBA data)
c. FBA required for EBD
d. District and State progress monitoring
e. Copy of IEP and Goal Progress Reports
3. Classroom Observations (2):
a. Classroom Observation Record (in area of intervention)
b. Anecdotal Teacher Observation Form (in area of intervention)
c. Other observations (if attention/focus is a concern, observe in area other than intervention)
4. EPT Screening Record (Attach copy of Enrollment History and Attendance printouts)
5. IEP Team Members consulted with the following staff before or during meeting in #6:
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
6. IEP Conference to Review Re-evaluation Needs
a. Meeting Notice to consider re-evaluation need
b. Results of Re-evaluation Needs Review
c. IEP conference notes
7. Re-evaluation Parent Input Survey
8. Informed Notice and Consent for Re-evaluation

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9. Evaluations Completed:

- ◆ Social Development History *(Required for all new or added programs)* _____
- ◆ Speech/Language Evaluation *(If needed)* _____
- ◆ Behavior Rating Scales *(Required for EBD)* _____
 - Parent Interview Form _____
 - Classroom/Teacher Form _____
- ◆ Functional Behavioral Assessment *(If needed)* _____
- ◆ Adaptive Behavior *(Required for Intellectually Disabled – InD)* _____
 - Parent Interview Form _____
 - Classroom/Teacher Form _____
- ◆ Physician’s Report *(Required for OHI, OI, PI, TBI)* _____
- ◆ Audiogram *(Required for D/HH)* _____
- ◆ Eye Medical Report *(Required for VI)* _____
- ◆ Private Evaluation attached *(if available)* _____
- ◆ O.T. evaluation *(if needed)* _____
- ◆ P.T. evaluation *(if needed)* _____

10. Folder Logged at District Office: – *if requesting psycho-educational evaluation* _____

11. Psycho-educational Evaluation Completed _____

12. To Staffing Specialist for Case Review *(not required to add related services)* _____

13. Eligibility Determination and IEP Conference _____

14. Notice of Change _____

15. Re-evaluation folder given to District Data Entry _____

16. Evaluation folder returned to school _____