Alachua County
Public Schools

Exceptional Student Education
Referral Checklist for Re-Evaluation (Current Programs Only)

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. **IEP Conference to Review Re-evaluation Needs**
    a. Notice of Conference 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
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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. Psychologist
    c. Staffing Specialist
    d. Related Services (☐ SLP ☐ OT ☐ PT), if applicable
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4. **EPT Screening Record** *(Attach copy of Enrollment History and Attendance printouts)*	_____	_____

5. **Evaluations Completed:**
   • Speech/Language Evaluation *(If requested)*
   • Behavior Rating Scales *(If requested)*
     o Parent Interview Form
     o Classroom/Teacher Form
   • Functional Behavioral Assessment *(If requested)*
   • Adaptive Behavior *(If requested)*
     o Parent Interview Form
     o 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)*
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6. **Folder Logged at District Office– if requesting psycho-educational evaluation**	_____	_____
7. **Date of last evaluation procedure**	_____	_____
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**	_____	_____

Comments:
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