Initial and Reevaluation Referral Checklist

Student’s Name_____________________________ School____________ DOB_______ Type of referral: Initial or Reeval

This form must be completed and included on top of the referral packet

**The following items are required and must be included in the packet for ALL referrals (unless otherwise specified). Place a check next to each to item indicating the item is included in the packet.

- _____ initials only - Referral to Special Education Form from SST File
- _____ initials only - Psycho-educational Report
- _____ reevals only - Determination of Reevaluation form (DOR)

All referrals must include:
- _____ Parental Consent for Evaluation for Special Education Services form
- _____ Hearing and Vision Screening form with passing results
- _____ Progress Monitoring Data for each area of concern (initials – RTI data; reevals - goals and progress reports)
- _____ Parent Questionnaire (please do not allow this missing item to delay packet submission)
- _____ Classroom observation for each area of concern
- _____ Analyzed classroom work samples for each area of concern (submit the graded work sample AND the completed analysis worksheet for each work sample)
- _____ Statement of Status Checklist/Seven Areas Checklist (be sure both pages are included)
- _____ Standardized and local test results (ex: CRCT, GAA, GHSGT, Benchmark, GKIDS, Writing Test, etc.)

**The following additional items must be included (in addition to the above items) according to the specific areas of concern (include for initials and reevaluations). Answer the following questions by circling yes or no.

  - Adaptive Concerns? Yes or No. If yes, complete below.
    - _____ Adaptive Behavior Clinical Judgment Form (include with this packet)
  - Emotional/Behavioral Concerns? Yes or No. If yes, complete below.
    - _____ Anecdotal Observation Form (include with this packet)
  - Social Concerns? Yes or No. If yes, complete below.
    - _____ Anecdotal Observation Form (include with this packet)
  - Health/Attention/Activity Level Concerns? Yes or No. If yes, complete below.
    - _____ Other Health Impaired Medical Form and signed HIPAA Form (include with this packet)

**After the packet is submitted, formal rating scales based on the areas of concerns indicated above and in the referral or DOR will be sent by the psychologist to the school for the parent and teacher to complete. Please complete and return to the psychologist in a timely manner.

Comments/concerns: ______________________________________________________________________________

_________________________________________    _____________________
Name of person submitting packet    Date Submitted

Central Office Use:
Date received by Renea Walton at CO: ___________________    All required items included? Yes or No
Items missing or needed?