

SPECIAL SERVICES EVALUATION REFERRAL CHECKLIST

STUDENT: _____ TEACHER/GRADE: _____ CAMPUS: _____

Person Completing Packet: _____

__ INITIAL EVALUATION __ 3 YEAR RE-EVALUATION __ SPECIAL REQUEST
__ CHILD FIND __ ECI

Check items off as completed.

<input checked="" type="checkbox"/>	Task &/or Form to be Completed	Person Responsible / Date
	RTI meeting at campus & RTI Tier Data	
	RTI Parent Consent Notice Permission Signed	
	Student Classroom Observation by campus staff member	
	Student Health Information- Vision and Hearing Screening from Nurse	
	Teacher Questionnaire- EE PK Kn 1st 2nd-3rd 4th-12th	
	Parent Questionnaire Form (Sociological)	
	Home Language Survey	
	<input type="checkbox"/> yes <input type="checkbox"/> no BILINGUAL STUDENT (circle one) Spanish English Mostly Spanish some English Mostly English some Spanish	
	TYPE OF LANGUAGE PROGRAM <input type="checkbox"/> ENGLISH <input type="checkbox"/> ESL <input type="checkbox"/> ESL Parent Denial <input type="checkbox"/> BILINGUAL (Dual) <input type="checkbox"/> BILINGUAL (Late Exit/Early Exit)	
	Gather Relevant Student Data: <input type="checkbox"/> Report Card (current & previous year) <input type="checkbox"/> Student Assessment History <input type="checkbox"/> RTI Data List: <input type="checkbox"/> (circle) Istation Reading & Math DRA/EDL TPRI Renaissance <input type="checkbox"/> Woodcock Munoz scores (BILINGUAL) <input type="checkbox"/> District Assessments: _____ <input type="checkbox"/> STAAR Testing (if applicable) <input type="checkbox"/> LPAC data: _____ <input type="checkbox"/> Other: _____	
	Procedural Safeguards/ARD Booklet & Receipt Release of Confidential Information	

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FOR SPECIAL SERVICES DEPARTMENT USE ONLY (TO BE COMPLETED BY DEPARTMENT)

Date Received by Special Services Department _____ Evaluation Assigned to: _____

Signed Notice and Consent for Full Evaluation

Consent Date: _____

Evaluation Due: (45 school days): _____

Evaluation Completed: _____

ARD Due: (30 calendar days from Evaluation date): _____

ARD Completed: _____