

REFERRAL CHECKLIST

Student Name: _____ **Grade:** _____ **School:** _____
Social Security # _____ **Home Language:** _____
Parent Name: _____ **Address:** _____
Home Phone Number: _____ **Cell Numbers:** _____

	Date	Please Complete As Thoroughly as Possible All Items!!
GENERAL EDUCATION		Referral Information from Educational Records/Program Consideration Part I: Problem Identification, Rating Scales, Parent Contact Part II: Interventions and Accommodations (Please include any scientific research based response to intervention data which supports the need for intervention including specific programs used, frequency and duration, results, work samples, and data from curriculum based measurements at regular intervals, pre/post assessments.) <input type="checkbox"/> Tier I Interventions and Results <input type="checkbox"/> Tier II Interventions and Results <input type="checkbox"/> Tier III Interventions and Results
		Part III: Health <input type="checkbox"/> Vision Screening <input type="checkbox"/> Hearing Screening <input type="checkbox"/> Health Information
		Part III: Sociological <input type="checkbox"/> Information from Parents/Adult Students
		Part IV: Educational History Data <input type="checkbox"/> Grades/Report Cards <input type="checkbox"/> Attendance Records <input type="checkbox"/> Discipline Records <input type="checkbox"/> State/District Test Results <input type="checkbox"/> Home Language Survey <input type="checkbox"/> ESL Reports Attached <input type="checkbox"/> 504/Dyslexia Information <input type="checkbox"/> Data from Title I / Migrant Programs
		<input type="checkbox"/> Part V: Referral Committee Meeting Results
		<input type="checkbox"/> Notice of Full and Individual Initial Evaluation or Re-Evaluation (if testing is to occur) Include: <input type="checkbox"/> Speech <input type="checkbox"/> OT <input type="checkbox"/> counseling <input type="checkbox"/> Other: _____ <input type="checkbox"/> Notice of Refusal (if going to do additional remediation before testing)
(When General Ed. COMPLETES all of the above information, Refusal for Services form is completed if referral committee decides not to refer or referral is given to Special Ed. if testing is requested.)		
SPECIAL EDUCATION		<input type="checkbox"/> Receipt Of Required Special Education Documents Prior to parent signature give parents copies of: <input type="checkbox"/> Notice of Evaluation <input type="checkbox"/> Notice of Procedural Safeguards <input type="checkbox"/> ARD Process Guide <input type="checkbox"/> Information on Texas special education resources for parents <input type="checkbox"/> Information on agencies which provide low cost or free assistance and information to parents
		<input type="checkbox"/> Consent for Full and Individual Evaluation
		<input type="checkbox"/> Consent To Seek Medicaid Benefits
		<input type="checkbox"/> Notice and Consent to Release/To Request Confidential Information if additional records are needed from doctors, counselors, schools, etc. (Mail one copy to provider and one to SSC Central Office, c/o Karen Weatherby)
		<input type="checkbox"/> Classroom Observation Data by a team member other than the child's regular classroom teacher
		<input type="checkbox"/> Folder Checklist
		FOR EVERY STUDENT 13 YEARS OF AGE OR OLDER, OR IN SECONDARY SCHOOL
		<input type="checkbox"/> Futures Plan
		FOR EVERY STUDENT WHO RESIDES IN A FOSTER HOME OR RESIDENTIAL TREATMENT CENTER
		Copy of the court order which places the student (must include the student and facility name) Consent to Release Records Concerning Students with Disabilities Living in Residential Care Facilities
(When Special Ed. Teacher COMPLETES all of the above information, referral packet is given to diagnostician for completion of Full Individual Evaluation)		