

<b>SMCOE Special Education REFERRAL CHECKLIST</b> Student Last Name _____ Student First Name _____ Date of Birth _____ Referring District _____ Birthplace _____ Parent Education _____  <b>Date Student Entered:</b> Special Education _____ U.S. School _____	E C E	SPECIAL EDUCATION SERVICES  (K – 12)	DESIGNATED INSTRUCTIONAL SERVICES						T O I N I T I A T E  30-DAY ADMIN. PLMT. *  *OTHER INFO TO FOLLOW
			HI	VI	INCL	APE	AUD	O&M	
<b>REFERRAL FORM</b> (SELPA-01)	R	R	R	R	R	R	R	R	R
<b>RELEASE OF INFORMATION CONSENT</b>	R	R	R	R	R	R	R	R	R
<b>CURRENT ASSESSMENT PLAN</b> (Signed)			R	R	R	R	R	R	R
<b>BIRTH CERTIFICATE</b> (Birthdate Verification)	R	R							R
<b>PSYCHOEDUCATIONAL EVALUATION *</b> Including characteristics and/or medical conditions which relate to eligibility criteria; developmental history; history of school placement and interventions (if any).  *For ECE, within 6 months For other programs, within 1 year	R	R	R	R	R			R	
<b>BEHAVIOR SUPPORT PLAN</b> (if behavior is a significant area of concern)	R	R	R	R	R	R		R	
<b>RECORD OF SUSPENSIONS</b>		R	R	R	R	R		R	
<b>SPEECH / LANGUAGE EVALUATION</b>	R	IA	R		IA		IA		
<b>CURRENT IEP</b> (which includes goals and objectives)	R	R	R	R	R	R	R	R	R
<b>HOME LANGUAGE SURVEY</b>	R	R							
<b>LANGUAGE CLASSIFICATION TEST DATA (ie. CELDT):</b> Date(s) Taken _____ Language Proficiency _____	R	R							
<b>GENERAL MEDICAL INFORMATION:</b> Summary from pediatrician regarding current health status; restrictions; medications; health history	R	R	R	R	R	R	R	R	
<b>RECORD OF IMMUNIZATIONS</b>	R	R							
<b>VISION AND HEARING SCREENING</b>	R	R	R	R			R	R	
<b>AUDIOLOGICAL EVALUATION AND AUDIOGRAM : HI SDC OR DIS</b>	R HI SDC	R HI SDC	R				R		
<b>VISION EVALUATION FROM DOCTOR: DIS</b>	R	R		R				R	
<b>ASSESSMENT RESULTS</b>	DRDP  R	STAR CAHSEE R	IA	IA	IA	IA		IA	

