



Exceptional Student Education
Referral Checklist for Re-Evaluation (Change/Add Program)

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. Annual IEP or Amendment Conference to plan for #2

- a. Date of most recent re-evaluation (within 3 years) _____
b. Date of initial evaluation for ESE _____

2. Record of Intervention(s)/Progress Monitoring

- a. Record of Academic Interventions (*include IEP goals and graphs of results*) _____
b. Record of Behavior Interventions (BIP and IEP goals – include graphs/FBA data) _____
c. FBA required for EBD _____
d. District and State progress monitoring _____
e. Copy of IEP and Goal Progress Reports _____

3. Classroom Observations (2):

- a. Classroom Observation Record (*in area of intervention*) _____
b. Anecdotal Teacher Observation Form (*in area of intervention*) _____
c. Other observations (*if attention/focus is a concern, observe in area other than intervention*) _____

4. Educational Screening Record (*Attach copy of Enrollment History & Attendance*) _____

5. IEP Team Members consulted with the following staff before or during meeting in #6:

- a. School Counselor _____
b. School Psychologist (*at least one is required*) _____
c. Staffing Specialist (*at least one is required*) _____
d. Related services (SLP ☐ OT ☐ PT ☐) , if applicable _____

6. IEP Conference to Review Re-evaluation Needs

- a. Meeting Notice to consider re-evaluation need _____
b. Results of Re-evaluation Needs Review _____
c. IEP conference notes _____

7. Re-evaluation Parent Input Survey _____

8. Informed Notice and Consent for Re-evaluation _____

Page Two

- ◆ Social Development History (*Required for all new or added programs*)
- ◆ Speech/Language Evaluation (*If needed*)
- ◆ Behavior Rating Scales (*Required for EBD*)
 - Parent Interview Form
 - Classroom/Teacher Form
- ◆ Functional Behavioral Assessment (*If needed*)
- ◆ Adaptive Behavior (*Required for Intellectually Disabled – InD*)
 - Parent Interview Form
 - Classroom/Teacher Form
- ◆ Physician’s Report (*Required for OHI, OI, PI, TBI*)
- ◆ Audiogram and Eval of Social Development (*Required for D/HH*)
- ◆ Eye Medical Report (*Required for VI*)
- ◆ Private Evaluation attached (*if available*)
- ◆ O.T. evaluation (*if needed*)
- ◆ P.T. evaluation (*if needed*)

11. To Staffing Specialist for Case Review *(not required to add related services)*

13. Eligibility Determination and IEP Conference

15. Re-evaluation folder given to District Data Entry

16. Evaluation folder returned to school