**K-4 PRESCHOOLERS ONLY**

**STUDENT’S COMPLETE LEGAL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ***NOTICE AND CONSENT FOR INITIAL EVaLUATION*** was received: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*60-DAY TIMELINE BEGINS\*\*\***

**Request for Initial Evaluation Received by IEP Chairperson**

1. Make sure the following data is received from Preschool Teacher:

 Teacher Input

1. Open the **Referral Process**.
2.  Send ***Notice and Invitation to a Meeting/Consent for Agency Participation*** to parents.

(Obtain parent Signature **or** 2 Documented WRITTEN Attempts) ***Note:*** *Best practice is to mail WRITTEN Notice* ***twice***, *unless parent returns the* ***signed*** *Notice* **AND** send  **S*pecial Education Rights*** to the parents.

1. Invite appropriate IEP Team members.

**Convene the IEP Team to** **review the *Referral for Evaluation*** **and existing data in order to determine the need for an evaluation.**

1. Complete with IEP Team:

  ***Family Focus Interview/ELPP Documentation*** (\*with parent through interview)

  ***Natural Environment Observation*** (\*with Pre-K teacher)

  *Documentation of Appropriate Instruction Checklist (Prong 1)*

1.  **On *Notice and Consent for Initial Evaluation*, CHECK: Vision, Hearing, Behavior,**

**Observation, Language, Interview, Developmental Scales, and Motor. (Note:** Behavior,

Language, and Motor are checked BUT are components of developmental testing. DO NOT obtain

separate behavior and adaptive scales unless requested by Psychometrist).

1.  If articulation is a concern, check Speech.
2.  Fill out ***Notice and Consent for Initial Evaluation*** in its entirety. **(COMPLETE FORM/TURN RED)**
3.  If needed, obtain *Medical Consent Form or* *Authorization for Release of Information* – Date faxed \_\_\_\_\_\_\_\_\_\_\_\_
4. Gather the following component(s):

 Vision and Hearing (\*Nurse must document Functional V/H on state form)

 If applicable, Speech and/or Language Evaluation(s) (include all corresponding components)

**\*If Speech/Language testing is requested – Inform your school SLP after cleared V/H.**

**\*\*\*Send all of the above to Rachel Harrison at COS – within 2 WEEKS**

**of receiving signed Consent\*\*\***