**Grades K - 2 or**

**Age 5 (if in Kindergarten)** - **Age 7**

**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 PST/Teacher:
* RtI/PST Documentation forms
* Cleared Vision and Hearing (\*Nurse must document Functional V/H on state form)
* *Functional Assessment of the Classroom Environment* *(FACE)*
* Teacher Input
* *Data-Based Documentation (Prong 2)*
* Current report card/progress report
* Cumulative record containing grades, attendance and discipline
* Current work samples in area(s) of concern
* Birth Certificate
* If applicable:
* Evaluations and Accommodations for EL students
* Input from ESL teacher
* Copies of relevant evaluations (outside agency reports, state assessments, etc.)
* Medical Information/504 Plan/School Healthcare Plan
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  ***Special Education Rights*** tothe 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.** Under **“Other Relevant Information”** (p. 2) of the Referral, **at minimum**,

**INCLUDE:** 1) Teacher and Parent Input, 2) RtI/Prong 2 Data, 3) Grades, etc.

Complete with IEP Team:

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

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

1.  **On *Notice and Consent for Initial Evaluation,* CHECK**: **1) DEVELOPMENTAL SCALES,**

 **2) INTELLECTUAL, 3) ACHIEVEMENT,** as well as 4) Observation, 5) Behavior, 6) Interview,

7) If needed, Speech and/or Language. Psychometrist will determine which assessments are

 appropriate for the student on an individual basis.

1.  Fill out ***Notice and Consent for Initial Evaluation*** in its entirety*.* **(COMPLETE FORM/TURN RED)**
2.  If needed, *Medical Consent Form or Authorization for Release of Information* – Date faxed: \_\_\_\_\_\_\_\_\_\_\_\_
3. Gather remaining components:
* Classroom Observation
* Parent Input, if not obtained at Referral meeting
* If applicable:
* Speech and/or Language Evaluation (include all corresponding components)

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

* Autism Rating Scale (ex. *ASRS/GARS-3*)
* ANY ADDITIONAL COMPONENTS NEEDED FOR AAC COMPLIANCE

**\*\*\*Send all of the above to Psychometrist – within 2 weeks**

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