

<b>Student Name:</b>		<b>2015-2016</b>
<b>Case Manager:</b>		
<b>IEP/Eligibility</b> <input type="checkbox"/> Initial Eligibility/IEP <input type="checkbox"/> Annual Review/IEP <input type="checkbox"/> 3-Year Eligibility/IEP <input type="checkbox"/> Dismissal from SPED services	<b>Other</b> <input type="checkbox"/> Returning after corrections <input type="checkbox"/> IEP Amendments <input type="checkbox"/> ESY Documentation <input type="checkbox"/> Manifestation Determination <input type="checkbox"/> Parents Refusing Services <input type="checkbox"/> Change of Placement	<input type="checkbox"/> <b>Qualified</b>  <input type="checkbox"/> <b>Did Not Qualify</b>

**FILE REVIEW CHECKLIST**

<input type="checkbox"/> Pre-referral Information/RTI Data/Progress monitoring <input type="checkbox"/> SPED Referral Form <input type="checkbox"/> Developmental History <input type="checkbox"/> Prior Notice of Consent to Evaluate/Re-evaluate ( <i>for cognitive, must have signatures</i> ) <input type="checkbox"/> Assessment Checklist ( <b>if not written out on consent—NO ACRONYMS</b> ) <input type="checkbox"/> Required observation(s) ( <b>ED requires 2---1 social, 1 academic</b> ) <input type="checkbox"/> Completed behavior checklists ( <i>especially for ED, ADHD</i> ) <input type="checkbox"/> SET Meeting/Signatures form <input type="checkbox"/> SET Notice of Meeting <input type="checkbox"/> Consent to share information ( <i>if needed</i> )  <p align="center"><b>ALL REFERRALS MUST GO THROUGH THE SCHOOL PSYCHOLOGIST INCOMPLETE REFERRALS WILL BE RETURNED</b></p>
<input type="checkbox"/> Written reports and protocols <input type="checkbox"/> Speech/Lang <input type="checkbox"/> SLD <input type="checkbox"/> Behavior/FBA <input type="checkbox"/> Autism <input type="checkbox"/> OT/PT <input type="checkbox"/> Other <input type="checkbox"/> Eligibility statement(s) ( <b>MAKE SURE NAMES MATCH SIGN IN SHEET</b> ) <input type="checkbox"/> Medical Statement ( <b>Vision, Hearing, Voice, ED, ID, OHI, Orthopedic, Autism, Deaf-Blind, TBI</b> ) <b>(PLEASE INCLUDE COPIES WITH 3 YEAR RE-EVALS)</b> <input type="checkbox"/> Prior Notice and Consent for Initial Provision of SPED Services <input type="checkbox"/> Child Find Form
<input type="checkbox"/> Special Education Notice of Team Meeting <input type="checkbox"/> Meeting minutes/signatures <input type="checkbox"/> IEP ( <b>MAKE SURE NAMES MATCH SIGN IN SHEET</b> ) <input type="checkbox"/> Prior Notice of Special Education Action ( <i>required for all changes and refusals</i> ) <input type="checkbox"/> Placement Page
<input type="checkbox"/> Manifestation Determination ( <b>MAKE SURE NAMES MATCH SIGN IN SHEET</b> ) <input type="checkbox"/> FBA (consent and report) <input type="checkbox"/> Behavior Intervention Plan (BIP) <input type="checkbox"/> ADHD (consent and report) <input type="checkbox"/> Written Agreements

**FILES WILL BE RETURNED IF THIS REVIEW SHEET IS NOT USED**