Special Education Referral Packet Checklist

Please complete what you can from sections indicated, then pass along to someone who has not completed their portion of the packet. When completed, the last person to receive the packet should be the School Psychologist.

First:

☐ **Team Leader/Referral Coordinator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Complete page 2 of the packet
* Notify School Psychologist of the referral:
  + If parent referral, School Psych will contact the parent to explain the referral process
  + If team referral, gather information for the packet ***then*** ask School Psych to contact the parent
* Check cumulative file to see if there are previous assessment records from 4J or a previous school district; include a copy with the packet

☐ **Front office staff & Counselor, Nurse, or Admin**

* Complete page 3 of packet
* Provide printouts of:
  + Student Demographic Information
  + Attendance History
  + Discipline Record
  + Academic Grades
  + Statewide Test Scores

☐ **English Language Development Teacher (if applicable)**

* Complete page 4 of packet
* Provide printout of ELLevation data
* Provide True Peer worksheet, if possible

☐ **Classroom/Core Teacher**

* Complete pages 5, 6, 7 of packet, including:
  + Universal/Classroom Supports (Tier 1)
  + Supplementary/Small-Group Supports (Tier 2)
* Provide copies of:
  + Student work samples (in area of academic concern)
  + Typical peer work samples (for comparison)

☐ **Interventionist(s)**

* Complete page 7: Targeted/Individual Supports (Tier 3)
* Provide copies of progress monitoring data (easyCBM, CICO, behavior data graphs, etc.)

☐ **School Psychologist**

* Send Prior Written Notice of Referral to parent
* Turn packet in to district review team Jan 2023