Bluffton, Indiana 46714

A Referral Packet Guide for a Special Education Evaluation Request This checklist serves as a guide to gathering and organizing evidence to build a case for an evaluation.

	Demographic d	lata: Name:		
	Date of Parent Request Received by School:			
	0	Verbal Request	<u></u>	_ Written Request (Please attach)
	0	DOB, grade, teacher, etc	c.	
	 Vision/Hearing screening results Medical and/or Mental health diagnosis and prescriptions 			
				and prescriptions
	0	 Social Developmental History (completed by the parent) 		
	0	Copy of student's current	nt schedule.	
	Article 7 reason concerns.	n for referral; narrative fr	om teacher regar	ding specific academic/behavioral
	Behavioral Cor	ncerns; Functional Behav	ioral Assessment	, and Behavior Intervention Plan
	Sensory concerns (touch, vision, smell, proximity, etc.)			
	Relevant educational information; existing 504 plan (if applicable)			
	Reading Level and benchmarks:			
	~DIBE ~Lexilo			
		tas & Pinnel		
	Report Cards & ~NWE ~Acuit ~IREA ~ISTE	ty AD-3	: :	
	Title 1 information and scores			
	Documentation of interventions and progress or failure to progress; any specific scientifically-based behavioral or academic program that was used as an intervention.			
	of average abil	ity. Include, if available,	graphs that comp	and that of a comparison student who is pare the student's progress to that of at the name of the comparison student.