

SCHOOL AGE MULTIDISCIPLINARY TEAM REFERRAL CHECKLIST

STUDENT ASSISTANCE TEAM

- _____ Completed SAT Referral Form
- _____ Summary of minutes from meetings documenting strategies tried and their results (including dates & list of SAT members)

NOTICE & CONSENT FOR INITIAL EVALUATION

- _____ Signed and dated by parent or guardian (including date received & 45 school days date)
- _____ All areas to be evaluated are identified

SPECIAL EDUCATION REFERRAL FORM

- _____ Page one is completed with all info & required signatures
- _____ Reason for referral – please be specific as to areas of concerns so that diagnosticians can address the deficits
- _____ Previous test results (any district achievement scores)
- _____ Current classes and classroom grades
- _____ Current results of individually administered achievement test (Woodcock-Johnson Psycho-Educational Battery)
- _____ Most recent Speech/Language Data (i.e., assessment results or screening data, diagnostic summary or copy of present level of functions from IEP)
- _____ List of specific behavioral concerns that initiated this referral (please include examples of behavior and frequency, duration and intensity of occurrence)
- _____ Direct observation and comparable data for randomly selected and non-identified peers in comparison situation
- _____ Work samples when appropriate (i.e., samples of written work when concerned about written expression)