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)