

**Initial Referral to Special Education Checklist:**    \_\_SST    \_\_Parent Request

Student Name:

School:

**Required Regular Education Items - Responsibility of the SST Chairperson** (Date each item.)

- \_\_\_\_\_ SST Referral (*completed fully including referral date to SST*)
- \_\_\_\_\_ Parent Notification Letter (*must be signed*)
- \_\_\_\_\_ Background Information (*see SST Manual*)
- \_\_\_\_\_ SST Minutes/Summary including:
  - \_\_\_\_\_ discussion notes and attendance from all SST meetings
  - \_\_\_\_\_ school-based pyramid of interventions implementation (*dates and results*)
    - Supplemental Instruction Documentation (for academic referrals)
    - Documentation of Prior Evidence-Based Practice (for speech referrals)
    - Behavior Progress Monitoring Documentation (for emotional/behavioral referrals)
  - \_\_\_\_\_ two current assessments documenting below expectation achievement (*CRCT, MAP etc. within previous 12 months, required for academic referrals*)
  - \_\_\_\_\_ consultation with the school psychologist or SLP documented in SST minutes
  - \_\_\_\_\_ other appropriate consultations documented in SST file  
(*circle: ESOL, vision/hearing specialist, SLP, other \_\_\_\_\_*)
  - \_\_\_\_\_ optional information/data obtained by SST (*please include with referral*)
- \_\_\_\_\_ Vision and Hearing Screening (*passed within six months prior to referral*)
- \_\_\_\_\_ Discipline Record, Grades, and Attendance Report
- \_\_\_\_\_ Cognitive Screening (*KBIT-2*)
- \_\_\_\_\_ Informal Adaptive Behavior Rating (*two or more raters when possible*)
- \_\_\_\_\_ Learning Behaviors Checklist(s) (*current data from classroom teacher/teachers*)
- \_\_\_\_\_ Work Samples (*with comments identifying concerns*)
- \_\_\_\_\_ Speech/Language or Vision-Deaf/Hard of Hearing Referral (*as appropriate*)
- \_\_\_\_\_ Reviewed by Sp. Ed. Chairperson, SLP, or SEST for accuracy/completeness

**Required Special Education Documentation from SST meeting - Responsibility of the Student Support Specialist, Special Education Support Teacher, or Speech-Language Pathologist**

- \_\_\_\_\_ Date Referral for Special Ed. Evaluation completed and signed
- \_\_\_\_\_ Date Informed Consent for Evaluation signed & Parental Rights presented
- \_\_\_\_\_ Date Comprehensive Parent Questionnaire requested
- \_\_\_\_\_ Date Referral sent to Psychological Services in Special Education Office