Alachua County
Public Schools

Exceptional Student Education
Referral Checklist for Re-Evaluation (Change/Add Program)

Student Name: _____ DOB: _____ Other ID: _____

School: _____ Psychologist: _____

Check Current Program(s): Speech ☐ Language ☐ DHH ☐ VI ☐ EBD ☐ SLD ☐
ASD ☐ DD ☐ InD ☐ OI ☐ OHI ☐ TBI ☐ Gifted ☐

Current Related Services: Speech ☐ Language ☐ OT ☐ PT ☐

Recommended Sequence of Steps:	Date	Initials
1. Annual IEP or Amendment Conference to plan for #2	_____	_____
a. Date of most recent re-evaluation (within 3 years)	_____	_____
b. Date of initial evaluation for ESE	_____	_____
2. Record of Intervention(s)/Progress Monitoring		
a. Record of Academic Interventions (*include IEP goals and graphs of results*)	_____	_____
b. Record of Behavior Interventions (BIP and IEP goals – include graphs/FBA data)	_____	_____
c. FBA required for EBD	_____	_____
d. District and State progress monitoring	_____	_____
e. Copy of IEP and Goal Progress Reports	_____	_____
3. Classroom Observations (2):		
a. Classroom Observation Record (*in area of intervention*)	_____	_____
b. Anecdotal Teacher Observation Form (*in area of intervention*)	_____	_____
c. Other observations (*if attention/focus is a concern, observe in area other than intervention*)	_____	_____
4. Educational Screening Record (*Attach copy of Enrollment History & Attendance*)	_____	_____
5. IEP Team Members consulted with the following staff before or during meeting in #6:		
a. School Counselor	_____	_____
b. School Psychologist (*at least one is required*)	_____	_____
c. Staffing Specialist (*at least one is required*)	_____	_____
d. Related services (SLP ☐ OT ☐ PT ☐), if applicable	_____	_____
6. IEP Conference to Review Re-evaluation Needs		
a. Meeting Notice to consider re-evaluation need	_____	_____
b. Results of Re-evaluation Needs Review	_____	_____
c. IEP conference notes	_____	_____
7. Re-evaluation Parent Input Survey	_____	_____
8. Informed Notice and Consent for Re-evaluation	_____	_____

9. **Evaluations Completed:**
   - Social Development History *(Required for all new or added programs)* _____ _____
   - Speech/Language Evaluation *(If needed)* _____ _____
   - Behavior Rating Scales *(Required for EBD)*
     --Parent Interview Form _____ _____
     --Classroom/Teacher Form _____ _____
   - Functional Behavioral Assessment *(If needed)* _____ _____
   - Adaptive Behavior *(Required for Intellectually Disabled – InD)*
     --Parent Interview Form _____ _____
     --Classroom/Teacher Form _____ _____
   - Physician's Report *(Required for OHI, OI, PI, TBI)* _____ _____
   - Audiogram and Eval of Social Development *(Required for D/HH)* _____ _____
   - Eye Medical Report *(Required for VI)* _____ _____
   - Private Evaluation attached *(if available)* _____ _____
   - O.T. evaluation *(if needed)* _____ _____
   - P.T. evaluation *(if needed)* _____ _____

10. **Folder Logged at District Office:** *– if requesting psycho-educational evaluation* _____ _____
11. **To Staffing Specialist for Case Review** *(not required to add related services)* _____ _____
12. **Date of last evaluation procedure** _____ _____
13. **Eligibility Determination and IEP Conference** _____ _____
14. **Notice of Change** _____ _____
15. **Re-evaluation folder given to District Data Entry** _____ _____
16. **Evaluation folder returned to school** _____ _____