

EVALUATION/PLACEMENT ASSURANCE CHECKLIST

Referral Cover Page

Name of Student (L,F,M): _____	Resident School _____
Grade _____	Serving School _____
LASEC OFFICE USE ONLY	
Parent Consent _____	Bilingual testing needed <input type="checkbox"/> 60 school days _____
Supervisor's Name _____	Received at LASEC _____ Assigned To _____
	Parochial School _____

Date																			
_____	1. Form 1 - Referred by: _____																		
_____	2. ISBE Form 34-57 A - Parent/referral source informed																		
_____	3. ISBE Form 34-57 B/C - Identification of Needed Assessments																		
_____	4. ISBE Form 34-57 B - Consent for Initial Evaluation Sent _____ Received																		
_____	5. Signed by parent/guardian _____ No Additional Testing Needed																		
_____	6. Explanation of Procedural Safeguards																		
_____	7. Form 8 - Interview with Student																		
_____	8. Form 9: Speech/Language Evaluation - No evaluation needed																		
_____	Speech/Language Evaluation - Evaluation needed																		
_____	If bilingual - LAS score _____																		
_____	9. Form 10/10R - Medical History/Current Health Status																		
_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; padding: 5px;">Reeval</td> <td style="width: 50%; text-align: center; padding: 5px;">Initial</td> <td style="width: 25%; text-align: center; padding: 5px;">Reeval</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;"> <input type="checkbox"/> Vision Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail * </td> <td style="padding: 5px;"> <input type="checkbox"/> Pass <input type="checkbox"/> Fail* </td> </tr> <tr> <td style="padding: 5px;">_____</td> <td colspan="2" style="padding: 5px;">*(include report from eye doctor)</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;"> <input type="checkbox"/> Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;"> <input type="checkbox"/> Hearing Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail * </td> <td style="padding: 5px;"> <input type="checkbox"/> Pass <input type="checkbox"/> Fail* </td> </tr> <tr> <td style="padding: 5px;">_____</td> <td colspan="2" style="padding: 5px;">*(include report from audiologist)</td> </tr> </table>	Reeval	Initial	Reeval	_____	<input type="checkbox"/> Vision Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail *	<input type="checkbox"/> Pass <input type="checkbox"/> Fail*	_____	*(include report from eye doctor)		_____	<input type="checkbox"/> Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail		_____	<input type="checkbox"/> Hearing Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail *	<input type="checkbox"/> Pass <input type="checkbox"/> Fail*	_____	*(include report from audiologist)	
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_____	10. Form 11/11R - Social Developmental Study																		
_____	11. Specialized assessments																		
_____	_____ (OT)																		
_____	_____ (PT)																		
_____	_____																		
_____	12. Psychological Assessment																		
_____	13. ISBE Form 34-57 D - Notification of Conference																		
_____	14. Form 14 - Evaluation/Eligibility Review Meeting																		
_____	15. ISBE Form 34-57 F - Consent for Initial Provision of Special Ed.																		
_____	16. ISBE Form 34-57 E - Notification of Conference Recommendations																		