

Initial Evaluation and Re-Evaluation Checklist

Student Name	Consent Date
Case Manager Name	Due Date
Evaluation Responsibilities	
Protocols Given	Date/ Initials
1. SDH	
2. Adaptive	
3. Behavior Rating Scale	
4. Autism Rating Scale	
5. Intervention Summary Sheet	
6. Releases if Needed	
7. Physicians Questionnaire	
8. Other: _____	
Day 1 OR 60 Days Out	
Email School Psychologist/ DACC/ DoSE/ All Related Service Personnel when consent is gained, when Eval Due, AND Annual Review Date. (Spec Ed Teacher)	
Schedule Behavior Observations (Spec Ed Teacher/ School Psych)	
All Rating Scales and SDH distributed to teachers and parents (Spec Ed Teacher)	
Initial Eligibility or Re-Eligibility ARC scheduled (Spec Ed Teacher)	
Day 30 or 30 Days out	
All Academic Testing Completed (DACC for Initial Referrals, Special Education Teacher for Re-evaluations)	
All Rating Scales Returned to DACC (Special Education Teacher)	
All Evaluations completed by School Psych (School Psych)	
Day 45 or 15 Days out	
All intervention data gathered and given to School Psychologist (Special Education Teacher)	
All Academic Testing Scored and Uploaded to IC (DACC)	
All Rating Scales Scored and Uploaded to IC (DACC)	