

Student Name: _____

Student ID #: _____ DOB: _____

Case Manager: _____

Initial Evaluation Checklist

Initial	Component Required in Document Repository:
	Parent Letter – Not necessary if this is a teacher initiated referral
	Entire I&RS packet. Please see "I&RST Tracking Page" to ensure all components are included. (Or, for preschool students, proof of interventions.)
	Meeting Invitation, with date
	Evaluation Planning Notes
	Evaluation Planning Meeting signature page, with all required signatures and dates
	Consent to evaluate, with evaluations indicated, signed and dated
	All completed evaluations, signed and dated. Each evaluation must have an "Evaluation Checklist" attached.
	Meeting invitation, with date
	Eligibility document, with eligibility indicated and "Eligibility Criteria for Disability Categories" attached
	All documentation that supports the eligibility criteria
	Eligibility Meeting signature page, with all required signatures and dates, and "agree" or "disagree" indicated
	Initial IEP
	Consent to Implement, signed and dated

Initial each item to indicate that it has been completed. This checklist must be attached to every Initial Eligibility Report submitted.

Notes: _____

Case Manager Signature: _____ Date: _____