Student Name

MARRS

Date Reviewed

## 2015/16 Prior Written Notice Evaluations

|   | V I II I I I I I I I I I I I I I I I I   |  |  |  |  |
|---|--|--|--|--|--|
|   | You do not have a clear and specific proposed Plan of ACTION/No state making me statements/ THIS MUST BE STUDENT SPECIFIC; NO BLANKET STATEMENTS, What are you testing for |  |  |  |  |
| 1   | Other options box has not been completed.  |  |  |  |  |
| 1   | The Basis for proposal section needs to include what you looked at to Reach your decision , NOT TESTS TO   |  |  |  |  |
|   | DO   |  |  |  |  |
| T   | NO and OR statements   |  |  |  |  |
|   | Full Test Names- NO acronyms   |  |  |  |  |
|   | Titles used no Names   |  |  |  |  |
| T   | Parent consent 14 days or before/ Document day you have parent signature   |  |  |  |  |
|   | It is not clear who is giving what test.   |  |  |  |  |
|   | Sent 2 months prior to evaluation?   |  |  |  |  |
|   | Both dates need to be completed on the last page of the evaluation PWN   |  |  |  |  |
|   | id you do observations in the areas of concern (min. of 2) LD, OHD, PHD  |  |  |  |  |
|   | (min. of 3) EBD, TBI, DCD, AUTISM  |  |  |  |  |
| Initial pre-referral interventions are part of record review / Have they been done and documented Did not do a Record review of existing data |  |  |  |  |  |
|   |  |  |  |  |  |
|   | Did not do a teacher interview (all) (3-6)   |  |  |  |  |
|   | Did not do Student interview   |  |  |  |  |
|   | Did not document medical review (OHD) (PHD) (TBI)  |  |  |  |  |
|   | Did not do Information Processing (LD) (PHD) (OHD)   |  |  |  |  |
|   | Did Not do an Organizational and Work Skills Checklist (OHD)   |  |  |  |  |
|   | Did not do Student health Disability Rating Scale (PHD)  |  |  |  |  |
|   | Did not do Functional Academic Skills Checklist (PHD) (OHD)  |  |  |  |  |
|   | Adaptive Behavior addressed (DCD)  |  |  |  |  |
|   | Did you do a Functional Behavior Assessment for (EBD)  |  |  |  |  |
|   | Mental Health Screening (EBD)  |  |  |  |  |
|   | Did not do 2 transition assessments – 1 formal and 1 informal 7-12 <sup>th</sup> grade evaluations   |  |  |  |  |
|   | Did not do assistive technology worksheet – All Disabilities and (3-6)   |  |  |  |  |
|   | Did not do vision and hearing - All disabilities and(3-6)  |  |  |  |  |
|   | Traumatic Brain Injury checklist (TBI)   |  |  |  |  |
|   | Developmental Health History (DD) (B-3) (3-6)  |  |  |  |  |
|   | Obtain medical records including vision and hearing (DD) (B-3) (3-6)   |  |  |  |  |
|   | Routine Based Interviews/Parent – (DD B-3)   |  |  |  |  |
| Ī   | Section A of Family Outcomes Survey (DD B-3) state requirement   |  |  |  |  |
|   | Parent interview (3-6)   |  |  |  |  |
|   | Carolina Curriculum for Preschoolers , Brigance, or AEPS must be included (3-6)  |  |  |  |  |
| Т   | Battelle or Mullen (3-6)   |  |  |  |  |