



JASPER CITY SCHOOLS PST

PST REFERRAL TO SPECIAL EDUCATION CHECKLIST
(must be attached to front of PST folder)

Student: _____

Grade: _____

Teacher: _____

School: _____

- _____ Copy of PST Referral Form/**or** SIRP (if applicable)
- _____ Copy of SIP (w/ min. 4 weeks of prog. mon. data)/**or** SIRP (if applicable)
- _____ Copy of Cum. Record
- _____ Vision/Hearing screening results
- _____ Classroom observation (in area of weakness)
- _____ Current Grades
- _____ Most recent progress report
- _____ Discipline Record (if no discipline referrals, write N/A)
- _____ Attendance Report
- _____ Assessment Results
- _____ Progress Monitoring Data
- _____ Screening Data
- _____ Work Samples
- _____ Other: _____

Checked for Completion:

PST Chairperson Initials _____
SpEd. Case Mgr. Initials _____

Date rec'd. by SpEd. _____