

Madison County Schools

Request for Screening/Evaluation/Observation/Review

Case Managers need to complete the top and indicate all requests of the provider. INCOMPLETE INFORMATION WILL RESULT IN A DELAY OF SCREENING/EVALUATION PROCEDURES. Please attach a copy of the Referral/Reevaluation and signed Consent forms, a copy of the Student's Schedule and anything the provider needs to review.

Student: _____ D.O.B. ____ School: ____ Classroom Teacher(s): _____

Parent/Guardian: _____ Phone: _____ Address: _____

Reason for Request: ☐ Initial Referral ☐ Part C-B ☐ Re-evaluation ☐ Progress Monitoring

Grade level _____ Suspected Area(s) of Eligibility: _____

Service Requested: ☐ Nurse ☐ OT ☐ PT ☐ SLP ☐ Psychologist ☐ Teacher ☐ Other _____

The following information is required to determine how to meet the student's academic/functional needs:

☐ *Hearing Screening ☐ *Vision Screening ☐ Observation ☐ Academic Screening

*** Hearing Screenings and Vision Screenings should be conducted as soon as possible without delay. Then the results for the Hearing/Vision Screenings should be returned to the IEP Case Manager as soon as possible without delay as well.***

☐ Health Screening ☐ Complete Questionnaire

☐ Assistive Technology Consult for ☐ Communication ☐ Mobility ☐ Written Expression ☐ Daily Living

☐ OT Screening/Evaluation[†] (including Fine Motor/Visual Spatial/Visual Motor) ☐ Sensory Processing

☐ PT Screening/Evaluation[†] (including Gross Motor/Posture/Balance/Mobility, etc.)

☐ SLP Screening/Evaluation[†] (including Articulation, Language, Voice, Fluency, Communication) ☐ Oral Motor

☐ Psychological Evaluation ☐ Educational Evaluation ☐ Adaptive Behavior Evaluation

☐ Motor Screening/Evaluation[†] ☐ Behavior Evaluation ☐ Autism Assessment ☐ Functional Behavior Assessment

[†]Please circle whether you need to have a screening only or complete evaluation according to the requirements for the suspected disability and/or the IEP team concerns. Complete evaluations have to also have the screening checked on the consent form.

☐ Review of existing data/eval** ☐ Progress Monitoring** ☐ Review of RTI Documentation/Problem-Solving**

****The items above do NOT require permission from parent, but are needed to complete referral and reevaluation forms.**

☐ Date written referral or IEP from other school system was received by school _____

☐ Date Consent for Evaluation/Reevaluation was signed _____

☐ Approximate Date Eligibility Meeting will be held _____

Results for other screenings/evaluations need to be returned by the following date*** _____

*****Please send report of findings to case manager as soon as possible following completion. Reports/Observations need to be signed and dated. Any recommendations for further testing, goals, and instructions for IEPs should also be completed and sent in time to allow for collaboration of all IEP team members and in time to create drafts prior to IEP meetings.**

If you have any questions, please contact me at _____ phone _____ or _____ email _____.

Sincerely,

IEP Case Manager

Date of Request: _____