

CONFIDENTIAL

REQUEST FOR PSYCHOLOGICAL TESTING & INTEGRATED REPORT

(To be submitted by the Special Education Teacher)

Student: _____ DOB: _____

School: _____ Grade: _____ Teacher: _____

___ Initial **OR** ___ DD Re-Eval Suspected Disability: _____ Date of Consent: _____

___ Formal Re-Evaluation: Current Disability: _____ Date of Consent: _____

NOTE: ALL ASSESSMENTS SHOULD BE COMPLETED **PRIOR** TO REQUESTING THE PSYCHOLOGICAL EVALUATION & REPORT

The following information has been gathered and can be found in the student's folder. Pertinent areas are checked, or N/A-Not Applicable-recorded.

___ INITIAL: MTSS (RTI) has been completed for new referrals, with Committee Report
___ INITIAL: MTSS Checklist
___ INITIAL: Referral Form & Referral Questions

___ RE-EVAL: Triennial Re-eval Summary
___ RE-EVAL: Evaluation Planning form
___ RE-EVAL: Teacher Observation Summaries

Problem Behaviors

___ Home Scale
___ School Scale

ADHD

___ Home Scale
___ School Scale

Early Childhood

___ Home Scale
___ School Scale

Autism

___ Home Scale
___ School Scale

___ Discipline Logs/Reports (if pertinent)

___ Educational Assessment (All parts listed below):

ASSESSMENT (Ages 6 & above)

___ WIAT-IV
___ Special Education Teacher Report

ASSESSMENT (Ages 5 & Below)

___ Long LAP-D Protocol & Scoring
___ Special Education Teacher Report

___ Behavior Observation #1
___ Behavior Observation #2
___ Behavior Observation #3 (for referrals involving behavior difficulties)
___ OT Evaluation (if Necessary)
___ PT Evaluation (if Necessary)
___ Other: _____

IS INTELLECTUAL (IQ) TESTING BY THE SCHOOL PSYCHOLOGIST NEEDED? ___ YES ___ NO

**ARC CONFERENCE TO BE CONDUCTED ON OR BEFORE: _____

Submitted by: _____ Date: _____

Please submit to shared Folder and keep the original for your records.