

School Psychologist School Age ETR Submission Checklist

Student Name: _____

Intervention Specialist: _____

Building: _____

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IETR

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RETR

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TETR

Check off as you complete:

- ☐ EMIS Data Collection Form
- ☐ Documentation of Intervention for Initial Evaluations (MTSS)
- ☐ PR-01 Prior Written Notice (before and after ETR)
- ☐ PR-02 Parent Invitation
- ☐ PR-04 Parent Referral for Evaluation
- ☐ PR-05 Parent Consent for Evaluation
- ☐ Documentation of Attempts
- ☐ School-Age Planning Document
- ☐ PR-06 Evaluation Team Report
- ☐ Medicaid Parental Consent (For Initials)
- ☐ Eye Exam Notification
- ☐ Upload and attach the complete signed ETR to SameGoal.
- ☐ Copies to team members, parents, and related service providers, (District of Responsibility if foster student or as needed).
- ☐ Parent Safeguards were delivered
 - ☐ Electronically
 - ☐ Paper Copy

_____ verifies process completion as checked off above.
(Signature)

Date _____

(Within 48 hours of the meeting, return the checklist and documents to Special Education Supervisor)