

POLICY #21

PROCEDURES FOR EVALUATING STUDENTS REFERRED FOR SPECIAL EDUCATION

All initial referrals for case study evaluations shall be made through the 'Referral for Case Study Evaluations', Policy #12, as approved in November 1983.

Upon completion of the parent/teacher/district conference to:

- 1) Review the 'Special Services Case Study Evaluation Referral Form' and obtain required signatures, and
- 2) Obtain written Parent Consent with a review of:
 - a) Rights and Responsibilities
 - b) Case Study Evaluation Instruments
 - c) P.L. 99-372 - 'Handicapped Children's Protection Act of 1986'
 - d) Independent Evaluations,

the below listed procedures shall be followed for all newly referred students for Special Education.

- 1) Following parent/teacher/district conference the Program Coordinator will:
 - a) Record the referral conference and parent meeting on the 'Coordinator's Monthly Report Form' (Attachment A)
 - b) Record and log the student's name for the next weekly team meeting
- 2) Request Secretary to review inactive files for previous referral, instructional/resource services, or related services. If referred student was provided previous services, the inactive IEP file shall be placed in the active status file.
- 3) Initiate a 1/2 sheet 'Assignment Form' (Attachment B) to assign components of the case study evaluation. The assignments shall be in relationship to 23 Illinois Administrative Code 226.535 'Case Study Evaluation Components'. All requests for completion of required components shall be made using the 'Request for Case Study Components Form' and shall be mailed or hand-delivered to appropriate personnel with a due date indicated. (Attachment C)
- 4) Request Secretary to initiate a full-sheet 'Monthly Referral Progress Sheet for Case Study Components' (Attachment D) and file folder to maintain the Referral Packet. The half-sheet assignment form shall be attached to the Referral. The Referral Packet shall be maintained in the Referral Action section within the Psychologist's office.
- 5) As components of the Case Study Evaluation are received by the Program Coordinator, the Secretary shall indicate the person completing the report and enter the date personnel completed each evaluation or component of the Case Study Evaluation. Upon entering

the above data for each component the document(s) shall be placed in the Referral Packet folder, Referral Action section, maintained in the Psychologist's office.

- 6) The Secretary shall maintain an on-going computer record of all students referred for special education indicating the home district, student's name, and referral date. On the first school day of each month a listing of all referred students shall be provided to each Program Coordinator to monitor the progress of each referral. The Case Study Evaluation and Multidisciplinary Conference shall be completed in sixty school days as required within 23 Illinois Administrative Code 226.566.
- 7) Upon completion of all required components of the Case Study Evaluation, the Program Coordinator shall establish a multidisciplinary conference to include home district personnel, person(s) completing case study components and the parent/guardian. The Secretary shall provide the confirmed date and time of the multidisciplinary conference in writing to all involved persons. Simultaneously, an IEP folder shall be started to serve as the student's temporary file. The 'Monthly Referral Progress Report Form' used to monitor the referral to special education will be placed in the student's temporary records.

- Attachment A - Coordinators' Monthly Report
- Attachment B - Half-sheet Assignment Form
- Attachment C - Request for Case Study Components
- Attachment D - Monthly Referral Progress Report

Approved 11/19/86

Student's Name: _____

This form is to remain attached to the referral as a record of its status. Enter dates and initials of person making the entry.

Date referral received _____

Date returned if not complete _____

Date received in Psych. Svc. _____

Behavior scale sent _____

Request cum. info. if not attached _____

Health history mailed _____

Health history returned _____

Report dictated _____

Report sent to school _____

If case study is stopped or deferred, notify:
Roger Hawk, Ed. Plan. Coord. in writing.

Comments:

<u>Component</u>	<u>Resource Person</u>	<u>Date</u>
Health and Social Developmental History	_____	_____
Vision/Hearing	_____	_____
Adaptive Behavior	_____	_____
Academic Assessment and Diagnostics	_____	_____
Speech/Language	_____	_____
Learning Environment/ Class Observation Parent Consent	_____	_____

Monthly Referral Progress Report

Students Name: _____

Student's DOB: _____

Districts Name: _____

Parent/Guardian: _____

District Signature: _____

Address: _____

Received Date: _____

City/Zip: _____

Phone: _____

Components

Date Completed

By Whom

1. Interview with student _____

2. Consultation with parents _____

3. Social developmental study _____

4. Assessment of adaptive behavior _____

5. Assessment of cultural background _____

6. Medical history/current health status _____

7. Vision screening _____

8. Hearing screening _____

9. Review of academic history and current educational functioning _____

10. Educational evaluation/achievement/learning processes _____

11. Assessment of learning environment/observation _____

12. Psychological evaluation _____

13. Speech/language evaluation _____

14. Other specialized evaluations _____
