

Special Education File Checklist

Student Name _____ Date of Birth _____

Student # _____ Grade _____

Classification _____ Service Pattern A B C Other

Sending School _____ Receiving School _____

Date Completed _____ Completed by _____

Please Date or circle Yes or No indicating that the following forms/information are correct & in the student's file. (If no & item cannot be corrected please write a comment to explain)

<u>Classification Date</u> (If due before Oct. 15 th update re-class)	Date	
<u>IEP Due Date</u> (If due before Oct. 15 th update IEP)	Date	
		<u>If No, give reason if not able to correct</u>
IEP Team Participants	Yes No	
IEP Progress Reports	Yes No	
*File Organizer with the following attached	Yes No	
Documentation of Response to Interventions/Pre-Referral	Yes No	
Referral	Yes No	
Prior Notice and Consent for Evaluation/Re-Evaluation	Yes No	
Re-Evaluation Data Review	Yes No	
*Prior Notice for Identification & Determination of Eligibility	Yes No	
*Evaluation Results Summary (including vision & hearing within 2 years)	Yes No	
*LD Estimator Report (for LD classification)	Yes No	
*Prior Notice & Consent for Initial Placement	Yes No	
*Prior Notice for Change of Placement	Yes No	
*Observations (LD & ED classifications)	Yes No	
Notice of Meeting(s) (end of file organizer)	Yes No	
*All Protocols dated & signed in ink	Yes No	
*Intellectual	Yes No	
*Achievement	Yes No	
*Social/Behavioral Checklists (school & home)	Yes No	
*Speech-Language	Yes No	
*Psych Report (if required)	Yes No	
*Health Care Plan (if applicable)	Yes No	
*Additional Reports (if required) Medicaid Logs, FERPAs, OT, PT, audiology, vision, etc.	Yes No	

**Items marked with an asterisk * must be corrected before transferring a file.
Required each time a file is transferred in or out of the district.**