

Special Education File Checklist

Student Name: _____ Date of Birth: _____

Student #: _____ Classification: _____

Grade: _____ Current Service Pattern: A B C Other _____

Sending School: _____ Receiving School: _____

Date Form Completed: _____ Completed By: _____

All special education files must be in compliance before they are transferred to another school within Jordan School District, or to a school outside of the District. Teams must complete this form to verify that files are in compliance.

Please **Date** or **Circle "Yes" or "No"** to indicate that the following forms and information are correct and in the student's file. **Items marked with an asterisk (*) must be corrected before transferring a file.** If an item cannot be corrected, please write a comment to explain.

| File Checklist Item | | Complete? | | Explanation or Comment |
|---|---|-----------|----|--|
| 1. | Re-Evaluation Due Date: <i>If re-evaluation is due before October 15th of the next school year, the sending school must complete the re-evaluation prior to transferring the file to the receiving school.</i> | Date: | | |
| | | | | |
| 2. | IEP Due Date: <i>If IEP is due before October 15th of the next school year, the sending school must hold a new IEP meeting prior to transferring the file to the receiving school.</i> | Date: | | |
| | | | | |
| Items marked with an asterisk (*) must be corrected before transferring a file. | | | | If "No," give reason if not able to correct. |
| 3. | IEP Team Participants' Signatures (if missing, explain) | Yes | No | |
| 4. | IEP Progress Reports | Yes | No | |
| 5. | *File Organizer is in file with the following forms attached: | Yes | No | |
| 6. | Documentation of Response to Interventions/Pre-Referral <i>(Not required for Preschool)</i> | Yes | No | |
| 7. | Referral for Evaluation for Special Education | Yes | No | |
| 8. | Prior Notice and Consent for Evaluation/Re-evaluation | Yes | No | |
| 9. | Re-evaluation Data Review | Yes | No | |
| 10. | *Prior Notice for Identification and Determination of Eligibility | Yes | No | |
| 11. | *Evaluation Results Summary <i>(including vision & hearing results within 2 years)</i> | Yes | No | |
| 12. | *SLD Estimator Report <i>(for SLD classification)</i> | Yes | No | |
| 13. | *Prior Notice and Consent for Initial Placement <i>(required)</i> | Yes | No | |
| 14. | *Prior Notice for Change of Placement | Yes | No | |
| 15. | *Observations <i>(SLD and ED classifications)</i> | Yes | No | |
| 16. | Notice of Meeting(s) | Yes | No | |
| 17. | *All Protocols dated and signed in ink | Yes | No | |
| 18. | *Intellectual | Yes | No | |
| 19. | *Achievement | Yes | No | |
| 20. | *Social/Behavioral Checklists <i>(school and home)</i> | Yes | No | |
| 21. | *Speech Language | Yes | No | |
| 22. | *Psychological Evaluation Report <i>(if required)</i> | Yes | No | |
| 23. | *Health Care Plan <i>(if applicable)</i> | Yes | No | |
| 24. | *Additional Reports <i>(if required): Medicaid Logs, FERPAs, OT, PT, Audiology, Vision, Hearing, etc.</i> | Yes | No | |