

JOHNSTON PUBLIC SCHOOLS

Special Services

STUDENT _____	D.O.B. ____/____/____
SCHOOL _____	GRADE _____ CASE MANAGER _____
PARENT/GUARDIAN _____	ADDRESS _____
TELEPHONE (h) _____	(w) _____ (c) _____

Evaluation Team Assignments

√	Evaluations	Assigned to	Date Completed
	Psychological		
	Educational		
	Social History		
	Speech		
	Language		
	Clinical Psychological		
	Psychiatric		
	Functional Behavioral Assess.		
	Vocational		
	General Medical		
	Other:		
	Other:		

Team Tracking Process

Activity	Date
Referral to the Evaluation Team	
Parent notification & invitation to the Evaluation Team	
Evaluation Team meeting	
Parental notice of decision of team (evaluation/no evaluation)	
Parental authorization for evaluation received on	
Assignment of evaluations	
All evaluation reports are due for completion by	
Team meeting scheduled no later than (projected date for review)	
Parental notification & invitation to ET meeting to review results	
If delay, reason: _____ #	
ET meeting to review results and determine disability	
Summary of findings (evaluation & disability determination)	
Written notice of findings & eligibility determination	
IEP meeting (if determined eligible)	
Services are initiated	

Submitted by:

CHAIRPERSON OF EVALUATION TEAM

_____/_____/_____

DATE