STUDENT'S NAME _____ DOB_____ SCHOOL_____

NEW REFERRAL CHECKLIST: ☐ **Initial** ☐ **Out-of-state**

Prior to the ARC to obtain consent for an evaluation, items 1-3 should be completed.

_____ 1. Determination of Educational Rep.

_____ 2. Meeting Notice

_____ 3. Completed Screenings: _____ Vision _____Hearing _____ Interventions

Consent Date: _____

During the ARC to obtain consent for an evaluation, items 4-7 should be completed.

_____ 4. ARC Chairperson accepts KY Referral _____ (Date)
(Check Completed Screenings) _____ Motor _____Speech/Language _____ Interventions

_____ 5. KY Consent for Evaluation _____ (Date) KY Medicaid Consent_____ (Date)

_____ 6. KY Conference Summary

_____ 7. Upload Signatures in IC (consent to evaluate, conference summary signature page)

20 Days Date: _____

Within 20 days of receiving consent, items 8-14 should be completed.

_____ 8. Developmental Social Health History (EC-9)

_____ 9. Behavior Observations (EC-11) (minimum of 2 for all disabilities except EBD which requires 4)
1. _____ 2. _____ 3. _____ 4. _____

_____ 10. Adaptive Behavior Instrument (☐ ABAS-3 ☐ Vineland-3)

_____ 11. Social-Emotional Behavior Instrument (☐ BASC ☐ SSIS ☐ Conners 4 ☐ GARS-3 ☐ ASRS)
1. _____ 2. _____ 3. _____ 4. _____

_____ 12. Achievement Instrument (☐ KTEA-3 ☐ Woodcock Johnson IV ☐ Other _____)

_____ 13. Transition Assessments (if turning 14 y/o within upcoming year)

_____ 14. Medical Documentation

WHEN ITEMS 1-14 ARE COMPLETE, SEND NEW REFERRAL CHECKLIST AND TESTING FOLDER TO SCHOOL PSYCH.

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40 Days Date: _____

Within 40 days of receiving consent, items 15-18 should be completed, folder returned to Case Manager.

_____ 15. Cognitive Instrument _____ (Date)

_____ 16. Related Service Written Reports (☐ Communication ☐ OT ☐ PT ☐ Vision ☐ Hearing)

_____ 17. Integrated Report _____ (Date)

_____ 18. Medicaid Billed _____ (Date)

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50 Days Date: _____

Within 50 days of receiving consent, an ARC must be held to discuss results and eligibility.

_____ 19. Meeting Notice

_____ 20. KY Conference Summary Report Evaluation and KY Evaluation/Eligibility Determination

60 Days Date: _____

Date of Conference: _____ Disability:_____

WHEN ITEMS 19 AND 20 ARE COMPLETE, RETURN THIS FORM TO DoSE.