STUDENT'S NAME_____ **DOB**_____ **SCHOOL**_____

3 YEAR RE-EVALUATION CHECKLIST:

Prior to the ARC to obtain consent for a re-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 a re-evaluation, items 4-6 should be completed.

_____ 4. KY Conference Summary

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

_____ 6. Upload Signatures in IC (conference summary signature page, consent to evaluate)

20 Days Date: _____

Within 20 days of receiving consent, items 7-13 should be completed.

_____ 7. Developmental Social Health History (EC-9)

_____ 8. Behavior Observations (EC-11) (minimum of 2 for all disabilities except EBD which requires 4)
1. _____ 2. _____ 3. _____ 4. _____

_____ 9. Adaptive Behavior Instrument (☐ ABAS-3 ☐ Vineland-3)

_____ 10. Social-Emotional Behavior Instrument (☐ BASC ☐ SSIS ☐ Conners 4 ☐ GARS-3 ☐ ASRS)
1. _____ 2. _____ 3. _____ 4._____

_____ 11. Achievement Instrument (☐ KTEA-3 ☐ Woodcock Johnson IV ☐ Other _____)

_____ 12. Transition Assessments (if turning 14 y/o within upcoming year)

_____ 13. Medical Documentation

WHEN ITEMS 1-13 ARE COMPLETE, SEND RE-EVALUATION CHECKLIST AND TESTING FOLDER TO PSYCH.

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40 Days Date: _____

Within 40 days of receiving consent, items 14-17 should be completed and the folder returned to Case Manager.

_____ 14. Cognitive Instrument _____ (date)

_____ 15. Related Service Written Reports (☐ Communication ☐ OT ☐ PT ☐ Vision ☐ Hearing)

50 Days Date: _____

_____ 16. Integrated Report _____ (date)

_____ 17. Medicaid Billed _____ (date)

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60 Days Date: _____

OR

3 Year Date: _____

Within 50 days of receiving consent, but no later than 3 years from the previous eligibility date, an ARC must meet to discuss results and eligibility.

_____ 18. Meeting Notice

_____ 19. KY Conference Summary Report Evaluation and KY Evaluation/Eligibility Determination

Date of Conference: _____ Disability: _____

WHEN ITEMS 18 AND 19 ARE COMPLETE, RETURN THIS PAGE TO DoSE.