

MULTIDISCIPLINARY TEAM ASSESSMENT-(TRACKING)

Special Education Designee/Case Manager for Referral: _____ **Date:** _____

Student:	Grade:
Date of Birth:	School:
Parent Name:	Mailing Address:
Phone:	City, State, Zip:
Medicaid #:	Student ID #:

Timeline Documentation (Circle Referral Source: SAT, IEP, Reeval, BTT, Transfer, Head Start, Parent)

Date permission received:		Date evaluations must be completed:		Meeting must be held by:	
<input type="checkbox"/> 60 Day Timeline	<input type="checkbox"/> 80 Day Timeline	<input type="checkbox"/> 3rd or 6 th Birthday	<input type="checkbox"/> Triennial Due Date	<input type="checkbox"/> Other	

SAT referrals have an 80 day timeline. All IEP referrals that do not result in an EC have a 60 day timeline. Referrals from EC for additional evaluations components are 60 days and 80 for comprehensive evaluations. Day prior to 3rd & 6th birthday is timeline for Developmental Delay only.

Consent Documentation (Omit this section if consent received at meeting.):

Date 1 st Permission Sent:	Record of any other attempts to gain consent (Explain & Date):
Date 2 nd Permission Sent (if applicable):	
Date non-responsive consent was e-mailed & forwarded to county office:	

If no consent after 10 days, send second consent. If no consent after 10 days, refer to special education and send e-mail alert. Document any phone calls or other attempts to gain consent at school level.

Assessment	Assigned/Distributed To:	Notes/Comments:	Received
<input type="checkbox"/> Intelligence			
<input type="checkbox"/> Achievement			
<input type="checkbox"/> Teacher Report			
<input type="checkbox"/> Parent Questionnaire			
<input type="checkbox"/> Observation(s)			
<input type="checkbox"/> Perception			
<input type="checkbox"/> Adaptive Skills			
<input type="checkbox"/> Developmental Skills			
<input type="checkbox"/> Social Skills			
<input type="checkbox"/> Behavior Performance			
<input type="checkbox"/> FBA			
<input type="checkbox"/> Student Interest/Preferences			
<input type="checkbox"/> Functional Vocational			
<input type="checkbox"/> Vocational Aptitude			
<input type="checkbox"/> Assistive Technology			
<input type="checkbox"/> Communication Skills			
<input type="checkbox"/> Motor Skills			
<input type="checkbox"/> Vision			
<input type="checkbox"/> Hearing			
<input type="checkbox"/> Health			
<input type="checkbox"/> Other			

All assessment results, rating scales, etc., should be forwarded to case manager or designee.

____ White copies sent to special education office. Person Completing this form: _____

____ Yellow &/or additional copies of tracking sent/given to all evaluator(s).

____ All other copies sent to special education designee or case manager for management purposes. Date: _____

MULTIDISCIPLINARY TEAM ASSESSMENT-(TRACKING)

All assessment results, rating scales, etc., should be forwarded to case manager or designee.

___ White copies sent to special education office. Person Completing this form: _____
___ Yellow &/or additional copies of tracking sent/given to all evaluator(s).
___ All other copies sent to special education designee or case manager for management purposes. Date: _____