

# Disabilities Services Checklist

## Purpose

This checklist guides staff as they engage parents in the child’s referral and IEP process.

Child’s Name:	Parent/Guardian(s) Name(s):
Child’s Home School District:	Teacher Name:
	Family Support/Family Advocate:

### Identification of children with developmental concerns

Date	Initials	Activity
		Developmental Screening (ASQ) completed within 45 days of enrollment, child scores a “re-screen” or “refer”. Document in Family File. Initial screening information Date: _____ Score: <input type="checkbox"/> Re-screen <input type="checkbox"/> Refer
		Review family file for additional information regarding the child’s development, <i>Health and Developmental History form, Application</i> , other information provided by parent
		Consult with PSESD Disabilities Coordinator. Document in Family File. If child scored as a “re-screen”, administer the screening again within 8-10 weeks; if child scores as a “re-screen” again consult with DC Coordinator. If child scored as a “refer” see below. Rescreen information Date: _____ Score: <input type="checkbox"/> Pass <input type="checkbox"/> Re-screen <input type="checkbox"/> Refer

### Initiate referral process for children scoring a “refer”, or after consultation for children who have repeated “re-screen” scores.

Date	Initials	Activity
		Discuss screening results and observations with Disabilities Coordinator and parent. Discuss with family the purpose of a referral: <ul style="list-style-type: none"> <li>to the school district</li> <li>to an Early Intervention provider</li> <li>to a medical provider</li> </ul> for a developmental evaluation of the child when appropriate. Document in Family File.
		Request parent’s signed permission to exchange information with the school district ( <i>Release/Exchange of Confidential Information (Non-Health)</i> )
		All forms required by district for referral completed and sent to referral office. Document in family file. <input type="checkbox"/> Screening information <input type="checkbox"/> Observations <input type="checkbox"/> Documentation of interventions attempted <i>As needed, with parent permission and formal authorization to exchange health information:</i> <input type="checkbox"/> Physical Exam <input type="checkbox"/> Referral information from physician

### District decides NOT to proceed with an evaluation

Date	Initials	Activity
		Meet with parents to review the decision and determine how Early Learning can best work with the child/family. Document in Family File.

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### District decides to proceed with an evaluation

Date	Initials	Activity
		Contact parent to ensure that he/she signs and returns to the district their "permission to evaluate" form.
		<input type="checkbox"/> If the child DOES NOT qualify for special services, contact the family to discuss how Early Learning can best work with the child/family. Document in file. <input type="checkbox"/> If the family does qualify for special services, contact the family to discuss the upcoming IEP meeting. Document in Family File.

### Individual Educational Plan Meeting

Date	Initials	Activity
		Follow up to ensure that the school district has arranged for an interpreter for the IEP meeting, if needed.
		Call family the day before the IEP meeting to remind them and ask if they need any assistance in order to attend.
		Attend IFSP/IEP meeting. Document in Family File.
		Follow up that services have begun as indicated on the IEP. Document in Family File.
		Include primary IFSP/IEP goal on the child's Early Learning IFSP/ <i>Individual School Readiness Goals</i> (at least one ILP goal should be based on an IEP goal).
		File a copy of the IEP in Family File.
		Meet with Child Development Coordinator to plan for embedded learning opportunities.
		Monitor development and adapt strategies as needed.