

LONG COUNTY SCHOOL SYSTEM
 Special Education Department
Preschool Due Process Cover Sheet

Name: _____ D.O.B.: _____ School: _____ Grade: _____
 Initial Referral: _____ Reevaluation: _____
 DATE

- Recommendation of POI Team for Evaluation _____
- POI Referral received by Sp. Ed. Teacher, BCW/Parent/Community Referral _____
- Received by Sp. Ed. Central Office, or Referral for Reevaluation completed _____
- Parental Consent for Evaluation sent home _____
- Signed Parental Consent for Evaluation Returned to School (Stamp Date) _____
- Vision/Hearing completed (must be within one year) _____
- Teacher/Caregiver Report, Parent Report, and _____
- Preschool Statement of Status (if applicable) completed _____
- Developmental Screening Results (if available) _____
- Preschool Enrollment Form _____
- Background Information Form _____
- Progress Monitoring Data _____
- Individually-Administered Achievement or Other Diagnostic Test (If Applicable) _____
- Psychoeducational Evaluation Date _____
- Notice of Eligibility Determination Meeting _____
- Eligibility Report(s) _____
- Referral Back to POI (if needed) _____

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60 Days

Primary Exceptionality: Placement _____
 Service Delivery Model _____ # of sgmts per week _____
 Service Delivery Model _____ # of sgmts per week _____
 Service Delivery Model _____ # of sgmts per week _____

Secondary Exceptionality: Placement _____
 Service Delivery Model _____ # of sgmts per week _____
 Service Delivery Model _____ # of sgmts per week _____

Related Services: Placement _____
 Service Delivery Model _____ # of sgmts per week _____