

MISD Assessment Services Form 2 Checklist

If an **Assessment Clinic Service** is being requested:

Assessment Center

- Audiological
 Hearing Assistive Technology

Service Being Requested	Route Form 2 Packet To	Form 2 Attachments are REQUIRED, unless marked (Optional)
Audiological	MISD Assessment Clinic Director	(If Available): <input type="checkbox"/> Doctor Reports (Optional) <input type="checkbox"/> Health Department Screening (Optional) <input type="checkbox"/> Speech Pathology Screening (Optional) <input type="checkbox"/> Recent Hearing Evaluation (If Available)
Hearing Assistive Technology (FM) Deaf Hard of Hearing	MISD Assessment Clinic Director	<input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Recent Hearing Evaluation (less than a year old) <input type="checkbox"/> -- Recent Otology Report

MISD SRS Form 2 Checklist

If a **Support & Related Service** is being requested:

- Support Services:**
 Occupational Therapy
 Physical Therapy
 Orientation/Mobility
 Visual Impairments

Service Being Requested	Route Form 2 Packet To	Form 2 Attachments are REQUIRED, unless marked (Optional)
Occupational Therapy	MISD Support & Related Services Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- Occupational Therapy Referral Form <input type="checkbox"/> -- Work Samples
Orientation/Mobility	MISD Support & Related Services Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) -----
Physical Therapy	MISD Support & Related Services Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- PT Referral Form
Visual Impairments	MISD Support & Related Services Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- Medical Documentation of Visual Impairment or <input type="checkbox"/> -- MISD Eye Report

Macomb ISD Form 2 Checklist

If a **Consultation Service** is being requested:

Consultation: <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Autism <input type="checkbox"/> Orientation & Mobility <input type="checkbox"/> Psychiatric <input type="checkbox"/> Behavioral/EI <input type="checkbox"/> Physiatic <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical/Other Health		
Service being Requested	Route Form 2 Packet To	Form 2 Attachments are REQUIRED , unless marked (Optional)
Assistive Technology	MISD Management Services Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- Cover letter with 2-3 sentences describing the reason for the consultation request <input type="checkbox"/> -- Current AT staffing and follow-up report(s) <input type="checkbox"/> -- Current teacher report
Autism	MISD Center Program Director	<input type="checkbox"/> -- Current Eligibility Report(s) and REED (including Autism assessments) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Behavior Intervention Plan (if applicable) <input type="checkbox"/> -- Current Psychological <input type="checkbox"/> -- Current Teacher Report (if available) <input type="checkbox"/> -- Current Speech & Language Report <input type="checkbox"/> -- Current Social History <input type="checkbox"/> -- Strategy Planning Form
Behavioral/EI	MISD Center Program Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- Psychological <input type="checkbox"/> -- Social History <input type="checkbox"/> -- Strategy Planning Form <input type="checkbox"/> -- Psychiatric (Optional)
Hearing	MISD Assessment Clinic Director	<input type="checkbox"/> -- Current IEP date (if any) <input type="checkbox"/> -- Otology Report <input type="checkbox"/> -- Recent Audiological Evaluation <input type="checkbox"/> -- Speech and Language Evaluation (Optional)
Occupational Therapy	MISD Support & Related Services Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- Occupational Therapy Referral Form
Orientation & Mobility	MISD Support & Related Services Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) -----

Physiatric	MISD Assessment Clinic Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- Academic History <input type="checkbox"/> -- Behavioral Anecdotal Record(s) <input type="checkbox"/> -- Birth/Medical/Hospital Records including Hospitalization Discharge Summaries, Emergency Treatments, Pediatrician and Specialist Treatments <input type="checkbox"/> -- Letter Clearly Stating Problem <input type="checkbox"/> -- Parent Information Form <input type="checkbox"/> -- Current Psychological <input type="checkbox"/> -- School Pre-Referral Form <input type="checkbox"/> -- Current Social History
Physical Impairment/Other Health Impairment	MISD Center Program Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- Academic Evaluations <input type="checkbox"/> -- Current Medical Records <input type="checkbox"/> -- Psychological <input type="checkbox"/> -- Social/Developmental History
Physical Therapy	MISD Support & Related Services Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- Physical Therapy Referral Form
Psychiatric	MISD Assessment Clinic Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- Current Academic Testing <input type="checkbox"/> -- Anecdotal Records <input type="checkbox"/> -- Interim Report (if time lapsed between referral and consultation) <input type="checkbox"/> -- Letter Clearly Stating Problem and Expectations <input type="checkbox"/> -- Current Psychological/WISC III Scores with all subtest standard scores (within last year) <input type="checkbox"/> -- Detailed Social/Medical/Academic Histories
Vision	MISD Support & Related Services Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) ----- <input type="checkbox"/> -- Academic Evaluations <input type="checkbox"/> -- Current Medical Records <input type="checkbox"/> -- Psychological <input type="checkbox"/> -- Social and Developmental History

Macomb ISD Form 2 Checklist

Use this checklist to make sure all documents are complete, before sending referrals.

Consideration for **Program Placement** for Student with:

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Severe Language Impairment
(further evaluation may be needed) | <input type="checkbox"/> Severe Cognitive Impairment |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Moderate Cognitive Impairment | <input type="checkbox"/> Severe Multiply Impairment |
| <input type="checkbox"/> Physical Impairment/Other Health Impairment | <input type="checkbox"/> MISD | <input type="checkbox"/> Macomb STEP Program |
| <input type="checkbox"/> Severe Emotional Impairment | <input type="checkbox"/> Local District | <input type="checkbox"/> Lutz School for Work Experience |

Service Being Requested	Route Form 2 Packet To	Form 2 Attachments are REQUIRED, unless marked (Optional)
Autism Classroom Program <u>(Add links to all, click and will bring you to description)</u>	MISD Center Program Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current Eligibility Report(s) and REED (including Autism assessments, standardized adaptive scale) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Behavior Intervention Plan (if applicable) <input type="checkbox"/> -- Birth Certificate <input type="checkbox"/> -- Immunization Record <input type="checkbox"/> -- ASD Consultation Report <input type="checkbox"/> -- Current Psychological <input type="checkbox"/> -- Current Teacher Report (if available) <input type="checkbox"/> -- Current Speech & Language Report <input type="checkbox"/> -- Current Social History
Deaf/Hard of Hearing Classroom Program	MISD Assessment Clinic Director	<input type="checkbox"/> -- Current Eligibility Report(s) <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED Report(s) <input type="checkbox"/> -- Current Audiological Evaluation <input type="checkbox"/> -- FBA and or Behavior Intervention Plan (if Applicable) <input type="checkbox"/> -- Birth Certificate <input type="checkbox"/> -- Immunization Record <input type="checkbox"/> -- Current Otology/ENT Evaluation (Medical) <input type="checkbox"/> -- Speech and Language Evaluation <input type="checkbox"/> -- Teacher Progress Report <input type="checkbox"/> -- Psychological
Physical Impairment/Other Health Impairment Program	Local District Program Director	<input type="checkbox"/> - Current Eligibility Report(s) including medical/therapy reports <input type="checkbox"/> - Current IEP MUST include present levels in all domains <input type="checkbox"/> - Current REED Report(s) <input type="checkbox"/> - Psychological which shall include a Cognitive and Adaptive Assessment <input type="checkbox"/> - Birth Certificate <input type="checkbox"/> - Immunization Record <input type="checkbox"/> - Referring Teacher Input Form <input type="checkbox"/> - Functional Behavior Assessment/Behavior Intervention Plan (If Currently Implemented)
Severe Emotional Impairment Classroom Program	MISD Center Program Director	<input type="checkbox"/> -- Current Eligibility Reports and REED <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current Psychological (within 3 years), <input type="checkbox"/> -- Psychiatric (Optional) <input type="checkbox"/> -- Updated School Social Worker Summary <input type="checkbox"/> -- Current Academic/Achievement Testing <input type="checkbox"/> -- Current Summary of Specific Behaviors that impact learning <input type="checkbox"/> -- SWIS/PowerSchool Behavior Data <input type="checkbox"/> -- Strategy Planning Form <input type="checkbox"/> -- Functional Behavior Analysis and Behavior Intervention Plan <input type="checkbox"/> -- Immunization Record <input type="checkbox"/> -- Birth Certificate <input type="checkbox"/> -- Transcripts (Secondary Only) <input type="checkbox"/> -- Skillstreaming Checklist (Elementary Only)

Severe Language Impairment Classroom Program	LEA Director at Fraser for Warren Woods (depending on catchment area)	<input type="checkbox"/> - Current Eligibility Reports and REED <input type="checkbox"/> - Current IEP <input type="checkbox"/> - Psychological Evaluation - Completed within 1 year, Demonstrating average or above nonverbal intellectual ability (quotient of >90) using a widely accepted comprehensive assessment. (WPPSI, UNIT) <input type="checkbox"/> - Speech and Language Report <input type="checkbox"/> - Language Sample Forms AND Audio <input type="checkbox"/> - Teacher Input Form (see form links below) <input type="checkbox"/> - Academic Assessments - Such as, Report card, progress reports, MLPP (phonemic awareness, letter and sound identification, sight words), DRA, etc. <input type="checkbox"/> - Hearing screening completed within 1 year - Date and results. <input type="checkbox"/> - Vision screening (completed at any time) - Date and results. <input type="checkbox"/> - Functional Behavior Assessment/Behavior Intervention Plan (if currently on file) <input type="checkbox"/> - Immunization Record <input type="checkbox"/> - Birth Certificate
Moderate Cognitive Impairment Classroom Program	For MISD-Operated Program: MISD Center Programs Director <hr/> For LEA Operated Program: LEA Special Education Director (Lake Shore or Warren Consolidated)	<input type="checkbox"/> - Current Eligibility Report(s) with supporting reports (i.e. Psychological reflecting scores by age not grade, standardized adaptive scale, Speech & Language Report). <input type="checkbox"/> - Current IEP <input type="checkbox"/> - Current REED Report(s) <input type="checkbox"/> - Summary of reason for referral (i.e. behavioral concern, etc.) <input type="checkbox"/> - Behavior Intervention Plan (if applicable) <input type="checkbox"/> - Birth Certificate <input type="checkbox"/> - Immunization Record <input type="checkbox"/> - Medical Information <input type="checkbox"/> - Current Teacher Input Form
Severe Cognitive Impairment Classroom Program	MISD Center Program Director	<input type="checkbox"/> -- Current Eligibility Report(s) and REED <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Behavior Intervention Plan (if applicable) <input type="checkbox"/> -- Birth Certificate <input type="checkbox"/> -- Immunization Record <input type="checkbox"/> -- Medical Information <input type="checkbox"/> -- Current Psychological <input type="checkbox"/> -- Current Teacher Report (if available)
Severe Multiply Impairment Classroom Program	MISD Center Program Director	<input type="checkbox"/> -- Current Eligibility Report(s) and REED <input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Behavior Intervention Plan (if applicable) <input type="checkbox"/> -- Birth Certificate <input type="checkbox"/> -- Immunization Record <input type="checkbox"/> -- Medical Information <input type="checkbox"/> -- Current Psychological <input type="checkbox"/> -- Current Teacher Report (if available)
Work Experience – Lutz School Classroom Program	MISD Center Program Director	<input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED or MET <input type="checkbox"/> -- Current eligibility reports (Teacher Report, OT, PT, Speech, Social Work, Psychological) <input type="checkbox"/> -- Current LEA Transition Assessment (must include) <input type="checkbox"/> -- Adaptive Behavioral Assessment (as applicable) <input type="checkbox"/> -- Education Development Plan (must include) <input type="checkbox"/> -- Documentation of specific work based learning experiences and skills, such as: <input type="checkbox"/> -- Work-Based Learning Agreement (WBLA), district form, etc. (if available)

		<input type="checkbox"/> --Current Behavior Intervention Plan (as applicable) <input type="checkbox"/> --Post-Secondary Teacher Input Form (link below) <input type="checkbox"/> --Immunizations <input type="checkbox"/> --Birth Certificate
Macomb STEP Program	MISD Center Program Director	<input type="checkbox"/> -- Current IEP <input type="checkbox"/> -- Current REED or MET <input type="checkbox"/> -- Current eligibility reports (Teacher Report, OT, PT, Speech, Social Work, Psychological) <input type="checkbox"/> -- Adaptive Behavioral Assessment (as applicable) <input type="checkbox"/> -- Current LEA Transition Assessment (must include) <input type="checkbox"/> -- Education Development Plan (must include) <input type="checkbox"/> -- Documentation of specific work based learning experiences and skills, such as: IVT/WBLA, district form, etc. (if available) <input type="checkbox"/> -- Current Behavior Intervention Plan (as applicable) <input type="checkbox"/> -- Post-Secondary Teacher Input Form (link below) <input type="checkbox"/> -- Immunizations <input type="checkbox"/> -- Birth Certificate

ChecklistALL.doc Updated May 2018