

# MULTIDISCIPLINARY TEAM ASSESSMENT-(TRACKING)

*Special Education Designee/Case Manager for Referral:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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

**Timeline Documentation:** (Circle Referral Source: SAT, IEP, Reval, BTT, Transfer, EC, 504, Parent, Other\_\_\_\_)

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"/> 3 <sup>rd</sup> /6 <sup>th</sup> birthday (7 days before)	<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 eval components are 60 days. Day prior to 3<sup>rd</sup> & 6<sup>th</sup> birthday is timeline for Developmental Delay only, but remember you will need to have your meeting and IEP developed 7 days prior to the date shown. As a result, 3<sup>rd</sup> and 6<sup>th</sup> birthday timeline is \_\_\_\_\_.

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

Date 1 <sup>st</sup> Permission Sent:	Record of any other attempts to gain consent (Explain & Date):
Date 2 <sup>nd</sup> 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/E-Mail:	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			

Person Completing this form: \_\_\_\_\_ Date forwarded to Designee: \_\_\_\_\_

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

Tracking forwarded to BOE. Person forwarding forms: \_\_\_\_\_ Date: \_\_\_\_\_