

# SPECIAL EDUCATION MONITORING RECORD

LUNENBURG COUNTY PUBLIC SCHOOLS BOARD OF EDUCATION

P.O. Box 710, Kenbridge, Virginia 23944

**COMPLETE PAGE 1 OF THIS FORM AND PLACE IT ON TOP OF ALL OTHER DOCUMENTATION**

Date Monitoring Record Received by SBO Special Education Department: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Testing ID#: \_\_\_\_\_

School:      CHS    LMS    KES    VES    N/A     Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_     Sex  M  F     Race: \_\_\_\_\_     Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_     Telephone: (H) \_\_\_\_\_

Address: \_\_\_\_\_     (W) \_\_\_\_\_

\_\_\_\_\_     (C) \_\_\_\_\_

**DATE OF REFERRAL FOR INITIAL EVALUATION FOR SPED SERVICES DUE TO SUSPICION OF A DISABILITY, OR FOR RE-EVALUATION (NOT FOR 3-YEAR REVIEWS/EVALUATIONS):**     \_\_\_\_/\_\_\_\_/\_\_\_\_

**TYPE OF EVALUATION REFERRAL (CHECK ONLY ONE OF THE FOLLOWING):**

**3-YEAR SPED TRIENNIAL REVIEW** - DUE DATE- \_\_\_\_/\_\_\_\_/\_\_\_\_

**OTHER RE-EVALUATION** DUE DATE (WITHIN 65 BUSINESS DAYS FROM REFERRAL DATE): \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEVELOPMENTAL DELAY RE-EVALUATION** - DUE DATE (WITHIN 65 BUSINESS DAYS FROM REFERRAL DATE AND PRIOR TO THE CHILD'S 7<sup>TH</sup> BIRTHDAY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**INITIAL EVALUATION** – DUE DATE (WITHIN 65 BUSINESS DAYS FROM EVALUATION REFERRAL DATE): \_\_\_\_/\_\_\_\_/\_\_\_\_

**REFERRAL SOURCE FOR INITIAL REFERRAL ONLY (CHECK ONLY ONE):**

CHILD STUDY TEAM    504 TEAM    INFANT & TODDLER CONNECTION    PARENT    TEACHER

RTI TEAM    OTHER: \_\_\_\_\_

**IF THE REFERRAL SOURCE WAS OTHER THAN THE CHILD STUDY OR 504 TEAM ATTACH COPY OF PARENT AND OUTSIDE AGENCY INITIAL REFERRAL form.**

Date Notice & Procedural Safeguards Sent/Given to Parent/Guardian: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Written Consent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINCIPAL OR SPED DESIGNEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SBO ADMINISTRATIVE USE ONLY

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Meeting to Determine Eligibility Due Date:** \_\_\_/\_\_\_/\_\_\_ **Student Withdrawal Date if Applicable:** \_\_\_/\_\_\_/\_\_\_

**Eligibility Meeting held on:** \_\_\_/\_\_\_/\_\_\_ **Eligibility Meeting Rescheduled & Held on** \_\_\_/\_\_\_/\_\_\_

**Initial Evaluation Meeting Date Extended in Writing with Parent/Guardian Permission & Held on:** \_\_\_/\_\_\_/\_\_\_

**Re-evaluation (NOT 3-YEAR) Meeting Date Extended in Writing with Parent/Guardian Permission & Held on:** \_\_\_/\_\_\_/\_\_\_

**LETTER TO DETERMINE ELIGIBILITY SENT:** \_\_\_/\_\_\_/\_\_\_ **LETTER TO DETERMINE ELIGIBILITY FOR RESCHEDULED MEETING SENT:** \_\_\_/\_\_\_/\_\_\_

**DETERMINATION:** **ELIGIBLE**  **YES**  **NO** **IF ELIGIBLE, SPED ID/RELATED SERVICES:** \_\_\_\_\_

	<u>Date Assigned</u>	<u>Date Received</u>	<u>Date Completed</u>	<u>Comments</u>
<input type="checkbox"/> Educational	_____	_____	_____	_____
<input type="checkbox"/> Classroom Observation	_____	_____	_____	_____
<input type="checkbox"/> Classroom Performance	_____	_____	_____	_____
<input type="checkbox"/> Developmental	_____	_____	_____	_____
<input type="checkbox"/> Sociocultural	_____	_____	_____	_____
<input type="checkbox"/> Psychological	_____	_____	_____	_____
<input type="checkbox"/> Behavior Rating Scale	_____	_____	_____	_____
<input type="checkbox"/> Medical	_____	_____	_____	_____
<input type="checkbox"/> Records	_____	_____	_____	_____
<input type="checkbox"/> Physical	_____	_____	_____	_____
<input type="checkbox"/> Hearing/Vision	_____	_____	_____	_____
(Audiological if Failed Twice)				
<input type="checkbox"/> Speech/Language	_____	_____	_____	_____
<input type="checkbox"/> OT/PT	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	_____