District Name: Click or tap here to enter text.

**District IRN:** Click or tap here to enter text.

# **Preschool Document Request Checklist**

# **for Review of PS Student Records**

|  |  |
| --- | --- |
| **Student Initials** | Click or tap here to enter text. |
| **Date of Birth**  | Click or tap to enter a date. |

[ ]  Current Evaluation Team Report including Planning Forms

[ ]  PR-04 – Referral for Evaluation

[ ]  PR-05 – Parent Consent for Evaluation

[ ]  PR-02 – Parent Invitation

[ ]  OP-09 Attempts to Obtain Parent Participation, if applicable

[ ]  PR-01 – Prior Written Notice to Parents

[ ]  Current Individualized Education Program (IEP)

[ ]  Previous Individualized Education Program (IEP)

[ ]  Progress Reports from current IEP

[ ]  Progress Reports from previous IEP

[ ]  Preschool Least Restrictive Environment Guiding Questions Optional Form,

if applicable

[ ]  Preschool Transition from Part C to Part B Optional Form, if applicable

[ ]  Discipline forms within the last IEP term (such as manifestation determination, functional behavior assessment, behavior intervention plan)