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)