



Student Name	School Level <i>Check one</i> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School	Type of Evaluation <i>Check one</i> <input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Reevaluation
Student Date of Birth Mo./Day/Yr.	Reviewer's Name	NOTE: When reviewing a record of a student who is an adult, substitute "adult student" for "parent" in all checklist items. *Items not required for charter schools authorized under s. 118.40, Wis. Stats.

RECORD REVIEW CHECKLIST

WHERE DOCUMENTED. Examples from DPI 2006-07 Sample Forms. *Identify source if documentation is found other than where noted.*

E-1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	The referral for an initial evaluation is in writing and includes the reasons why the person believes the child is a child with a disability.* Comments:	R-1
E-2	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child's parents were contacted and afforded an opportunity to participate in the review of existing evaluation data. Comments:	EW-1
E-3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	A review of existing evaluation data on the child to identify what additional data, if any, were needed to complete the evaluation or reevaluation included: a. not less than 1 regular education teacher of such child (if the child is, or may be, participating in the regular education environment); and Comments:	EW-1
E-4	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. not less than 1 special education teacher, or where appropriate, not less than 1 special education provider of such child; and Comments:	EW-1
E-5	<input type="checkbox"/> Yes <input type="checkbox"/> No	c. a local educational agency representative. Comments:	EW-1
E-6	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child's parent attended the meeting to determine whether the child is or continues to be a child with a disability or participated by other means. Comments:	I-3
E-7	<input type="checkbox"/> Yes <input type="checkbox"/> No	At the IEP team meeting to determine whether the child is a child with a disability, the IEP team reviewed evaluations and information provided by the child's parents. Comments:	ER-1
E-8	<input type="checkbox"/> Yes <input type="checkbox"/> No	At the IEP team meeting to determine whether the child is a child with a disability, the IEP team reviewed previous interventions and the effects of those interventions.* Comments:	ER-1