

LONG COUNTY SCHOOL SYSTEM  
 Special Education Department  
Due Process Cover Sheet

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Initial Referral: \_\_\_\_\_ Reevaluation: \_\_\_\_\_

	DATE
Recommendation of POI Team for Evaluation	_____
POI Forms received by Sp. Ed. Teacher or	
Referral for Reevaluation completed	_____
Parental Consent for Evaluation sent home	_____
Signed Parental Consent for Evaluation Returned to School (Stamp Date)	_____
Vision/Hearing completed (must be within one year)	_____
Teacher Report and Statement of Status completed	_____
Current Report Card and <u>GKIDS</u> , <u>CRCT</u> , <u>GHSGT</u> , <u>EOCT</u> , or <u>GAA</u> results	_____
Permanent Record (Elementary Only)	_____
Background Information Form (initials: in POI records; reevals: send home)	_____
Progress Monitoring Data	_____
Individually-Administered Achievement or Other Diagnostic Test (If Applicable)	_____
Psychoeducational Evaluation Date	_____
Notice of Eligibility Determination Meeting	_____
Eligibility Report(s)	_____
Referral Back to POI (if needed)	_____

}

60 Days

**Primary Exceptionality:** Placement \_\_\_\_\_  
 Service Delivery Model \_\_\_\_\_ # of sgmts per week \_\_\_\_\_  
 Service Delivery Model \_\_\_\_\_ # of sgmts per week \_\_\_\_\_  
 Service Delivery Model \_\_\_\_\_ # of sgmts per week \_\_\_\_\_  
**Secondary Exceptionality:** Placement \_\_\_\_\_  
 Service Delivery Model \_\_\_\_\_ # of sgmts per week \_\_\_\_\_  
 Service Delivery Model \_\_\_\_\_ # of sgmts per week \_\_\_\_\_  
**Related Services:** Placement \_\_\_\_\_  
 Service Delivery Model \_\_\_\_\_ # of sgmts per week \_\_\_\_\_