

**LONG COUNTY SCHOOL SYSTEM**  
**Special Education Department**  
Preschool Due Process Cover Sheet

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

- Recommendation of POI Team for Evaluation \_\_\_\_\_
- POI Referral received by Sp. Ed. Teacher, BCW/Parent/Community Referral \_\_\_\_\_
- Received by Sp. Ed. Central Office, 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/Caregiver Report, Parent Report, and \_\_\_\_\_
- Preschool Statement of Status (if applicable) completed \_\_\_\_\_
- Developmental Screening Results (if available) \_\_\_\_\_
- Preschool Enrollment Form \_\_\_\_\_
- Background Information Form \_\_\_\_\_
- 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 \_\_\_\_\_