

Form M

Graves County Schools Referral Checklist Grades K-12

Student: _____ **Grade:** _____

School: _____

Suspected Disability(s): _____

DOCUMENTATION: Must check Yes, No, or NA for each documentation listed	YES	NO	NA
STAR Reading Screening			
STAR Math Screening			
DIBELS Screening			
PAST Screening			
PBIS Screening (for any type of behavior referral OHI, EBD, MMD, FMD, AUT)			
Form A-RTI Parent Letter			
Form B-Student Intervention Documentation/Log minimum of 24 data points			
Form K- Summary of Intervention Data (for all suspected disabilities including SLD)			
Form C-SLD Referral Final Impact Statement (for SLD referral only)			
Form D-Fidelity Checklist			
Form E-Student Progress Updates			
Hearing Screening			
Vision Screening			
Speech/Language Screening			
Form L-Motor Screen (required for SLD referral)			
Form N-Determination of Student Representative			
Educationally Relevant Medical Statement (diagnosis required for OHI referral)			
KBIT Screener (if appropriate for MMD, FMD, SLD)			
Referral			

*By signing below you agree all the appropriate documents required above are completed.

Teacher Signature: _____ **Date:** _____

Principal/Guidance Counselor/RTI Specialist/Designee Signature:

_____ **Date:** _____
Name Title