

TEACHER/DISABILITY WORKSHEET

CHILD'S NAME: _____

DATE: _____

SITE: _____ DATE OF BIRTH: _____

AN AREA OF CONCERN HAS BEEN IDENTIFIED: YES ___ NO ___

TEACHERS CONCERNS/NOTES: _____

TEACHER REFERRED TO DISABILITIES SPECIALIST FOR REFERRAL PROCESS TO LOCAL EDUCATION AGENCY (LEA): YES ___ NO ___

TEACHERS SIGNATURE: _____ DATE: _____

****NOTE BOTTOM PORTION FOR DISABILITIES SPECIALIST****

Date Referred for Evaluation: _____ Where: LCPS ___ GISD ___

Evaluated Date: _____ Evaluated – DNQ Date: _____

IEP Name: _____ Date: _____ Valid Thru: _____

IEP Notes: _____

IEP Contributors: _____

Diagnosis: _____ Specific Condition: _____

Primary Diagnosis: Yes No

Program Attending: _____

Parent(s) Attending: One Parent Both Parents

Was the IEP/IFSP Eligibility Determined and signed by LEA or Part C Agency: Yes No

Disabilities Specialist Signature: _____ Date: _____