

MEMORANDUM FOR TESTING

PUBLIC SCHOOLS OF ROBESON COUNTY-DEPARTMENT OF EXCEPTIONAL CHILDREN

Student's Name: _____ Name of School: _____

Date of Birth: _____ Psychologist _____

MOST RECENT ACTION/s

Initial Reevaluation Transfer from NC LEA Transfer from Out of State Parental Referral (area of current eligibility_____)

***All forms must be in order and completely filled out or testing packet will not be accepted for testing and will be returned to EC Chairperson**

EVALUATION

| Compliance Area | Form Included and Everything Filled out/Notes |
|---|---|
| Initial Evaluation (Eligibility Determination) | <input type="checkbox"/> |
| Memorandum for testing | <input type="checkbox"/> |
| DEC 1 | <input type="checkbox"/> |
| DEC 2 | <input type="checkbox"/> |
| DEC 5 | <input type="checkbox"/> |
| Minutes from the meeting | <input type="checkbox"/> |
| Teacher Observations and Narratives | <input type="checkbox"/> |
| Completed Social History | <input type="checkbox"/> |
| Health Screening and attendance | <input type="checkbox"/> |
| Current grades and attendance | <input type="checkbox"/> |
| OT/PT Evaluation (only if requested) | <input type="checkbox"/> |
| Reevaluation –Review most current | <input type="checkbox"/> |
| Memorandum for testing | <input type="checkbox"/> |
| DEC 2 | <input type="checkbox"/> |
| DEC 3 (from previous testing) | <input type="checkbox"/> |
| DEC 5 | <input type="checkbox"/> |
| DEC 7 | <input type="checkbox"/> |
| Minutes from the meeting | <input type="checkbox"/> |
| Teacher Observations and Narratives | <input type="checkbox"/> |
| Completed Social History | <input type="checkbox"/> |
| Health Screening and attendance | <input type="checkbox"/> |
| OT/PT Evaluation (only if requested) | <input type="checkbox"/> |

ACCOUNTABILITY

The following individuals attest to the fact that the testing packet has been checked and is indeed in order for the purposed of testing for the Exceptional Children's Program:

| | | |
|--|--------------|----------------|
| _____ Testing Packet Case Manager | _____ | _____ |
| | Printed Name | Signature/date |
| _____ EC Chairperson | _____ | _____ |
| | Printed Name | Signature/date |
| _____ School Principal | _____ | _____ |
| | Printed Name | Signature/date |

INTEROFFICE

Date received from School(EC department Secretary) :

Psychologist Assignment Date :

Date testing completed:

Psychologist's signature: _____