Evaluation Folder Compliance Checklist

Student Name:	Student ID:	Date of Birth:	Grade:	Campus:	Evaluator / Diagnostician:

Suspected / Identified Disability Categor(ies):	Eval Type:	☐ Initial	☐ Reevaluation	☐ Add'l Testing

Key Dates

Consent Received	45-Day Due Date	Report Completed

SECTION A — Referral, Notice & Consent

☐	Referral / request for FIE on file	
☐	Prior Written Notice of evaluation sent	Date:
☐	Procedural Safeguards provided with notice	
☐	Consent to Evaluate signed and dated (see Key Dates above)	
☐	Consent date logged; 45-day timeline calculated	
☐	Review of Existing Data (REED) completed	☐ N/A
☐	Parent notified of REED results / invited to add data	☐ N/A
☐	Native language / communication mode determined	
☐	Interpreter or translation services arranged	☐ N/A

SECTION B — Data Gathering & Records Review

☐	Teacher input collected	
☐	Parent input form completed	
☐	Classroom observation documented	Date:
☐	Work samples reviewed	
☐	Cumulative folder / academic records reviewed	
☐	Attendance records reviewed	
☐	Discipline records reviewed	
☐	Vision screening documented	
☐	Hearing screening documented	
☐	Health / developmental / medical history reviewed	
☐	OHI-specific documentation reviewed (e.g., ADHD medical statement, medication/health info)	☐ N/A
☐	MTSS / RTI intervention data reviewed	☐ N/A
☐	STAAR / state assessment data reviewed	☐ N/A
☐	TELPAS data reviewed	☐ N/A
☐	District / local assessment data reviewed (benchmarks, universal screener, DRA, etc.)	☐ N/A
☐	Language proficiency data reviewed (EB)	☐ N/A
☐	Prior evaluation report(s) reviewed	☐ N/A

NOTES:

SECTION C — Formal Assessment

List instruments given; confirm protocol is filed.

Instrument	Date	Examiner	Filed
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

☐	Behavioral assessment / FBA completed	☐ N/A
☐	Adaptive behavior rating scales completed	☐ N/A
☐	OHI rating scales / physician statement completed (e.g., ADHD)	☐ N/A
☐	Given in native language / communication mode	
☐	Testing environment & accommodations documented	☐ N/A

SECTION D — Eligibility Determination

☐	FIE report completed	
☐	FIE report reviewed for accuracy/completeness	
☐	Eligibility criteria checklist completed per category	
☐	Exclusionary factors ruled out (sensory, motor, ID, ED, cultural/economic, EB)	
☐	Adverse educational impact / need documented	
☐	PLAAFP drafted	
☐	Report signed by evaluator(s)	Date: