

# BRUSH COUNTRY SPECIAL EDUCATION COOPERATIVE

P.O. Box 534 106 Bulldog Lane Orange Grove, Texas 78372



## BRUSH COUNTRY SPECIAL EDUCATION COOPERATIVE DOCUMENTATION TRACKING FORM FOR PSYCHOLOGICAL EVALUATION REQUESTS

PLEASE PROVIDE THE FOLLOWING INFORMATION TO THE CO-OP SECRETARY FOR TRACKING PURPOSES:

DISTRICT/CAMPUS: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

- ☐ Initial Referral ☐ Additional AU/ED Evaluation to Existing Sped Student
- ☐ AU/ED Re-Evaluation ☐ NCEC (aging out) ☐ ECI Transition Evaluation (AU/ED)

Current Eligibility: \_\_\_\_\_ Date of last psychological FIE (if applicable): \_\_\_\_\_

Date of Consultation with LSSP: \_\_\_\_\_ Name of Sped Teacher/Campus Case Mgr \_\_\_\_\_

Date of REED/ARD specifying need for additional evaluation: \_\_\_\_\_

\*Deadline for completion of Re-Evaluation FIE: \_\_\_\_\_

*Kindly submit re-evaluation requests with at least 30 school days advance notice for scheduling. (\*In the event the re-evaluation is needed prior to the triennial FIE timeline, please specify the date the evaluation report is needed so it can be scheduled accordingly. Such events may include: having the evaluation report "pulled forward" to be reviewed at an Annual Review, in cases of expedited situations such as for an MDR, NCEC birthday, or consideration for change of placement needed due to severe behavioral concerns, etc.) DO NOT WRITE "ASAP"*

List the current service providers (OT, Speech, Behavior Specialist, Related Service Counselor, PT, Vision, etc.):

\_\_\_\_\_

Diagnostician's Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

ATTACH AND SUBMIT ELECTRONICALLY WITH THIS FORM TO BCC SECRETARY:

- ☐ Signed copy of Consent for Evaluation and Notice of Evaluation.
- ☐ Previous Psychological Evaluation(s), Counseling Evaluation(s), Medical/Psychiatric Information, Hospitalization Information
- ☐ Grades, Attendance, Discipline Referrals
- ☐ Any information from the REED that should be noted:

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