

SAT Screening Packet Checklist

Student: _____ Date: _____

Personnel completing packet: _____

_____ Vision and Hearing Screening (**attach screening**)

_____ Sensory Processing Screening (**attach screening**)

_____ Health Screening: Is there a history of health problems? Have you observed any health problems? If so, elaborate _____

_____ Speech and Language Screening (**attach Communication Skills Teacher Checklist**)

_____ If at risk, attach screening conducted by school speech/language therapist

_____ Adapted Physical Education Screening/Referral Form (**attach screening**)

_____ Assistive Technology Screening (**attach LA Assistive Technology Screening form**)

_____ Social/Emotional/Behavior Screening (**attach Psycho-Social Checklist**)

_____ Attach any relevant incident reports/discipline records, teacher reports, parent reports and information provided by parent, developmental profiles, previous behavior intervention plans, and anecdotal records.

_____ Developmental screening for pre-school aged child enrolled in school

_____ Dyslexia screening results

_____ LEAP, iLEAP, GEE and District-wide test results (DIBELS, etc.)

_____ Summary of teacher/parent communication regarding the student's specific difficulties

_____ Universal screenings (**comparison of student to class, school, and/or district**)

_____ Cumulative record (**include school attendance, tardies, retention, etc.**)

_____ Previous evaluations

_____ Cultural Diversity Self-Assessment (**attach form**)