

POLK COUNTY SPECIAL SERVICES COOPERATIVE

504 S Home Street – Corrigan, Texas 75939
Phone: (936) 225.5446 – Fax: (936) 398.2537
Director: Lisa Sebaugh

Student Name: _____

Date: _____

Referral Packet Checklist – Part 1

- Health/Vision Screener
- Birth Certificate
- Home Language Survey
- Receipt of [Procedural Safeguards/ARD Guide](#)
 - [English Version](#) / [Spanish Version](#)
- Signed Overview of Special Education
 - [English Version](#) / [Spanish Version](#)
- [Notice of Proposal to Evaluate](#)
- Teacher Information
 - [Elementary](#) / [Secondary](#)
- [Parent Information](#)

Referral Packet Checklist – Part 2

These forms are located under Notices in eSped

- [Electronic Communication Consent](#) (Screen 50)
- [Medicaid One-Time Parental Consent](#) (Screen 48)
- [Consent for Disclosure 22](#) (Screen 21-22)
- [Consent for Evaluation](#) (Screen 19)

PROUDLY SERVING THE STUDENTS OF:

Big Sandy ◆ Chester ◆ Colmesneil
Corrigan-Camden ◆ Goodrich ◆ Leggett

Revised June 5, 2024