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