

CHILD FIND INSTRUCTIONS

Documents for Mighty Mouse (TESTSTUDEN)

Create New Document: (Select...) Go ← Step 1: To create a new Child Find you will have to create a new document

Documents for 2020/21	Status	Creation Date	Modification Date	Finalization Date
<div>Eligibility</div> <div> <div>*Active* Eligibility</div> <div>Forced Final</div> <div>06/22/2021 Tue, 09:27 AM</div> <div>06/24/2021 Thu, 08:02 PM</div> <div>06/24/2021 Thu, 08:02 PM</div> </div>				
<div>Section 504</div> <div> <div>Section 504 (Initial 504_ Gr 8)</div> <div>Draft</div> <div>03/16/2021 Tue, 10:09 AM</div> <div>---</div> <div>---</div> </div>				
<div>Other</div> <div> <div>*Active* Oregon IEP (Annual Review GR_2)</div> <div>Forced Final</div> <div>01/11/2021 Mon, 09:45 AM</div> <div>06/24/2021 Thu, 08:02 PM</div> <div>06/24/2021 Thu, 08:02 PM</div> </div>				

Documents for Mighty Mouse (TESTSTUDEN)

Create New Document: (Select...) Go

Documents for 20

Eligibility

Active Eligibility

Section 504

Other

Active Oregon I

Documents for 20

Other

Oregon IEP (Initial

Documents for 20

Documents for 20

Eligibility

Emotional Disturbance

Special Education Notice of Team Meeting

Developmental Delay Eligibility Packet

TBI Eligibility

Section 504

Section 504

Other

Oregon IEP

Private School ISP

Pre-Referral

School Age Forms

Evaluation

Medicaid

Evaluation Consent

Consent to Invite Outside Agency Personnel

Program Exit

Evaluation Planning

Abbreviated School Day

Modification Date	Finalization Date
06/24/2021 Thu, 08:02 PM	06/24/2021 Thu, 08:02 PM
06/24/2021 Thu, 08:02 PM	06/24/2021 Thu, 08:02 PM
09/04/2020 Fri, 09:13 AM	09/04/2020 Fri, 09:13 AM

← Step 2: Pick Evaluation Planning from the drop down

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Create New Document: **Evaluation Planning**

Go

Step 3: Press Go

New Evaluation Planning Setup

Document **Draft: Evaluation Planning for Mighty Mouse (TESTSTUDEN)**

For Year: **2020-21**

Label/Comment: **Child Find Initial Referral**

Step 4: Please label this section
Child Find Initial Referral

Include which
sections?

Select All

Select None

- ☒ Review of Existing Information/Student Referral ☐ Prior Notice of Special Education Action
- ☐ Referral Team Meeting Notice ☐ Developmental History
- ☐ Medical Statement or Health Assessment ☐ Prior Notice about Evaluation/Consent for Eval
- ☐ Authorization/Protected Health (HIPAA) ☐ Student Assessment List
- ☐ Meeting/Notes ☐ Teacher Input Form for ASD
- ☐ Written Agreement between Parents and District ☐ Regional Fine/Gross Motor Referral File Review
- ☐ Special Education Team Meeting Notice

Additional
Setup Options

- ☐ Copy information from another (previous) document

New

Cancel

File Review of Existing Information/Student Referral			
TYPE OF REQUEST			
Type of Request: (none)	Date: 		
DEMOGRAPHICS			
Student Name: Mighty Mouse	District Student ID: TESTSTUDEN		
Date of Birth: 06/18/2007	Age: 14	Grade: 08	Gender: Male Primary Language: English
Attending District: South Lane SD 453	Attending School: SoLo Cottage Grove HS		
Case Manager: (ID) lookup	Classroom Teacher: (ID) lookup / non-lookup		
What is the student's mode of communication? (Example: Braille, Electronic Device, Non-verbal, Sign Language, Verbal)			
Parent/Guardian 1: Tom and Jerry Mouse	Phone: 	Address: OR	
Other: (ID) lookup / non-lookup	Phone: 	Address: 	
Is an interpreter needed? <input type="checkbox"/>			

DISABILITY(IES)	
DISABILITIES	SUSPECTED
10 - Intellectual Disability	<input type="checkbox"/>
20 - Hearing Impairment	<input type="checkbox"/>
40 - Visual Impairment	<input type="checkbox"/>
43 - Deaf/Blindness	<input type="checkbox"/>
50 - Communication Disorder	<input type="checkbox"/>
60 - Emotional Disturbance	<input type="checkbox"/>
70 - Orthopedic Impairment	<input type="checkbox"/>
74 - Traumatic Brain Injury	<input type="checkbox"/>
80 - Other Health Impairment	<input type="checkbox"/>
92 - Autism Spectrum Disorder	<input type="checkbox"/>
99 - Specific Learning Disability	<input type="checkbox"/>
98 - Developmental Delay	<input type="checkbox"/>
DECISION TO EVALUATE	
Team Decision to Evaluate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Delivery Method: (none)	
Parent/Guardian/Student 18 or Older was provided the special education procedural safeguards in their native language or other mode of communication. <input type="checkbox"/>	
Date Provided: 	

Please fill in all sections highlighted red

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Additional Comments



Please include as much needed information about the child in this section before you finish and send to me for review