

Tri-County Special Education
Interlocal #607
Referral Tracking Form

Student Name: _____

Grade: _____

Classroom Teacher: _____

SIT Dates: _____

Referral Date: _____

Parent Rights and Consent to Eval sent to Parents: _____

Phone Calls to Parents: _____

Consent to Eval received by the school: _____

Testing Dates: _____

10 Day Notice Sent: _____

Phone Calls to Parents: _____

Meeting to Review Eval: _____

IEP Date, if eligible: _____