


**MEMORANDUM**

Aug 24, 2009  
MT 013.09  
MT.305 636-6147

**TO:** All Program Directors  
Educational Alternative Outreach Program

**FROM:** Miguel Torres, Principal   
Educational Alternative Outreach Program

**SUBJECT: ITEMS IN CUMULATIVE FOLDERS**

On several occasions items are missing from the cumulative folders, i.e., psychological evaluations, IEPs, etc.

The region is called to replace these missing items. Some regions do not keep duplicates of psychologicals, IEPs, etc., and these items cannot be replaced. This causes problems when we are audited by the state.

For that reason cumulative folders should not be removed from the homeroom teacher's classroom or chairperson's office. Items should not be removed from the folder for any reason unless the item is copied and replaced the same day.

All cums should continue to be checked each grading period. The checklist develop by this office should be used to verify that items are present and the list is signed by the teacher.

If further information is needed, please call the Outreach Office.

MT:mg

cc. Dr. Barbara Van Leer  
ESE Teachers  
ESOL Teachers

REQUIRED EVALUATION OF ESE STUDENT RECORD (Revised 06/04)

**DO NOT PUT IN CUM - GIVE TO DEPT. CHAIR TO KEEP FOR AUDIT PURPOSES**

Student's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Program: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

**Note:** ESE Documents should be organized in chronological order. The dates of all documents listed in the initial ESE placement section **must precede the initial IEP conference date.\***

**INITIAL ESE PLACEMENT**-Placement in any exceptionality including speech/language therapy  
**SCREENING** DATE

- Vision Screening Report \_\_\_\_\_
- Speech-Language-Hearing Report \_\_\_\_\_
- or Speech & language Eval. Report \_\_\_\_\_
- Hearing Screening \_\_\_\_\_

**PREREFERRAL**

- Notification of Meeting (FM5522 or FM4851) \_\_\_\_\_
- M-Team Referral Form or CST Request for Evaluation Form: (FM2561) \_\_\_\_\_
  - Parent Conferences (*more than 1*)
  - Intervention Strategies (*at least 2*)
- Observation of Student Behaviors or Anecdotal Records \_\_\_\_\_  
(*must have 2 or combine 1 Observation of Student Behaviors and 1 Anecdotal Record completed by different people in different settings*)

**REFERRAL**

- Notice of Intent and Parental/Guardian Consent to Conduct an Evaluation (FM4961) \_\_\_\_\_
  - signed
  - dated **prior** to evaluation
- Psychological (Multidisciplinary Team Report) \_\_\_\_\_
  - Social history  Academic Assessment
  - Intellectual assessment  Adaptive Behavior Scale (*Mentally Handicapped*)
  - Personality assessment

**OR**

- Review of Psychological Reports Originating Outside of Dade County Public Schools \_\_\_\_\_
- Informed Notice of Initial Eligibility or Ineligibility for Excep. Student Ed. (FM4960) \_\_\_\_\_

**STAFFING/IEP Conference**

- Staffing Notification to Parents or Notification of Meeting (FM4851) \_\_\_\_\_
- Staffing Recommendation/Consent for Placement \_\_\_\_\_
- or Informed Notice of IEP/EP Team Recommendation & Parental Consent for Educational Placement in Exceptional Student Education (FM4959) \_\_\_\_\_
- signed
- dated prior to or day of initial placement
- \*Initial ESE Placement IEP conference date (FM4953) \_\_\_\_\_

**REEVALUATION (Required at least every 3 years)**

- Notification of Meeting (FM4851) \_\_\_\_\_
- Child Study Team CST-R Referral Documentation Form (FM3275) \_\_\_\_\_
- Informed Notice of Reeval. Review Mtg. and/or Consent for Reeval. (FM4958) \_\_\_\_\_
- Reevaluation (with attached Review of Psychological Reports \_\_\_\_\_
- Originating Outside DCPS-if **not** done by a DCPS psychologist FM4189) \_\_\_\_\_
- Notification of Meeting to review Reeval. (FM4851) \_\_\_\_\_
- IEP Conference date to review reevaluation with parent \_\_\_\_\_