



Tennessee Department of Children's Services
Special Education Referral Tracking Sheet

Intake/Classification Referral			
Student		Social Security #	- - - - - DOB
<input type="checkbox"/> IEP Team Recommended for the Following Reasons: <ul style="list-style-type: none"> <input type="checkbox"/> Previous History of Special Education <input type="checkbox"/> IQ Scores <input type="checkbox"/> Discrepancy of Testing <input type="checkbox"/> Other 			
<input type="checkbox"/> No IEP Team Indicated			
Reason for Referral			

Signature of Principal or Designee _____
Date

IEP Team Process			
Date Notifications Mailed (10 school days prior)			
Persons Notified			
IEP Team Date			
Certification Decision (If no, skip to bottom of form)			
Handicapping Code (If certified)			
IEP Development Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Education File Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Program Placement Date (Within 40 school days of referral)			
Evaluation Report Mailed to Parent/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date

Signature of Principal or Designee _____
Date