

St. Lucie Public Schools  
 Exceptional Student Education – Audit Checklist

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| <b>Student:</b><br><br>Last, First | <b>Number:</b> 56 |
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|---|----------------------|---|
| <b>Program:</b> Emotional/Behavioral Disability (EBD) | <b>Program Code:</b> | J |
|---|----------------------|---|

| <b>General education intervention procedures:</b>   | <b>Date Completed:</b> |
|---|------------------------|
| Observation in the general education setting  |                        |
| Review of evidence-based intervention data targeting area of concern and implemented as designed for a reasonable period of time, and with a level of intensity that matches the student’s need |                        |
| Sensory screen for hearing  |                        |
| Sensory screen for vision   |                        |

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| <b>Date Parent/Guardian gave written consent to conduct an evaluation</b> |  |
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| <b>Evaluations required:</b>   | <b>Date Completed:</b> |
|--|------------------------|
| A functional behavioral assessment (FBA) must be conducted. The FBA must identify the specific behavior(s) of concern, conditions under which the behavior is most and least likely to occur, and function or purpose of the behavior. A review and, if necessary, a revision of an FBA completed as part of general education interventions may meet this requirement if it meets the conditions described in this section. <b>If an FBA was not completed to assist in the development of general education interventions, one must be completed and a well-delivered scientific, research-based behavioral intervention plan of reasonable intensity and duration must be implemented with fidelity prior to determining eligibility.</b> |                        |
| The evaluation must include documentation of the student's response to general education interventions implemented to target the function of the behavior as identified in the FBA.  |                        |
| A social developmental history compiled from a structured interview with the parent or guardian that addresses developmental, familial, medical, health, and environmental factors impacting learning and behavior, and which identifies the relationship between social developmental and socio-cultural factors, and the presence or nonpresence of emotional or behavioral responses beyond the school environment.   |                        |
| A psychological evaluation conducted in accordance with Rule 6A-6.0331, F.A.C. The psychological evaluation should include assessment procedures necessary to identify the factors contributing to the development of an emotional or behavioral disability, which include behavioral observations and interview data relative to the referral concerns, and assessment of emotional and behavioral functioning, and may also include information on developmental functioning and skills. The psychological evaluation shall include a review of general education interventions that have already been implemented and the criteria used to evaluate their success.  |                        |

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| A review of educational data that includes information on the student's academic levels of performance, and the relationship between the student's academic performance and the emotional or behavioral disability; additional academic evaluation may be completed if needed. |  |
| A medical evaluation must be conducted when it is determined by the administrator of the exceptional student program or the designee that the emotional or behavioral responses may be precipitated by a physical problem.   |  |

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| Date(s) of parental contact for eligibility meeting (meeting notice) |                             |
| Date of eligibility determination                                    |                             |
| Date(s) of parental contact for initial IEP (meeting notice)         |                             |
| Date of initial IEP  |                             |
| Date parent signed consent for placement                             |                             |
| Evaluation Completion Date   | Triennial Reevaluation Date |

|                           |     |                   |                           |
|---------------------------|-----|-------------------|---------------------------|
| <b>Evaluation Source:</b> | SLC | In-State Transfer | SLC/Out-of-State Transfer |
|---------------------------|-----|-------------------|---------------------------|

(Florida initial eligibility criteria met)

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| <b>Dismissal Date:</b> |  |
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