

St. Lucie Public Schools  
 Exceptional Student Education – Audit Checklist

<b>Student:</b>	<b>Number: 56</b>
Last, First	

<b>Program:</b> Other Health Impaired (OHI)	<b>Program Code:</b>	V
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General education intervention procedures:	Date Completed:
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	

<b>Date Parent/Guardian gave written consent to conduct an evaluation</b>	
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Evaluations required:	Date Completed:
A report of a medical examination, within the previous twelve (12)-month period, from a physician(s) licensed in Florida	
The physician's report must provide a description of the impairment and any medical implications for instruction	
An educational evaluation that identifies educational and environmental needs of the student	

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)			

<b>Dismissal Date:</b>	
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