

# Special Educational Needs Screening

Target Population 18 to 22 years of age



Inmate/Student's full name : \_\_\_\_\_ DOB: \_\_\_\_\_

Student#: \_\_\_\_\_ Date of screening: \_\_\_\_\_ Entry date: \_\_\_\_\_

Person performing screening: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Have you ever received special education services? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, when? \_\_\_\_\_

Describe the services received: \_\_\_\_\_

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## Primary Language Assessment:

The primary language spoken by the student is \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other: \_\_\_\_\_

Inmate/Student Signature \_\_\_\_\_

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**You have indicated that special education services were received, please respond to the following questions:**

What is/was your special education classification? (SLD {Reading, Writing, Math}, ED, OHI, MIMR, SLI): \_\_\_\_\_

Describe any accommodations and/or modifications specified in your IEP. \_\_\_\_\_

\_\_\_\_\_

What was the approximate date of your last IEP? \_\_\_\_\_

Last school that you attended: \_\_\_\_\_ Last year attended: \_\_\_\_\_ Grade completed: \_\_\_\_\_

What vocational/rehabilitation services from local/state agencies or other community-based placement programs are you receiving/have received? \_\_\_\_\_

What specific services would benefit you? \_\_\_\_\_

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## **FOLLOW-UP:**

Date records requested: \_\_\_\_\_ Second request: \_\_\_\_\_ Third request: \_\_\_\_\_

Date records received: \_\_\_\_\_ Complete: \_\_\_\_\_ Partial: \_\_\_\_\_

Date records reviewed: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_ Within 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

IEP Date: \_\_\_\_\_ Within current year? YES \_\_\_\_\_ NO \_\_\_\_\_

IEP Needs Addending? YES \_\_\_\_\_ NO \_\_\_\_\_

Vision Screening: Date: \_\_\_\_\_/Results: Left: \_\_\_\_\_ Right: \_\_\_\_\_

Hearing Screening: Date: \_\_\_\_\_/Results: Left: \_\_\_\_\_ Right: \_\_\_\_\_