# Packet Checklist

**Child’s Name:**

**DOB:**

**Primary Care Provider & Location:**

**School District & School Name**

**Today’s Date:** ____/____/____

## Packet Forms:

- Authorization form release of records
- Demographics form
- Smart Tools, filled out by (choose all that apply):
  - Parent
  - General Education Teacher
  - Special Education Teacher
  - Speech Language Pathologist
  - Occupational Therapist
  - School Psychologist
  - Daycare Provider
  - Other (Birth to three, Children with Special Healthcare Needs, Healthcare coordinator, Home visitor,
  - Other _________________________________________________________________

## Additional Information:

- Report cards (past 2 years)
- Reports of any testing done by school psychologists, occupational, language, or physical therapists including any developmental screenings
- IFSP (Birth to 3 report)
- Copies of 504 plans or IEP’s
- Reports of previous evaluations by physicians, psychologists, or psychiatrists

SMART PACKET CHECKLIST updated 05/2018