



### 3.13 Support Binder Checklist (All Categories)

SCHOOL CHECKLISTS

Student Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Requested Designation \_\_\_\_\_

*Is this binder being resubmitted?*             Yes  No

*Is this binder being submitted for audit?*    Yes  No

INCLUSION SUPPORT TEACHER (IST)

*I have reviewed the guidelines in the Inclusive Education Manual for this designation*

*I have checked off and attached the Audit Criteria checklist for this designation*

*I have included the Consent for Release of Confidential Information with:*

*Both parent/guardian signatures*

*One parent/guardian signature: parents live in same household*

*One parent/guardian signature: signing parent has sole custody*

*I have included signed Evidence of Parent Consultation and have offered both parents the opportunity to have input on the IEP process*

*I have included SBT notes for this student*

IST Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRINCIPAL:

*I have reviewed the guidelines in the Inclusive Education Manual for this designation*

*I have reviewed the Audit Criteria checklist for this designation*

*I have reviewed this binder and it is ready to be submitted.*

Principal Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



DISTRICT INCLUSIVE EDUCATION CHECKLIST

Date received: \_\_\_\_\_

- APPROVED
- NOT APPROVED
- CONDITIONALLY APPROVED with end date of \_\_\_\_\_

Reviewed by \_\_\_\_\_

Role \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FEEDBACK NOTES:

CLERICAL CHECKLIST

- MYED UPDATED \_\_\_\_\_ ADDED \_\_\_\_\_ REMOVED
- END DATED \_\_\_\_\_
- REMEDY ADDED
- SEND REPORT FOR REMEDY
- EMAIL SENT TO PRINCIPAL
- LASERFICED \_\_\_\_\_
- READY FOR PICK UP DATE \_\_\_\_\_
- SCHOOL CONTACTED FOR PICK UP \_\_\_\_\_