

3.13 Support Binder Checklist (All Categories)

SCHOOL CHECKLIST

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 [Inclusive Education Funding Allocation Category Checklists](#) 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 decision-making responsibility

I have included signed **Evidence of Parent Consultation** with at least one parent/guardian signature

I have included SBT notes for this student if the current/requested designation is A-H or R

IST Name: _____

Signature: _____

Date: _____

PRINCIPAL:

I have reviewed the guidelines in the [Inclusive Education Manual](#) for this designation

I have checked off and attached the [Inclusive Education Funding Allocation Category Checklists](#) 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: _____

Dropped off by _____

HOLD FOR:

- APPROVED
- NOT APPROVED
- CONDITIONALLY APPROVED with end date of _____

Reviewed by _____

Role _____

Signature: _____

Date: _____

FEEDBACK NOTES:

INCLUSIVE CLERICAL CHECKLIST

- MYED UPDATED _____ ADDED _____ REMOVED
- END DATED _____
- REMEDY ADDED
- SEND REPORT FOR REMEDY
- FEEDBACK EMAIL SENT TO PRINCIPAL
- LASERFICHD _____
- READY FOR PICK UP DATE _____
- SCHOOL CONTACTED FOR PICK UP _____