

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 REVIEW

Date received: _____

Dropped off by _____

☐ APPROVED

☐ NOT APPROVED

☐ CONDITIONALLY APPROVED with end date of _____

☐ HOLD FOR: _____

FEEDBACK NOTES:

Reviewed by _____

Role _____

Signature _____

Date _____

INCLUSIVE CLERICAL CHECKLIST

☐ MYED DESIGNATION: UPDATED TO: _____ ADDED: _____ REMOVED: _____

☐ END DATED _____

☐ REMEDY ADDED

☐ SEND REPORT FOR REMEDY

☐ FEEDBACK EMAIL SENT TO PRINCIPAL

☐ LASERFICED _____

☐ READY FOR PICK UP _____

☐ SCHOOL CONTACTED FOR PICK UP _____