

SPECIAL NEEDS CHECKLIST

To ensure that special needs are identified, evaluated, and accommodated in a timely manner

Please use a separate form for each person with special needs.

PERSON: This form refers to the:

- mother _____ father _____
 child _____ other _____

SELF-IDENTIFICATION:

The person referenced above self-identified the following special need(s):

- developmental delays: _____
 hearing: _____
 mental health: _____
 physical: _____
 reading: _____
 sight: _____
 writing: _____
 other: _____

INDENTIFICATION/FOLLOW UP BY EVALUATOR(S):

The person completed the following evaluations...	The person completed the evaluations on...	The evaluation indicated that the person has the following special need(s)...	The evaluation indicated that the person needs the following accommodations...	The court ordered that the evaluation be provided to all treatment providers on...
	____/____/____			____/____/____
	____/____/____			____/____/____
	____/____/____			____/____/____

GAL: The person has:

- been assigned a GAL.
 The GAL's name and contact information is _____.
 Additional notes regarding the GAL are on the back of this form
 not been assigned a GAL because _____.

ACCOMMODATIONS: DHS provided the following accommodations related to the person's special need(s):

ADDITIONAL ACCOMMODATIONS: The person was asked if he/she needed any additional accommodations on:

- ____/____/____ (date) at a hearing meeting by _____ (name)
 ____/____/____ (date) at a hearing meeting by _____ (name)
 ____/____/____ (date) at a hearing meeting by _____ (name)