

WJIV File Check List

Please complete the following information or write an explanation for any missing information or signatures accompanied with documentation from the county office.

Client Name: _____

Date Referral Received: _____

Date Evaluation Completed: _____

- 1.) Completed Staffing Sheet: _____
 - A.) Client Signature _____
 - B.) Case Managers Signature _____
 - C.) Date _____
- 2.) Confidential Coversheet: _____
- 3.) Evaluation Report _____ LD Reading _____ LD Math _____ SSI Referral _____ GIA _____ No LD _____
- 4.) WJIV Score Report _____
- 5.) Signed Advocate Request Form: Yes _____ No _____
- 6.) Completed Test Booklets _____