

**Mississippi Department of Human Services/Division of Youth Services
Educational Screening Form**

Student Name: _____
Facility Name: _____

<u>Initials</u>		<u>No</u>	<u>Possible</u>
_____	1. Educational Interview Date: _____	_____	_____
_____	2. TABE/TABE Indicator Date: _____	_____	_____
_____	3. Classification Date: _____	_____	_____
_____	4. Teacher Support Team Review Date: _____	_____	_____
_____	5. Instructional Intervention Date: _____	_____	_____
_____	6. Teacher Support Team Follow-up Date: _____	_____	_____
_____	7. Teacher Support Team Final Recommendation Date: _____	_____	_____
_____	8. Comprehensive Assessment Recommendation Date: _____	_____	_____
_____	9. Assessment Team Report Completed Date: _____	_____	_____
_____	10. Eligibility Determination Date: _____	_____	_____
_____	11. Placement Date: _____	_____	_____
_____	<i>Not currently eligible for SPED</i>		

COMMENTS: _____

