

RECORDS REQUEST CHECKLIST

This form is for staff use and not to be provided with the requested records.

Student Name: _____ ID Number: _____

- Cumulative File
- Attendance Records
- Special Education Container
- Nurse's Card/Health Records
- Counselor's Records and Discipline File
- Classroom Teachers' Records
- Assessment Protocols
- Related Service Providers' Logs, Records, and Test Protocols
 - Speech and Language
 - Occupational Therapy
 - Physical Therapy
 - Adapted Physical Education
 - Physically Handicapped
 - Visually Impaired
 - Assistive Technology

REQUEST FOR STUDENT RECORDS LOG

STUDENT	ID #	DATE REQUEST RECEIVED	DATE RECORDS SENT	RECORDS SENT BY (NAME/TITLE)

School Site