

## **ARD CHECKLIST**

- Explanation of ARD Process/School Health Services
- ARD Agenda, BISD Form I A-3
- ARD Checklist, BISD Form I A-2
- Eligibility Report for School Health Services, BISD Form I A-6
- Consent to Release Confidential Information, BISD Form I A-4
- Health Care Action Plan, BISD Form I A-9
- Health Information, BISD Form I A-7
- Individual Healthcare Plan
- Medication Permit/Physician's Orders, BISD Form I E
- Physician's Orders Cover Letter, BISD Form I A-11
- Physician's Orders – blank, BISD Form I A-12
- Physician's Order - Specialized Care, BISD Form I A-13
- Physician's Report - Down's Syndrome, if appropriate, BISD Form I A-14
- Other appropriate information