**Student Information Sheet**

**SCEC Special Education**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purpose (check all that apply)**  ACR Move Back Move-In Initial Info Change Intra-district Transfer Manifest  Other (Please Specify): | | | | | | | | | | | | | | | | | | |
| **Student’s Last Name** | | | | | | | **Student’s First Name** | | | | | | | | | | | **MI** |
| **Gender** | | **Date of Birth** | | | | | | | **Age** | | | | | **Grade** | | | | |
| **Primary Language** | | | | | **Ethnicity** | | | | | | | | | | **Interpreter Needed?** | | | |
| **ACR Due Date** | **IEP Duration** | | | | | **Last Evaluation** | | | | | **Re-Evaluation Due Date** | | | | | | **Re-Evaluation Waived** | |
| **Indiana State Test Number**  (STN): | | | **Home School** | | | | | | | | | | **Attending School** | | | | | |
| **Diploma**  Core 40 General Certificate | | | | **If Re-Evaluation is due prior to IEP expiration:**  IQ ACH Adaptive Soc/Emotional Speech OT  Behavioral PT  Other (Please Specify): | | | | | | | | | | | | | | |
| **Parent/Guardian’s Name (Please put primary contact/information first)** | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | | **Apt, Suite, Bldg** | | | | | | |
| **City** | | | | | | | | | | **State** | | | | | | **Zip** | | |
| **Home Phone** | | | | | | | | **Mobile Phone** | | | | | | | | | | |
| **Emergency Contact Name** | | | | | | | | **Emergency Contact Number** | | | | | | | | | | |
| **Current Year** | | | | | | | | **Next Year** | | | | | | | | | | |
| **Primary Disability** | | | | | | | | **Primary Disability** | | | | | | | | | | |
| **Secondary Disability** | | | | | | | | **Secondary Disability** | | | | | | | | | | |
| **Secondary Disability** | | | | | | | | **Secondary Disability** | | | | | | | | | | |
| **Related Service(s)** | | | | | | | | **Related Service(s)** | | | | | | | | | | |
| **Alternate Assessments** | | | | | | | | **Alternate Assessments** | | | | | | | | | | |
| **LRE Code**  Choose an item. | | | | | | | | **LRE Code**  Choose an item. | | | | | | | | | | |
| **Special Transportation**  Harness Car Seat Seat Belt Lift Special Needs Bus Door-to-Door Assigned Seating | | | | | | | | **Special Transportation**  Harness Car Seat Seat Belt Lift Special Needs Bus Door-to-Door Assigned Seating | | | | | | | | | | |
| **Test Accommodations**  Small Group Calculator Test Read Aloud Extended Time Preferential Seating Extended Break  Other (Please Specify): | | | | | | | | | | | | | | | | | | |
| **Teacher of Record** | | | | | | | | **Teacher of Record** | | | | | | | | | | |
| **Teacher of Service** | | | | | | | | **Teacher of Service** | | | | | | | | | | |
| **Related Service Provider(s)** | | | | | | | | **Related Service Provider(s)** | | | | | | | | | | |