**Student Information Sheet**

**SCEC Special Education**

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| **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)** |