New Student Information Report **Start Date**_____

Full Name _____ Sex M____ F___

Building _____ ☐ Non-Public Grade ____

Caseload Manager _____

Related Services: Speech (List therapist's name) _____ Vision Consult ___
(check all that apply) PT (List therapist's name) _____ Hearing Consult ___
OT (List therapist's name)_____ Transportation ___
Services Coordination ____ Counseling _____

Supports for School Personnel: One on One Behavioral Support
(not a SPED service, just circle if it applies)

Current Services:	SPED w/reg ed	SPED not w/reg ed	Monitor/Consult	Comments:
____Resource	_____			
____OT	_____			
____PT	_____			
____Speech	_____			
____Transition Coor.	_____			
____Counseling	_____			
____ _____	_____			

Total Min/wk in School Week	Min/wk SPED w/reg ed (includes Para in classroom)	Min/wk SPED not w/reg. ed	Min/wk Reg. ed
Must match current IEP:	FTE	FTE	FTE
	____% SPEDw/reg.ed	____% SPED not w/reg.ed	____% reg.ed

MDT Date _____ IEP/IFSP Date_____

Primary HC:_____

Secondary HC:_____

Extended School Year: ☐ Yes ☐ No ☐ To be decided in May

DSS State Ward: ☐ No

☐ Yes If yes then: ☐ Parents maintain Educational Rights
or
☐ Surrogate has been appointed

Revised 8/13/2010