

**LRE FORM
GRADES 9-12
School Year 20_____**

FORM TYPE	
<input type="checkbox"/>	Initial Schedule
<input type="checkbox"/>	IEP Update
<input type="checkbox"/>	Schedule Change
<input type="checkbox"/>	Drop Student

Graduation Type: Traditional OD Certificate

Student _____	DATE _____	School _____
Race _____	SPED Teacher _____	
Gender _____	Grade Level _____	
Date of Birth _____	Disability _____	
MSIS Number _____	Related Service(s)* _____	
IEP Date _____	Provider(s)* _____	
Date of Eligibility _____		

*Related Service(s) – L/S, OT, PT, Trans., Counseling

PLEASE INCLUDE ALL COURSES IN THE STUDENT’S SCHEDULE – SPED & GEN. ED.

Term	Period	Course Code (SPED Only)	Course Title (All)	Teacher (All)

Please complete if student is dropped from SPED.

- 1. Dismissed from speech
- 2. Moved to _____
- 3. No longer attending school
- 4. Other _____

FEDERAL PLACEMENT (Please check one)	
<input type="checkbox"/>	SA 80% - 100%
<input type="checkbox"/>	SB 40% -79%
<input type="checkbox"/>	SC less than 40%
<input type="checkbox"/>	SH Homebound

Teacher send completed form to:
MSIS Contact or counselor and
Data Management: fax (601-825-9612) or email: Leigh - leigh.townsend@rcsd.ms or Diana - dknop@rcsd.ms