

**Please complete and send to NwOESC Special Ed. Office Specialist as soon as there is a change in your class
Northwest Ohio Educational Service Center
STUDENT PLACEMENT FORM**

1. STUDENT PROGRAM INFORMATION

DOB: _____

<i>Legal First Name</i>	<i>Legal Middle Name</i>	<i>Legal Last Name</i>
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Student ID# _____ Current Grade _____ Gender Male/Female

Address _____ District of Residence _____

City, State, Zip _____ District Attending _____

Parents Name _____ Building Attending _____

Telephone _____ Teacher Name _____

Guardian (if child does not live with natural/adoptive parent) _____

PRESCHOOL ONLY: IEP Typical Peer Itinerant AM PM T/R W/F W/R/F M/T/W/TH/F # days/week _____

Circle One

Birthplace City: _____ (e.g. city, county, hospital name from birth certificate) If City is not available from birth certificate, should then be the most specific information from birth certificate or other documentation (county, hospital name)

2. REASON(S) FOR COMPLETING FORM

First time Entry Exiting Moved / Graduated / Other _____

Service Change Transferring to District _____

Previous School District _____

Date of Change _____

OTHER: _____

ADDITIONAL INFORMATION (Circle Yes/No)

Scholarship	Yes/No	Open Enrolled	Yes/No
Contract	Yes/No	Foster Placed	Yes/No

OPEN ENROLLED ONLY: District of Residence _____

FOSTER PLACED ONLY: Responsible District of Residence _____

3. DESCRIPTION OF CHANGE

Related Service Added _____ Date _____

Related Service Removed _____ Date _____

Placement Change (Room Change) From _____ To _____

Changed District of Residence From _____ To _____

Other Change _____

Completed By _____ Date _____

**You must attach IEP or specific IEP page of change and EMIS form for any new entry or change
NwOESC Special Education Department Fax: 567-444-4804**