

St. Paul Public Schools Supplemental Enrollment Form for Students Who Have a Disability and are Home Schooled

Name of Student: _____ DOB: _____ Grade: _____ Date: _____

Home School Address: _____ Zip Code: _____

- Does this student or has this student ever been identified as having an educational disability? Yes No
- If yes, what is the educational disability (based on a formal special education evaluation)?
Autism Spectrum Disorder (ASD) Deaf Hard of Hearing (DHH) Deaf-Blind
Developmental Delay (DD) Developmental Cognitive Disability (DCD) Physical Impairment (PI)
Severely Multiplied Impaired Emotional or Behavioral Disorder (EBD) Other Health Disability (OHD)
Specific Learning Disability (SLD) Traumatic Brain Injury (TBI) Visual Impairment (VI)
Speech/Language Impairment Traumatic Brain Injury (TBI)

- Does the student have a current Individualized Educational Program (IEP)? Yes No
- If yes, please provide a copy of the IEP or indicate from what school or school district an IEP can be obtained.

School Name: _____

Name of Teacher of Contact Person: _____

Address of School: _____

Dates of Attendance: _____

- Does the student have a current special education evaluation (ER)? Yes No
- If yes, please provide a copy of the ER or indicate from what school or school district an ER can be obtained.

School Name: _____

Name of Teacher of Contact Person: _____

Address of School: _____

Date of ER: _____

- Language spoken in the home: _____

Signature of Parent Contact Information: _____

Placement Office Use Only:

Area School Assigned: _____ School Psychologist Notified: _____
Completed by: _____ Date: _____