



# School Aged STUDENT PLACEMENT FORM

Please complete and EMAIL to NwOESC Special Ed. Office Specialist as soon as there is a change

\_\_\_\_\_  
*Legal First Name*

\_\_\_\_\_  
*Legal Middle Name*

\_\_\_\_\_  
*Legal Last Name*

DOB

Current Grade

- Scholarship
- Foster Placed DISTRICT RESPONSIBLE:
- Open Enrolled FROM (DOR):

Gender:

Phone:

Parent or Guardian Name(s):

City, State, Zip:

Home Address:

District of Attendance:

District of Residence:

Teacher:

## **INITIAL SERVICES from IEP, ETR, TIEP, TETR** Related Services on IEP: (Speech, OT, PT, Vision, Hearing, Audiological)

Related Service #1

Effective/Eligibility Date

Related Service #2

Related Service #3

Related Service #4

## **AMENDED SERVICES from IEP, ETR, TIEP, TETR** *(Speech, OT, PT, Vision, Hearing, Audiological) Changes here should be supported by one or more of the following: PRO-1, Amended IEP.*

Related Service #1

START: Effective/Eligibility Date (ONLY if adding a service)

Related Service #2

END: Eligibility Date (ONLY if removing a service )

Related Service #3

Related Service #4

\*Placement Change (Teacher) From

To

\*Changed District of Residence From

To

## **EXIT from Services**

Effective Date:

Withdrawing from School

Move - relocating

Graduating

Completed By:

Date completed:

**You must attach IEP or specific IEP page of change and EMIS form for any new entry or change**