COMPUTER DATA SHEET– SPECIAL EDUCATION

Last Name:_____First Name:_____Grade: _____
Attending School:_____DOB _____MSIS #_____
Race/Gender_____Records Clerk/Counselor: _____

Please check the appropriate box for the action needed

Initial Eval	**MS Eligibility Date**	**Initial IEP Date**				
☐In District						
☐Out of State						
☐Speech/Lang						
Re-Evaluation	**MS Eligibility Date**	**Re-Evaluation Date**	**Annual IEP Date**	**☐BIP ☐TSP Date**	**Speech/Lang Dismissal**	**Transfer From**
☐Comp						
☐Abbreviated						
☐BIP ☐TSP						
☐Speech/Lang Dismissal						
☐School Change	**Old School**:			**New School**:		
☐Update Student						
☐Remove Student	**Reason:**			**Change of Placement**:		
☐Teacher Change	**New Teacher:**					
☐In-State Transfer						

CASELOAD TEACHER: _____

DISABILITY: _____

SLD Subcategories: ☐ BRS ☐ RF ☐ RC ☐ MC ☐ MPS ☐ WE ☐ LC ☐ OE
OHI Subcategories: ☐ ADHD/ADD ☐ Other: _____
DD Subcategories: ☐ Cognitive ☐ Motor ☐ Communication ☐ Personal/Social ☐ Adaptive Language/Speech
Areas: ☐ Artic ☐ LI ☐ Fluency ☐ Voice ☐ Language(Autism students only)

IEP LRE CLASSIFICATION: (i.e. SA, SB, SC, PI):_____

RELATED SERVICE(S) ☐ Yes ☐ No (If yes, check all that apply)
Language/Speech ☐ Artic ☐ L I ☐ Fluency ☐ Voice **SLP Name:** _____
☐ OT—**Therapist Name:** _____
☐ PT—**Therapist Name:** _____
☐ Transportation_____☐ Other: _____

SCD CLASSIFICATION ON THE IEP? ☐Yes ☐No
*If yes, what Peer Grade Level is student, based on age on September 1? _____

GRADUATION TRACK (if applicable): ☐ Traditional ☐ MOD ☐ Certificate ☐ MS Alternate Assessment
TRANSITION SERVICES ADDRESSED (by age 14): ☐ Yes ☐ No
INCLUSION: Subjects addressed on the IEP/SCHEDULE: ☐ Reading ☐ Language Arts ☐ Math ☐ BIP ☐ TSP

NOTES: For office use only

ENTER DATE:_____SAMS_____MSIS_____SCD_____Microsped _____Child Find