Harris County Department of Education
Special Schools

PRE-ENROLLMENT DATA REQUIREMENTS

Must be completed by the home district contact, **PRIOR** to student orientation and enrollment. Attach current student transcript and test scores.

Date: _____

Program Enrollment

- ☐ DAEP
- ☐ Substance Use Recovery
- ☐ Adult Transition
- ☐ Adaptive Behavior
- ☐ Life Skills

- ☐ ABS East School
- ☐ ABS West School
- ☐ Fortis Academy
- ☐ Highpoint East School

STUDENT INFORMATION

Last Name _____ First Name _____

DOB _____ TX Unique ID # _____

Home District _____ Home School _____

Student Grade Level: _____ Student Current Reading Level (Lexile): _____

DEMOGRAPHICS

Gender:

- ☐ Female
- ☐ Male

Ethnicity

- ☐ Hispanic
- ☐ Non-Hispanic

Race:

- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian
- ☐ Black or African American
- ☐ White
- ☐ Multi-Racial

Check all that apply.

- ☐ Emergent Bilingual
- ☐ Economic Disadvantaged
- ☐ Immigrant
- ☐ Migrant
- ☐ McKinney Vento - Homeless

SPECIAL PROGRAMS

Check all that apply.

- ☐ 504
- ☐ Special Education
  - ☐ Primary: _____
  - ☐ Secondary: _____
  - ☐ Tertiary: _____
- ☐ Dyslexia Services
- ☐ Accelerated Instruction
- ☐ Intervention
- ☐ Gifted and Talented
- ☐ English Language Learner

At-Risk Categories:

- ☐ Failed Course
- ☐ Retained
- ☐ Failed State Assessment
- ☐ Pregnant/Parent
- ☐ Expelled
- ☐ Juvenile Justice/Parole
- ☐ Dropout
- ☐ DAEP/AEP Placement
- ☐ Limited English Proficiency
- ☐ Care/Custody of State
- ☐ Reside in Residential Facility
- ☐ Incarcerated
- ☐ Primary Caregiver Incarcerated
- ☐ Substance Use

Credit Recovery Courses Needed:

- ☐ ELAR: _____
- ☐ Math: _____
- ☐ Science: _____
- ☐ Social Studies: _____
- ☐ Elective: _____

Current School Year # of Days of Suspensions:

☐ ISS: _____ ☐ OSS: _____

ASSESSMENT HISTORY

For Emergent Bilingual students, what is the student's current English Language Proficiency Level?

Listening: _____

Speaking: _____

Reading: _____

Writing: _____

Does the student need to take **TELPAS**? ☐ YES ☐ NO

Assessments Completed:

Check all that apply and attach evidence of scores.

- ☐ ACT: Composite Score:_____
- ☐ SAT: Total Score: _____
- ☐ STAAR/EOC
- ☐ STAAR ALT II
- ☐ TELPAS

Please attach copies of the student's most recent assessment scores from applicable categories above.

DISTRICT CONTACT: INFORMATION FOR PERSON COMPLETING FORM.

Name: _____ Title: _____

Contact Phone Number: _____ Email Address: _____