

SCHOOL DISTRICT IDENTIFYING INFORMATION

STUDENT INFORMATION SUMMARY

<p>STUDENT NAME:</p> <p>AGE:</p> <p>DATE OF BIRTH:</p> <p>DISABILITY CLASSIFICATION:</p>	<p>LOCAL STUDENT ID #:</p> <p>DATE IEP DEVELOPED / DATE OF COMMITTEE MEETING:</p> <p>TYPE OF MEETING:</p>
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<p>ADDRESS:</p> <p>TELEPHONE #:</p> <p>COUNTY OF RESIDENCE:</p> <p>MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></p> <p>NATIVE LANGUAGE OF STUDENT:</p> <p>INTERPRETER FOR STUDENT NEEDED: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="padding-left: 20px;">IF YES, SPECIFY LANGUAGE:</p> <p>RACIAL/ETHNIC GROUP OF STUDENT:</p> <p>SURROGATE PARENT NEEDED: YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>ELIGIBLE FOR 12-MONTH SERVICE AND/OR PROGRAM: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PROJECTED DATE OF ANNUAL REVIEW MEETING:</p> <p>PROJECTED DATE OF THREE-YEAR REEVALUATION:</p> <p>CURRENT GRADE / GRADE EQUIVALENT:</p> <p>CREDITS EARNED TOWARD GRADUATION WITH A REGENTS OR LOCAL DIPLOMA:</p> <p>DIPLOMA TYPE EXPECTED:</p> <p>STUDENT WITH LIMITED ENGLISH PROFICIENCY: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>MEDICAL ALERTS AND/OR CONCERNS:</p> <p>TRANSPORTATION:</p> <p><input type="checkbox"/> PER DISTRICT POLICY</p> <p><input type="checkbox"/> SPECIAL TRANSPORTATION REQUIRED</p> <p>TRANSPORTATION OPTIONS FOR PRESCHOOL CHILD:</p> <p><input type="checkbox"/> NO TRANSPORTATION NEEDED</p> <p><input type="checkbox"/> TRANSPORTATION PROVIDED BY MUNICIPALITY</p> <p><input type="checkbox"/> PARENT WILL TRANSPORT CHILD AT PUBLIC EXPENSE</p>
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<p>MEETING PARTICIPANTS:</p>
