

**Move In Special Education Student Notice**

**Current Demographic Information**

Student Name: \_\_\_\_\_  
Last First Middle

(REQUIRED BY ISSE)

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Home School/District: \_\_\_\_\_ PAEC #: \_\_\_\_\_

Gender: M / F Ethnicity: B H W A I

Parent  Guardian  Foster Parent  Relative Caretaker

Name(s): \_\_\_\_\_  
First First Last

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Previous School Information**

School Last Attended: \_\_\_\_\_

Address: \_\_\_\_\_

School Telephone: \_\_\_\_\_

Release of Information Mailed (attach copy):  Yes  No

**Records/Evaluations Received from Previous School**

	<u>Date(s)</u>		<u>Date(s)</u>
<input type="checkbox"/> IEP	_____	<input type="checkbox"/> Speech/Language	_____
<input type="checkbox"/> Psychological	_____	<input type="checkbox"/> Occupation Therapy	_____
<input type="checkbox"/> Social Dev. Study	_____	<input type="checkbox"/> Physical Therapy	_____
<input type="checkbox"/> Health Information	_____	<input type="checkbox"/> Neurological	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Psychiatric	_____

**Placement**

Eligibility/Program Type: \_\_\_\_\_

Class #/Teacher/School: \_\_\_\_\_

Related Services: \_\_\_\_\_

Start Date: \_\_\_\_\_

Signatures below indicate that the student listed above has satisfied all District registration requirements and will receive services as appropriate according to the current IEP.

Principal/Assistant Principal \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Revised 12/01/03

Copies: Principal: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Teacher: \_\_\_\_\_