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| **School District Identifying Information** |

**STUDENT INFORMATION SUMMARY**

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| **Student Name:**  **Age:**  **Date of Birth:**  **Disability Classification:** | **Local Student ID #:**  **Date IEP Developed / Date of Committee Meeting:**  **Type of Meeting:** |

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| **Address:**  **Telephone #:**  **County of Residence:**  **Male  Female**  **X**  **Native Language of Student:**  **Interpreter for Student Needed: Yes  No**  **If Yes, Specify Language:**  **Racial/Ethnic Group of Student:**  **Surrogate Parent Needed: Yes  No** | **Eligible for 12-month Service and/or Program: Yes  No**  **Projected Date of Annual Review Meeting:**  **Projected Date of Three-Year Reevaluation:**  **Current Grade / Grade Equivalent:**  **Credits Earned Toward Graduation with a Regents or Local Diploma:**  **Diploma Type Expected:**  **Student with Limited English Proficiency: Yes  No**  **Medical Alerts and/or Concerns:**  **Transportation:**  **Per District Policy**  **Special Transportation Required**  **Transportation Options for Preschool Child:**  **No transportation needed**  **Transportation provided by municipality**  **Parent will transport child at public expense** |
| **Meeting Participants:** | |