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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:**       |